



**BlueCross BlueShield  
of Texas**

# Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> Annual Health Assessment (AHA) Incentive FAQs

## Who is eligible for this incentive?

Primary care providers who are part of the Blue Cross Medicare Advantage (PPO) and Blue Cross Medicare Advantage (HMO) networks are eligible. Providers participating in **Medicare value-based contract arrangements** are **not eligible** for this incentive.

## How does the incentive work?

If billed appropriately, you'll receive **\$100** per newly completed AHA per Blue Cross Medicare Advantage (PPO) and Blue Cross Medicare Advantage (HMO) member, in addition to your contracted rate. If the member has already completed an AHA prior to July 1, 2020, you're not eligible to receive an incentive for that member.

## When will I receive payment?

If billed appropriately, you'll receive the one-time payment in April/May 2021 for all AHA claims submitted for dates of service in July 1, 2020 - Dec. 31, 2020. For dates of service in 2021, you'll receive the one-time payment in April/May 2022.

## What are the eligible dates of service for completing the AHA to receive the incentive?

This is effective for dates of service between July 1, 2020 through the end of the COVID-19 public health emergency. Submit the claim by March 31, 2021 for prior year claims. **AHAs with dates of service completed prior to July 1, 2020 or after the public health emergency are not eligible for this incentive.**

## Can I conduct Medicare members' AHA via telemedicine?

You can conduct initial and subsequent AHAs (G0438 and G0439) via telemedicine.

## How should I code telemedicine claims?

Refer to our [Telemedicine and Telehealth Services](#) page for information about submitting telehealth claims.

You can also visit the Centers for Medicare & Medicaid Services (CMS) website for a [complete list of telehealth codes](#) and [telehealth guidance](#).

## Which G-Codes are available for an AHA?

Submit claims for AHA to us using the appropriate code. For more details, download the [Medicare Advantage Annual Wellness Visit Guide here](#).

G0402 – Initial Preventative Physical Examination PPE	<ul style="list-style-type: none"><li>• Limited to a new Medicare member during the first 12 months of Medicare enrollment</li><li>• Used once in a lifetime</li></ul>
G0438 – Initial Annual Health Assessment	<ul style="list-style-type: none"><li>• Limited to a Medicare member after the first 12 months of Medicare enrollment, including new or established patients</li><li>• Used once in a lifetime</li></ul>
G0439 – Subsequent Annual Health Assessment	<ul style="list-style-type: none"><li>• Used the following calendar year after any wellness visit (IPPE, initial AHA or subsequent)</li></ul>
G0468 – Federally Qualified Health Center, FQHC visit, IPPE or Annual Health Assessment	<ul style="list-style-type: none"><li>• A FQHC visit that includes an initial preventative physical examination (IPPE) or Annual Health Assessment (AHA) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AHA</li></ul>

## Have questions?

Contact your [Network Management Consultant](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

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