Medicare G Codes
Agenda

• Medicare G codes
  • Initial Preventive Physical Examination (IPPE)
  • Annual Wellness Visit (AWV)
  • Preventive Services
Components of the IPPE:

- Review the medical and social history
- Review the potential risk factors for depression and other mood disorders
- Review the functional ability and level of safety
- Exam: Height, weight, BMI, blood pressure; visual acuity screen; other factors deemed appropriate based on the patients medical and social history and current clinical standards
- End-of-life planning
- Educate, counsel, and refer based on the previous five components
Initial Preventative Physical Examination (IPPE)

IPPE HCPCS Codes Billing Code Descriptors:

G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

G0403 Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report

G0404 Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination

G0405 Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
Initial Preventative Physical Examination (IPPE)

Diagnosis

Since CMS does not require a specific diagnosis code for the IPPE, you may choose any appropriate diagnosis code. You must report a diagnosis code.

• Z00.00 Encounter for general adult medical examination *without* abnormal findings
• Z00.01 Encounter for general adult medical examination *with* abnormal findings
  • *An examination with abnormal findings refers to a condition/diagnosis that is newly identified or a change in severity of a chronic condition (such as uncontrolled hypertension, or an acute exacerbation of chronic obstructive pulmonary disease) during a routine physical examination*

When you provide a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the AWV, Medicare may pay for the additional service. Report the Current Procedural Terminology (CPT) code with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary’s illness or injury or to improve the functioning of a malformed body member.
Annual Wellness Visit (initial)

Initial AWV Components:

• Administer HRA
• Establish a list of current providers and suppliers
• Establish the patient’s medical/family history
• Review potential risk factors for depression
• Review functional ability and level of safety
• Assess: Height, weight, BMI, blood pressure; visual acuity screen; other routine measurements as deemed appropriate based on the medical and family history and current clinical standards
• Detect any cognitive impairment
• Establish a written screening schedule, such as a checklist for the next 5-10 years, as appropriate
• Establish a list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary
• Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs
Health Risk Assessment (HRA)

The AWV includes a Health Risk Assessment (HRA)

- The history of HRAs;
- Definition of the HRA framework and rationale for its use;
- HRA use and follow-up interventions that evidence suggests can influence health behaviors; and
- A suggested set of HRA questions

For more information about HRAs, including a sample HRA, refer to [http://www.cdc.gov/policy/hst/hra/frameworkforhra.pdf](http://www.cdc.gov/policy/hst/hra/frameworkforhra.pdf) on the CDC website
Subsequent AWV Components:

✓ Update HRA
✓ Update the current list of providers and suppliers
✓ Update the patient's medical/family history
✓ Assess: weight, blood pressure; other routine measurements as deemed appropriate based on the medical and family history and current clinical standards
✓ Detect any cognitive impairment
✓ Update the written screening schedule for the beneficiary
✓ Update the list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary
✓ Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs
Annual Wellness Visit

**AWV HCPCS Codes and Descriptors**

**G0438**  
Annual wellness visit; includes a personalized prevention plan of service (PPPS), *initial visit*

**G0439**  
Annual wellness visit, includes a personalized prevention plan of service (PPPS), *subsequent visit*

**Diagnosis**

Since CMS does not require a specific diagnosis code for the AWV, you may choose any appropriate diagnosis code. You must report a diagnosis code.
Preventative Services

G0442 – Annual alcohol misuse screening, 15 minutes

G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

99406 – Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 – Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes

G0444 – Annual depression screening, 15 minutes (modifier –XU)

G0446 – Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

G0447 – Face-to-face behavioral counseling for obesity, 15 minutes

G0473 – Face-to-face behavioral counseling for obesity, group (2–10), 30 minute
Preventative Services

**G0102** – Digital Rectal Exam (DRE)

**G0476** – Cervical cancer screening, all-inclusive HPV co-test with cytology (Pap smear) to detect HPV DNA or RNA sequences (age 30-65) (once every 5 years)

**G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148** – Screening cytopathology, cervical or vaginal

**P3000** – Screening Pap smear by technician under physician supervision

**P3001** – Screening Pap smear requiring interpretation by physician

**Q0091** – Screening Pap smear; obtaining, preparing and conveyance to lab

**G0101** – Cervical or vaginal cancer screening; pelvic and clinical breast examination
Resources

https://www.medicare.gov/coverage/preventive-and-screening-services.html

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html

Please submit coding and documentation questions to RAFeducation@ntsp.com