



Medicare Advantage Preventive Services Tip Sheet

Making It Easier
for Physicians and Other Healthcare Providers
[Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier)

Service	Codes
Initial Preventive Physical Examination (IPPE)	G0402
Initial Preventive Physical Examination (IPPE) w/ECG	G0402 with G0403, G0404 or G0405
Annual Wellness Visit (AWV)	G0438 (Initial AWV), G0439 (Subsequent AWV)
Annual Preventive Physical Exam	99381-99387 (New patient) 99391-99397 (Established patient)
Well Woman Exam	Q0091 and/or G0101

THIS INFORMATION APPLIES TO PREVENTIVE SERVICES RENDERED TO YOUR PATIENTS WITH HUMANA MEDICARE ADVANTAGE PLANS.

Preventive services covered for Humana Medicare Advantage patients include CMS-covered services plus an Annual Preventive Physical Exam.

Initial Preventive Physical Exam (IPPE)

- Known as the Welcome to Medicare Preventive Visit
- Original Medicare covers IPPE for patients newly enrolled in Medicare Part B
- Allowed only within first 12 months after effective date of Medicare Part B coverage
- One-time benefit covered by Humana Medicare Advantage plans

Annual Wellness Visit (AWV)

- Unique to Medicare
- **Initial** AWV – allowed once per lifetime after first 12 months of Medicare enrollment (cannot be in same calendar year as IPPE)
- **Subsequent** AWV – allowed annually after initial AWV
- Humana allows one AWV per calendar year

Annual Preventive Physical Exam

- Humana Medicare Advantage benefit, not covered by Original Medicare
- Humana allows one Annual Preventive Physical Exam per calendar year

Well Woman Exam

- Covered once every 24 months, the same as Original Medicare
 - **Exception: Allowed once every 12 months for women at high risk for cervical cancer and for women of child-bearing age who have had an exam in the past three years that indicated abnormalities.**

Billing tips

- AWW can be completed during same visit as Annual Preventive Physical Exam
 - AWW and problem-oriented evaluation and management (E/M) service can be performed during same visit
 - Medical documentation must show E/M service is significant and separately identifiable
 - Modifier 25 should be appended to E/M code
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Additional resources

- Humana's claim payment policies:
[Humana.com/claimpaymentpolicies](https://www.humana.com/claimpaymentpolicies)
- Humana's code editing:
[Humana.com/edits](https://www.humana.com/edits)
 - **Claim processing edits:** outlines changes to policies and claims payment systems
- Humana's code edit inquiry tools:
[Availity.com](https://www.availity.com)
 - **Research Procedure Code Edits:** Go to → Payer Spaces → Humana → Applications tab → Research Procedure Code Edits
 - Enables submission of coding-related questions
 - **Code Edit Simulator:** Go to → Payer Spaces → Humana → Applications tab → Code Edit Simulator
 - Enables entry of a claim scenario to identify potential coding errors instantly

Note: Claims submitted with certain modifiers are subject to additional manual review using information on current and historical claims. Actual claim results may differ from simulator results.
- Additional instructions on claim disputes:
[Humana.com/provider/support/publications/](https://www.humana.com/provider/support/publications/)
 - **Provider Manual:** Section titled "Provider Claims Dispute Process, Member Grievance/Appeal Process"

For additional topics in the "Making It Easier for Physicians and Other Healthcare Providers" series, please visit: [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier)

Also accessible on [Availity.com](https://www.availity.com) → Payer Spaces → Humana → Resources tab → Making It Easier