



Medicare Claims Processing Manual Updates – HCPCS Billing Codes & Advance Beneficiary Notice of Non-coverage Requirements

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Related CR Title: Update Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.1 Concerning Healthcare Common Procedure Coding System (HCPCS) Billing Codes and Chapter 12, Section 30.6.2 Concerning Advance Beneficiary Notice of Non-coverage (ABN) Requirements

Affected Providers

- Physicians
- Other providers billing Medicare Administrative Contractors (MACs) for services provided to Medicare patients

Action Needed

Make sure your staff knows about:

- Using HCPCS codes G0402, G0438, and G0439 for billing initial preventive physical examination (IPPE) and annual wellness visit (AWV) services
- Not billing CPT codes 99381-99397 (comprehensive preventive medicine evaluation and management services) for IPPE and AWV services
- Giving your patients an Advance Beneficiary Notice of Non-coverage (ABN) for certain preventive services

Background

CR 13548 updates Sections 30.6.1.1 and 30.6.2 of the Medicare Claims Processing Manual, Chapter 12. Section 30.6.1.1 updates billing code requirements instructing providers not to bill IPPE and AWV services with CPT codes 99381-99397. Section 30.6.2 provides additional ABN guidance when billing Medicare patients for covered IPPE or AWV services at the time and place as a noncovered preventive medicine services (CPT codes 99381-99397).

The Medicare Program established preventive service billing HCPCS codes for IPPE and AWV services for Medicare patients are:

- G0402 (Initial Preventive Physical Examination (IPPE); face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment)
- G0438 (Annual Wellness Visit; includes a personalized prevention plan of service (PPS), initial visit)
- G0439 (Annual Wellness Visit; includes a personalized prevention plan of service (PPS), subsequent visit)

Don't bill CPT codes 99381-99397 (comprehensive preventive medicine evaluation and management services) for Medicare services covered by HCPCS codes G0402, G0438, and G0439.

Physicians aren't required to give a Medicare patient a written ABN for the part of the visit that constitutes a routine preventive visit not covered by Medicare – such as a comprehensive preventive medicine evaluation and management service in the CPT code range 99381-99397. Per Section 50.2.1 of the Medicare Claims Processing Manual, [Chapter 30](#), we strongly encourage physicians to provide an ABN to patients when providing and billing for these services. Physicians are responsible for notifying patients in advance of their liability for the charges for services that aren't medically necessary to treat an illness or injury.

More Information

We issued CR 13548 to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
March 14, 2024	Initial article released.

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