



**BlueCross BlueShield
of Texas**

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Annual Health Assessment (AHA) Incentive FAQs – 2022

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, and are Fee For Service providers, 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 for Blue Cross Medicare Advantage (PPO) and Blue Cross Medicare Advantage (HMO) members, in addition to your contracted rate. The incentive will apply to each AHA completed during 2022.

When will I receive payment?

AHA Incentive Payments will be disbursed on a quarterly basis during 2022. At the end of each quarter, Blue Cross will determine which eligible members completed an AHA, and if the claims are submitted correctly, a payment will be made. There will only be one payment per member, per calendar year.

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

The effective date starts January 1, 2022, and will continue through December 31, 2022.

What is 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.

How can I get access to Indices?

If you are a Blue Cross Medicare Advantage provider, you can reach out to TexasMedicareAdvantageNetwork@bcbstx.com with your full name and NPI.

Can I conduct Medicare members' 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](#).



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 (IPPE)	<ul style="list-style-type: none"> Limited to a new Medicare member during the first 12 months of Medicare enrollment Used once in a lifetime
G0438 – Initial Annual Health Assessment	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

Other Documentation and Coding Guidelines

If, during a wellness visit, you perform additional screening(s) 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](#).

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.

Medicare Advantage plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) (HMO, PPO and HMO Special Needs Plans), and also to GHS Insurance Company (GHSIC) (HMO Plans). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.

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