

# Annual Physical Examinations



Applies to:

☒ **Essential, Enhanced, and Entrust PPO**

## Annual Physical Examinations

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

- Initial preventive physical examination (also known as the “Welcome to Medicare” physical exam); this 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 is covered for a beneficiary who has had Part B coverage for longer than 12 months and who has not received either a Welcome to Medicare or Annual Wellness Visit within the past 12 months. The purpose of the Annual Wellness Visit is to develop and/or update an existing personalized prevention plan based on the beneficiary’s current health status.

Original Medicare does not cover annual physical examinations or preventive visits (other than those described above).

## WyoBlue Advantage PPO Enhanced Benefit

WyoBlue Advantage plans are Medicare Advantage plans that provide 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 healthcare plan. This flexibility allows WyoBlue Advantage 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 WyoBlue Advantage Medicare Advantage plans. Since Original Medicare does not cover annual physical examinations, the scope of the benefit, reimbursement methodology, maximum-allowed payment amounts and member cost-sharing is determined by WyoBlue Advantage.

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. However, additional cost share may apply for any service that does not fall within the scope of a preventive screening or covered immunization as defined under Original Medicare for members.

## Conditions for Payment

The table below specifies payment conditions for routine physical examinations.

Conditions for Payment	
Eligible provider	MD, DO, 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

The provider will be paid based on the WyoBlue Advantage Enhanced Benefit Fee Schedule. Allowance for the lab panel is based on Medicare Fee Schedule. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charged amount.

## Member Cost Sharing

- Please reference the *Evidence of Coverage* or *Medical Benefits Chart* for specific cost-share amounts.
- WyoBlue Advantage plan providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance, or a deductible. Providers can only collect the appropriate WyoBlue Advantage cost-sharing amounts from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- To verify member eligibility, benefits, and cost share, log on to [www.WyoBlueAdvantage.com](http://www.WyoBlueAdvantage.com) or call **1-844-682-9966**, TTY: **711**.

## Billing Instructions for Providers

- 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.
  - Bill the Annual Physical CPT codes on a separate UB claim form to ensure payment.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier number on all claims.
- Use electronic billing.
- Submit claims to:

WyoBlue Advantage  
Provider Correspondence  
P.O. Box 21451  
Eagan, MN 55121

## Revision History

Plan policy numbers: WYO PPO, 001, 002, 003  
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