Annual Physical Examinations

Applies to Iowa:

Blue Medicare Advantage HMO

Annual Physical Examinations

Annual Physical Examinations are performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury and are not considered medically necessary to treat an illness or injury.

Original Medicare

Original Medicare covers a broad range of preventive services. There are two types of annual preventive office visits that are covered by Original Medicare.

Initial preventive physical examination (also known as the “Welcome to Medicare” physical exam); this visit must occur no later than 12 months after the effective date of the beneficiary’s first Part B coverage period. This visit consists of a one–time review of the beneficiary’s health status and risk factors and provides education and counseling about preventive services and the development of a personalized prevention plan for the beneficiary.

The Annual Wellness Visit (AWV) is covered for a beneficiary who has had Part B coverage for longer than 12 months and who has not received either a Welcome to Medicare or AWV within the past 12 months. The purpose of the AWV is to develop and/or update an existing personalized prevention plan based on the beneficiary’s current health status.

Original Medicare does not cover Annual Physical Examinations or preventive visits (other than those described above).

Wellmark Advantage Health Plan HMO Enhanced Benefit

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO is a Medicare Advantage Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single healthcare plan. This flexibility allows WAHP Blue Medicare Advantage HMO to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for an Annual Physical Examination is provided to members under WAHP Blue Medicare Advantage HMO plan. Since Original Medicare does not cover Annual Physical Examination, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost–sharing is determined by WAHP.

The Annual Physical Exam includes a detailed history and physical that focuses on the member’s medical history, family history, and the performance of a head to toe assessment with hands on examination of all body systems. For example, the practitioner must use visual inspection, palpitation, auscultation, and manual examination of the enrollee to assess overall general health and detect abnormalities or signs that could indicate a disease process that should be addressed. There is no member cost share for the visit itself for members with Group coverage. However, additional cost share may apply for any service that does not fall within the scope of a preventive screening or covered immunization as defined under Original Medicare for members.

Conditions for Payment

The table below specifies payment conditions for annual physical examinations.

Conditions for Payment	
Eligible provider	MD, DO, Practitioners
Payable location	Home, Office, Outpatient hospital
Frequency	Once annually
CPT/HCPCS codes	99381-99387, 99391-99397, G0468, 80050
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions

Reimbursement

The provider will be paid based on the Wellmark Advantage Health Plan (WAHP) Enhanced Benefit Fee Schedule. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost Sharing

WAHP Blue Medicare Advantage HMO has zero-dollar cost share. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or deductible. Providers can only collect the appropriate WAHP Blue Medicare Advantage HMO cost sharing amounts from the member. Reference the Explanation of Coverage (EOC) or Summary of Benefit (SOB) for specific cost share amounts.

If the member elects to receive a non–covered service, he or she is responsible for the entire charge associated with the non–covered service.

To verify member eligibility, benefits, and cost share, go to the Wellmark Advantage Health Plan secure website at www.WellmarkAdvantageHealthPlan.com or call Provider Inquiry **1-855-716-2556 (TTY:711).**

Billing Instructions for Providers

- Bill services on the CMS 1500(02/12) claim form for all payable locations except for Federally Qualified Health Center (FQHC), Critical Access Hospitals (CAH), and Rural Health Clinic (RHC) providers; which should be billed on the CMS UB-04 claim form.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier and Taxonomy number on all claims.
- Use electronic billing.
- Submit claims to:

  Wellmark Advantage Health Plan
  Station 1E238
  PO Box 9291
  Des Moines, IA 50306

Revision History

Policy Number: H-8095-001
Created: 09/15/2021
Effective: 01/01/2022
Updated: 12/22/2022