# FAQ on Medicare AWVs and Routine Physical Exam

**Traditional Medicare does NOT pay for Physicals**

<table>
<thead>
<tr>
<th>Aetna MA</th>
<th>Anthem MA</th>
<th>CarePartners of Connecticut (CPCT)</th>
<th>ConnectiCare (CCI) MA</th>
<th>United Healthcare (UHC) MA</th>
<th>Traditional Medicare</th>
<th>WellCare</th>
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**Who can perform an AWV?**

Annual Wellness Visits (AWVs) can be performed by:
- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner (a physician assistant, nurse practitioner, certified clinical nurse specialist)
- Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of medical professionals directly supervised by a physician

**Which payers pay for Initial & Subsequent AWVs?**

- ✔
- ✔
- ✔
- ✔
- ✔
- ✔
- ✔
- ✔

AWVs are covered by all payers

**Which payer pays for an AWV anytime during separate calendar years?**

- ✔
- ✔
- ✔
- ✔
- ✔
- X
- ✔

All except for Traditional Medicare

**Which payer requires 365+ 1 day between AWVs?**

- X
- X
- X
- X
- X
- ✔
- X

Only applies to Traditional Medicare

**Which payers pay for an annual routine physical exam?**

- ✔
- ✔
- ✔
- ✔
- ✔
- X
- ✔

*Traditional Medicare does not cover routine physicals, except for an IPPE (ONCE PER LIFETIME); if done within the first 12 months of Medicare Part B enrollment

- IPPE Code: G0402
- $0 Patient Copay

**Which payers pay for a routine physical exam and an AWV at the same visit?**

- ✔
- ✔
- ✔
- ✔
- ✔
- X
- ✔

All except Traditional Medicare. If done, your patient pays 100% out-of-pocket costs

For MA- when billing an Annual Wellness Visit and Annual Physical Exam on the same day, use a modifier code of 25 for the Annual Physical Exam

**What about lab tests or other diagnostics services?**

Lab tests or other diagnostic services ordered as a result of exam findings performed at the time of the routine physical may be subject to a copayment or coinsurance as applicable

Providers may also provide and bill separately for screenings and other preventive services (Please follow original Medicare coding rules when billing Medicare-covered preventive services (see MLN preventive services link on coding tip sheet)

**Does the patient have a copay for an AWV or Routine Physical?**

- Only the AWV Codes listed on the Medicare AWV Coding Tip Sheet and Routine Physical Exam Procedure codes have a $0 copayment for wellness visits/physical exam
- If you also bill other services with the visit, and those services are normally subjected to a copayment or coinsurance, that cost would apply and your patient is subject to member cost sharing

**$0 Copay for wellness visits**

**Please consult with payer plan contracts/agreements as payment policies regarding AWV and routine physicals vary by plan. Check with your contracted plan for further information prior to billing**

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*For more info review the Medicare AWV Coding Tip Sheet*
Please use the CMS educational tool Medicare Wellness Visits for additional information on AWVs, Routine Physicals and also to stay up-to-date and current on CMS program information and changes.

### Advance Care Planning (ACP)

- Medicare waives the ACP deductible and coinsurance once per year when billed with the AWV
- If the AWV billed with ACP is denied for exceeding the once per year limit, Medicare will apply the ACP deductible and coinsurance
- The deductible and coinsurance apply when you give the ACP outside of the covered AWV
- There are no limits on the number of times you can report ACP for a given patient in a given time period
- When billing this patient service multiple times, document the change in the patient’s health status and/or wishes regarding their end-of-life care

**Billing:** Medicare waives both the ACP coinsurance and the Medicare Part B deductible when:

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</table>
| Advance Care Planning -30 min | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | CODE 99497 Can be billed with the initial and subsequent AWVs
| Advance Care Planning –each additional 30 min | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | ✔️ | CODE 99498 Can be billed with the initial and subsequent AWVs

### Communication Avoids Confusion

Per CMS, As a health care provider, you may recommend patients get services more often than Medicare covers, including the AWV, or you may recommend services Medicare doesn’t cover. If this happens, please ensure patients understand they may have to pay some or all the cost. Communication is key to making sure patients understand why you are recommending certain services, and whether Medicare pays for them.