Annual Wellness Visit sooner than 11 months following Initial (IPPE).

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Initial Preventative Physical Examination (IPPE) Claims (HCPCS: G0402)

- IPPE claims may not be billed more than 12 months after the commencement of the patient's first part B coverage.
- Each patient is limited to one IPPE claim in their lifetime.

Initial Annual Wellness Visit (AWV) Claims (HCPCS: G0438)

- The initial AWV includes a Personalized Prevention Plan Service (PPPS).
- An initial AWV claim cannot be submitted within 12 months of an IPPE (G0402) for the same patient.

Subsequent Annual Wellness Visit (AWV) Claims (HCPCS: G0439)

- Subsequent AWV claims are not allowed within 12 months of an initial AWV (G0438).
- You cannot bill a subsequent AWV within 12 months of an IPPE (G0402).

Please note that an Annual Wellness Visit (AWV) is a service distinct from an annual physical exam.

Reimbursement Guidelines

Molina Healthcare mandates thorough documentation of medical necessity and accurate diagnosis codes for the reimbursement of specific procedures. Claims lacking supporting evidence of medical necessity or correct diagnosis codes will not contribute to the final claim payment calculation.

To comprehend coverage guidelines, limitations, and medical necessity criteria, please consult the reference document: Medicare Wellness Visit

For successful reimbursement, you must pair the following procedure codes with one of the diagnosis codes listed in Section 2 of the referenced document: Chapter 12 Medicare Claims Processing Manual

Incorrectly billed claims may face denial or potential recovery. Rates are set based on the applicable fee schedule or the provider contract agreement.

Molina Healthcare retains the right to audit all claim payments and recover any overpaid amount identified, based on contractual rates.

Supplemental Information

Definitions

Term	Definition
AWV	Annual wellness visit
CMS	Center for Medicare and Medicaid Services
HCPCS	Healthcare Common Procedure Coding System
IPPE	Initial Preventative Physical Examination

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State/Agency	Document Name/Description	Link/Document
CMS	Medicare Wellness Visit	Medicare Wellness Visit
CMS	Medicare Claims Manual, Chapter 12, Section 2	Chapter 12 Medicare Claims Processing Manual
CMS	Medicare Policy Manual, Chapter 15, Section 280.5	Chapter 15 Medicare Policy Manual - Section 280.5
CMS	Medicare Claims Processing Manual, Chapter 18	Chapter 18, Medicare Claims Processing Manual