BlueCross BlueShield of Texas

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Annual Health Assessment (AHA) Incentive FAQs - 2021

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 for this incentive. 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 Jan. 1, 2021, 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 May 2022 for all AHA claims submitted for dates of service in Jan. 1, 2021 - Dec. 31, 2021.

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

This is effective for dates of service between Jan. 1, 2021 - Dec. 31, 2021. Submit the claim by March 31, 2021 for prior year claims.

What is Indices? How can I get access to Indices?

Indices is a Blue Cross and Blue Shield of Texas (BCBSTX) reporting platform. It offers 24/7 online access to a range of insights about the BCBSTX members you are treating, including quality and risk metrics. It can help you identify gaps in care for our members, as reflected in claims and other regularly updated data. This may include wellness exams, screenings or other preventive care. If you are a Blue Cross Medicare Advantage provider who wants access to Indices, reach out to TexasMedicareAdvantageNetwork@bcbstx.com with your **full name** and **NPI**.

Which G-Codes are available for an AHA?

Submit claims for AHAs to us using the appropriate code. For more details, download the Medicare Advantage Annual Wellness Visit Guide .

G0402 – Initial Preventative Physical Examination PPE (not valid for telehealth)	• Limited to a new Medicare member during the first 12 months of Medicare enrollment • Used once in a lifetime
G0438 – Initial Annual Health Assessment	• Limited to a Medicare member after the first 12 months of Medicare enrollment, including new or established patients • Used once in a lifetime

G0439 – Subsequent Annual Health Assessment	• Used the following calendar year after any wellness visit (IPPE, initial AHA or subsequent)
G0468 – Federally Qualified Health Center, FQHC visit, IPPE or Annual Health Assessment	• 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

Can I conduct a Medicare member's AHA via telemedicine?

To remove barriers to completion, 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.

Other Documentation and Coding Guidelines

BCBSTX has created several coding and documentation best practices for common chronic conditions. Coding resources are updated quarterly and are available on our Coding, Billing and Bundling Information page.

If, during a wellness visit, you perform additional screening or address another medical problem, you can submit an additional claim.

- Atrial Fibrillation Documentation & Coding Guideline
- Diabetes Mellitus Documentation & Coding Guideline
- Major Depressive Disorder Documentation & Coding Guideline

Have questions?

Contact your Network Management Consultant.

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