



- 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





## 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 AWW, 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.





## Initial AWV Components:

- Administer HRA
- Establish a list of current providers and suppliers
- Establish the patients 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





# Annual Wellness Visit (initial)

## 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> on the CDC website



# Annual Wellness Visit (subsequent)

## Subsequent AWW Components:

- ✓ Update HRA
- ✓ Update the current list of providers and suppliers
- ✓ Update the patients 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







## 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





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

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

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>





Please submit coding and documentation questions  
to [RAEducation@cnchealthplan.com](mailto:RAEducation@cnchealthplan.com)

