



Medicare & Medicare Advantage - AWW Billing Grid

	Aetna MA	Anthem MA	Connecticare MA	United MA	Standard Medicare (Part B)
Welcome to Medicare (IPPE) G0402	Allowed once per lifetime. Covered only within the first 12 months of enrollment into Medicare Part B or MA plan				
Initial AWW G0438	Allowed once per lifetime. Covered only after the first 12 months of enrollment into Medicare Part B or MA coverage <u>AND</u> 12 months after Welcome to Medicare IPPE visit (if provided)				
Subsequent AWW G0439	Allowed once per calendar year, can be < 365 days from last AWW				Allowed once every 12 months (366+ days from last AWW)
Routine Physical 99381 - 99397	Allowed once per calendar year, can be < 365 days from last AWW				NOT COVERED
Covers same day AWW + Routine Physical?	No, single preventive service allowed per day	Yes, add modifier 25 to the physical code	Yes, add modifier 25 to the physical code	Yes, do not add modifier	NOT COVERED
Covers same day AWW + E/M visit?	Yes, add modifier 25 to the E/M code*	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code
Covers same day Routine Physical + E/M visit?	Yes, add modifier 25 to the E/M code*	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	NOT COVERED

Additional Notes

When billing two services on the same day, there must be separately identifiable documentation to support the level of service and medical necessity of the secondary code. You must bill the AWW first, followed by the appropriate secondary CPT code with modifier 25, when indicated.

Wellness visits and routine annual physicals are covered at no cost to the patient, however patients may be subject to cost-sharing if additional services are provided the same day, for example an E/M visit or other tests/procedures beyond what is covered in a preventive visit may have a copay for the patient.

Advance Care Planning (ACP) can be provided and billed at no additional cost for the patient when completed and billed on the same day as a preventive visit.

Individual plans may have different coverage than what is listed above. Providers must be in network with the specific plan to ensure proper reimbursement.

*Aetna may apply concurrency rules, paying the preventive service at 100% of the allowable, and paying the secondary E/M service at 50% of the allowable.