

Annual physical examinations

Applies to:

BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMO SM
BCN Advantage HMO-POS SM



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Annual physical examinations

Annual physical examinations are performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint or injury, and aren't 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.

- The initial preventive physical examination (IPPE) (also known as the "Welcome to Medicare" physical exam) 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 hasn't received either a Welcome to Medicare or AWV within the past 12 months. The purpose of the AWV is to develop or update an existing personalized prevention plan based on the beneficiary's current health status.

Original Medicare doesn't cover annual physical examinations or preventive visits (other than those described above).

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that 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 health care plan. This flexibility allows Blue Care Network 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 BCN Advantage individual and select BCN Advantage group plans that include this benefit. Since Original Medicare doesn't cover annual physical examinations, other than the Initial Preventive Physical Examination (IPPE) and AWV, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing are determined by Blue Care Network for individual coverage, and by the group for those with group-based coverage.

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 a 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 individual coverage. Additional cost share may apply for any service that doesn't fall within the scope of a preventive screening or covered immunization as defined under Original Medicare.

Blue Care Network of Michigan

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Conditions for payment

The table below specifies payment conditions for annual physical examinations.

Conditions for payment	
Eligible provider	M.D., D.O., practitioners
Payable location	Home, office, outpatient hospital Rural Health Center (RHC), Federally Qualified Health Center (FQHC)
Frequency	Once annually
CPT/HCPCS codes	99381–99387, 99391–99397, 80050
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

To find BCN Advantage plan's maximum payment amount for the determination of refractive state benefit, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The BCN Advantage maximum payment amount for chiropractic care services is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form for all payable locations, except for Federally Qualified Health Center (FQHC) providers; which should be billed on the CMS UB-04 claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for

billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

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Reviewed:

Revised: