



# 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
- 

## Additional resources

- Humana’s claims payment policies:  
[Humana.com/claimpaymentpolicies](https://www.humana.com/claimpaymentpolicies)
- Humana’s code editing:  
[Humana.com/edits](https://www.humana.com/edits)
  - **Claims processing edits** – outlines changes to policies and claims payment systems
- Humana’s code edit inquiry tools:  
[Availity.com](https://www.availity.com) – in the Humana Payer Space under the Applications tab
  - **Code edit questions online** – found under More → Research Procedure Code Edits
    - Permits submission of coding-related questions
  - **Code Edit Simulator** – found under Humana Payer Space → Applications tab → Code Edit Simulator
    - Permits 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) → Humana Payer Space → Resources Tab → Making It Easier