2025 Medicare Advantage quality reference guide

This is a quick reference and not a comprehensive resource, tailored for patients ages 65 and older. For more detailed information, please visit **UHCprovider.com/path**.

Breast Cancer Screening (BCS-E) — Weight – 1	
Best practices	• Initiate appropriate referrals and orders for breast cancer screening • Connect with previously used imaging center to encourage member outreach and schedule
Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 66 and older with frailty* and advanced illness** • Ages 66 and older with Institutional Special Needs Plan (I-SNP) or who are institutionalized • Gender-affirming chest surgery (CPT® code 19318) with a diagnosis of Gender Dysphoria (Gender Dysphoria Value Set) any time during the member's history through the end of the measurement period • Members who died during the measurement year • Bilateral mastectomy (any combination of both left and right) • History of bilateral mastectomy (Z90.13)
Actions/required codes	• Completion of mammogram • Documentation of mammogram with date of service (MM/YY) when reported by member
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	BCS-E is eligible for the Quarterly Care Bonus Opportunities. BCS-E is eligible for up to 5 Performance Points.

*Two indications of frailty on different dates of service during the measurement year.

**Advanced illness indicated by one of the following: At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior or a dispensed dementia medication.

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Controlling High Blood Pressure (CBP) — Weight – 3

Best practices	• Repeat blood pressure measurement at the end of visit if the patient's blood pressure is more than or equal to 140/90
	• Use the lowest systolic and lowest diastolic on date of service
	  – Includes member-reported blood pressure with same date of service
	  – The patient may self-report blood pressure from a digital device during an outpatient, phone or virtual visit (does not require the word 'digital' to be documented)
	• Write extended-day prescriptions (90- or 100-day, depending on benefit)
	• Recommend automatic refills to support adherence
	• Recommend Optum® Home Delivery through Optum Rx®, as it may have a lower copay for the member
	  – To get started, call **800-791-7658**

Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 81 and older with frailty* only • Ages 66–80 with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year • Dialysis (Z99.2) • End-stage renal disease (ESRD) (N18.5, N18.6) • Kidney transplant • History of kidney transplant (Z94.0) • Nephrectomy • Non-acute inpatient admission
Actions/required codes	**Systolic code:** • 3074F: Systolic < 130 mm Hg • 3075F: Systolic 130-139 mm Hg • 3077F: Systolic ≥ 140 mm Hg **and** **Diastolic code:** • 3078F: Diastolic < 80 mm Hg • 3079F: Diastolic 80-89 mm Hg • 3080F: Diastolic ≥ 90 mm Hg *Recommend using the CPT® II code for the lowest systolic and the lowest diastolic reading if more than 1 blood pressure reading is taken and or received from the member during an outpatient, phone or virtual visit, or a remote monitoring event.
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	CBP is eligible for the Annual Quality Care Bonus Opportunity. CBP is eligible for up to 10 Performance Points. Please note that MAH is an incentivized measure. See below. • **CBP quick tips link**

*2 indications of frailty on different dates of service during the measurement year.

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Colorectal Cancer Screening (COL-E) — Weight - 1	
Best practices	• Initiate appropriate referrals and orders • Provide immunochemical fecal occult blood test (iFOBT) kit for a single-year screening if member isn't willing or able to get a colonoscopy – Patients can receive iFOBT kits from UnitedHealthcare Customer Service by calling the number on the back of their member ID card or from the **myuhc.com**® member portal • Provider can contact Exact Science at **844-870-8870** to facilitate bulk Cologuard® kits, which will satisfy the measure for 3 years
Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 66 and older with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year • Total colectomy • Colorectal cancer (C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048)
Actions/required codes	Document patient reported colorectal cancer screening with test, service or procedure of the screening and date of service. Submit codes for one of the following test, service or procedure to close care opportunity: **iFOBT**—Test carried out anytime between Jan. 1, 2025–Dec. 31, 2025. **FIT—DNA test (FIT – DNA Value Set)**—Test carried out anytime between Jan. 1, 2023–Dec. 31, 2025. **Flexible sigmoidoscopy**—Test carried out anytime between Jan. 1, 2021–Dec. 31, 2025. **Colonoscopy**—Test carried out anytime between Jan. 1, 2016–Dec. 31, 2025. **CT colonography**—Test needs to be carried out anytime between Jan. 1, 2021–Dec. 3, 2025. (This service may not be covered for UnitedHealthcare® Medicare Advantage members.)
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	COL-E is eligible for the Quarterly Care Bonus Opportunities. COL-E is eligible for up to 5 Performance Points.

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Eye Exam for Patients With Diabetes (EED) — Weight – 1 — Admin only	
Best practices	• Refer patient to specialist for EED • Connect with previously used eye care specialist to encourage member outreach • When the retinal eye exam is reviewed, document review and results into your visit note and code the applicable CPT code
Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 66 and older with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year
Actions/required codes	• 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2023F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2024F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2025F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2026F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy • 2033F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy • 3072F: Low risk for retinopathy (no evidence of retinopathy in the prior year) • 92229: Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral **Note:** Any health care professional can report the appropriate CPT II code. Please report codes with date of test, not with date of office visit when test was reviewed (exception: CPT II code 3072F — report with current year date of service).
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	EED is eligible for the Quarterly Care Bonus Opportunities. EED is eligible for up to 5 Performance Points.

*2 indications of frailty on different dates of service during the measurement year.

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Follow-up after Emergency Department Visit for People with high-risk Multiple Chronic Conditions (FMC) — Weight - 1

Best practices	• Access to Admit, Discharge and Transition (ADT) data feeds through direct access, Practice Assist or POCA • Outreach to members within 7 days using outpatient visits, telephone, telehealth, e-visits and virtual check-in • Review PATH documents for CPT coding opportunity
Exclusions/diagnosis for exclusions	• Emergency department visits followed by an inpatient admission within 7 days will be excluded • Members in hospice or using hospice services anytime during the measurement year • Members who died during the measurement year
Actions/required codes	Multiple CPT codes: Requires reviewing codes and provider workflow to meet claims submission requirement
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

Glycemic Status Assessment for Patients With Diabetes (GSD) — Weight - 3

Best practices	• Initiate appropriate orders for hemoglobin A1C or a glucose management indicator assessment • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Recommend Optum Home Delivery through Optum Rx, as it may have a lower copay for the member – To get started, call **800-791-7658**
Exclusions/diagnosis for exclusions	• Hospice or palliative care • Members who had an encounter for palliative care (ICD-10-CM code Z51.5) • Ages 66 and older with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year
Actions/required codes	• 3044F: Most recent HbA1c < 7.0% • 3046F: Most recent HbA1c > 9.0% • 3051F: Most recent HbA1c level ≥ 7.0% and < 8.0% • 3052F: Most recent HbA1c level ≥ 8.0% and ≤ 9.0% **Note:** Report with date of test, not the date of office visit GMI is acceptable and notate chart
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	GSD is eligible for up to 5 Performance Points.

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Kidney Health Evaluation for Patients With Diabetes (KED) — Weight – 1	
Best practices	• Order serum eGFR and serum urine albumin-creatinine ratio (uACR) per recommendation of National Kidney Foundation (required) • Complete urine albumin and urine creatinine tests for uACR within 4 days of each other (required)
Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 81 and older with frailty* only • Ages 66–80 with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year • ESRD or dialysis (N18.5, N18.6, Z99.2)
Actions/required codes	You must complete the estimated glomerular filtration rate (eGFR) lab test **and** the uACR • eGFR CPT 80047, 80048, 80050, 80053, 80069, 82565 and uACR 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7 **OR** these 2 lab tests: – Albumin; urine (e.g., microalbumin), quantitative lab test: 82043 **and** – Creatinine; other source (urine) lab test: 82570
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	KED is eligible for the Quarterly Care Bonus Opportunities. KED is eligible for up to 5 Performance Points.

Osteoporosis Management in Women who Had a Fracture (OMW) — Weight – 1	
Best practices	• Initiate appropriate referrals and orders for bone mineral density testing • Screen patient for risk of falls and help ensure they have resources or equipment – Remind the patient that we may cover equipment such as grab bars, and they can call number on the back of their member ID card to confirm • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Recommend Optum Home Delivery through Optum Rx, as it may have a lower copay for the member – To get started, call **800-791-7658**

*2 indications of frailty on different dates of service during the measurement year.

**Advanced illness indicated by one of the following: At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior or a dispensed dementia medication.

Osteoporosis Management in Women who Had a Fracture (OMW) — Weight - 1

Exclusions/diagnosis for exclusions	• Hospice or palliative care • Ages 81 and older with frailty* only • Ages 67–80 with frailty* and advanced illness** • Ages 67 and older with I-SNP or who are institutionalized • Members who died during the measurement year • Dispensed/active prescription for medication to treat osteoporosis 12 months prior to fracture
Actions/required codes	Completion of: • Bone mass measurement (BMD) test • Dispensed prescription to treat osteoporosis • Evidence of osteoporosis therapy • Long-acting osteoporosis therapy ordered during inpatient stay
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	OMW is eligible for the Quarterly Care Bonus Opportunities.

Plan All-Cause Readmissions (PCR) — Weight - 3

Best practices	• Low index admits Inpatient and Observation • Low readmits in 30 days Inpatient and Observation • Documentation of hierarchical conditions throughout the year. Coded conditions have a 366 look-back for all hierarchical conditions (see **PATH Reference Guide** for more details).
Exclusions/diagnosis for exclusions	• Index hospital stays if admission date of first planned hospital stay is within 30 days of the planned admission and patient has principal diagnosis of maintenance chemotherapy, rehabilitation, organ transplant or a potentially planned procedure • Direct transfers: For discharges with 1 or more direct transfers, use the last discharge planned readmissions • Planned readmissions • Index stays with admission and discharge on the same day, discharges of death, diagnosis of pregnancy or principal diagnosis of a condition originating in the perinatal period • Members who elect to use hospice benefit • Outlier: Members with 4 or more index hospital stays between Jan. 1 and Dec. 1 of the measurement year
Actions/required codes	N/A
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	PCR is eligible for up to 5 Performance Points.

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Statin Use in Patients With Cardiovascular Disease (SPC) — Weight – 1	
Best practices	• To meet this measure, the statin needs to be moderate or high intensity. • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Recommend Optum Home Delivery through Optum Rx, as it may have a lower copay for the member – To get started, call **800-791-7658** **Optum Home Delivery** • Send ePrescribing to: Optum Home Delivery (Optum Rx Mail Service) 6800 W 115th St, Ste 600 Overland Park, KS 66211-9838 NCPDP ID: 1718634 • Call: **800-791-7658** • Fax: 800-491-7997
Exclusions/diagnosis for exclusions	• Hospice care • Palliative care (Z51.5) • Ages 66 and older with frailty* and advanced illness** • Ages 66 and older with I-SNP or who are institutionalized • Members who died during the measurement year **Diagnosis:** Exclusions from independent laboratory with claims from POS code 81 will not be accepted. • ESRD or dialysis (N18.5, N18.6, Z99.2) • Cirrhosis (K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81) • Myalgia, myositis, myopathy or rhabdomyolysis (G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18)
Actions/required codes	N/A
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	SPC is eligible for the Quarterly Care Bonus Opportunities. SPC is eligible for up to 10 Performance Points.

*2 indications of frailty on different dates of service during the measurement year.

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Statin Use in Patients With Diabetes (SUPD) — Weight – 1	
Best practices	Any intensity statin can meet this measure. • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Recommend Optum Home Delivery through Optum Rx, as it may have a lower copay for the member – To get started, call **800-791-7658** **Optum Home Delivery** • Send ePrescribing to: Optum Home Delivery (Optum Rx Mail Service) 6800 W 115th St, Ste 600 Overland Park, KS 66211-9838 NCPDP ID: 1718634 • Call: **800-791-7658** • Fax: 800-491-7997
Exclusions/diagnosis for exclusions	• Hospice **Diagnosis:** • Dialysis or ESRD (I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2) • Cirrhosis (K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69) • Myopathy, myositis or rhabdomyolysis (G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82) • Pre-diabetes (R73.03, R73.09)
Actions/required codes	N/A
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	Yes, SUPD is eligible for up to 10 performance points.

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Transitions of Care (TRC) — Weight – 1	
Best practices	This measure requires the documentation of 4 components: • **Notification of inpatient admission** – On the day of, or 2 days after, the admission (maximum is 3 days total). No administrative data is available. • **Receipt of discharge information** – On the day of, or 2 days after, the admission (maximum is 3 days total). No administrative data is available. • **Patient engagement after inpatient discharge** – Within 30 days of the discharge, but not on the day of discharge • **Medication reconciliation post-discharge (MRP)** – Must complete on the day of discharge or 30 days after (total of 31 days) – Discharge medications and outpatient medications reconciled and documented in the outpatient medical record – Note must read 'post hospitalization' – Medication reconciliation can be completed without member present
Exclusions/diagnosis for exclusions	• Hospice services or use of a hospice benefit • Members who died during the measurement year
Actions/required codes	• An outpatient, phone or virtual visit, or a remote monitoring event • 99495, 99496: Transitional care management services with 1111F • 99483: Assessment of and care planning for a patient with cognitive impairment • 1111F: Discharge medications reconciled with the current medication list in outpatient medical record (performed by a physician or other qualified health care professional)
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	Medication Reconciliation Post Discharge (MRP) is eligible for the quarterly quality care bonus opportunities.

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Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMR) — Display measure for 2025-2026	
Best practices	• CMR must be completed by a pharmacist or other health care professional during a member's enrollment in MTM program • Eligibility requirements: – Diagnosis of 3 of these 10 chronic conditions: ◦ Alzheimer's disease ◦ Bone disease — arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis) ◦ Chronic congestive heart failure (CHF) ◦ Diabetes ◦ Dyslipidemia ◦ End-stage renal disease (ESRD) ◦ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) ◦ Hypertension ◦ Mental health (including depression, schizophrenia, bipolar disorder, and other chronic/disabling mental health conditions) ◦ Respiratory disease (including asthma, chronic obstructive pulmonary disease (COPD) and other chronic lung disorders) – Prescription fills of at least 8 Medicare Part D covered medications for chronic conditions and total prescription cost of at least $1,623 per year **OR** – Are in a Drug Management Program to help better manage and safely use medications such as opioids and benzodiazepines • Let eligible members know the program can help them: – Take their medications as you prescribed – Recognize the benefits of their medications – Better understand side effects to help lower the risk for adverse reactions • Members who may be eligible are identified every quarter, automatically enrolled in the MTM program and contacted to schedule a personal medication review • Encourage eligible members to call our MTM pharmacist team at **866-216-0198**, TTY **711**, or, call during their office visit and can do their CMR from your office • Pharmacists are available Monday–Friday, 9 a.m.–9. p.m. ET
Exclusions/diagnosis for exclusions	• Hospice • Members who were enrolled in MTM program for less than 60 days during the reporting period and didn't receive a CMR
Actions/required codes	N/A
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

<table>
<tr><th colspan="2">Medication Adherence for Diabetes, Hypertension and Cholesterol
(MAD, MAH, MAC) — Weight - 3</th></tr>
<tr><td>Best practices</td><td>• Consider writing 3-month supply prescriptions for non-insulin diabetes medications, RAS antagonists and statin medications to ensure members have medication on hand
– Members filling extended day fills (90/100 days) have higher adherence rates on average than members filling 30-day fills
• Discuss the benefits of the Optum Home Delivery through Optum Rx
– Members using Optum Home Delivery have higher adherence rates than members filling at retail pharmacies
– To get your patients started with Optum Home Delivery:
◦ Send ePrescribing to:
Optum Home Delivery
(Optum Rx Mail Service)
6800 W 115th St, Ste 600
Overland Park, KS 66211-9838
NCPDP ID:1718634
◦ Call: 800-791-7658
◦ Fax: 800-491-7997
• Counsel members on the importance of taking medications as directed and getting timely refills
• Discuss medication adherence barriers at each visit and ask members about concerns related to side effects, costs and health benefits of the applicable therapy (addressing these barriers can help improve patient experience measures)
• Ensure active prescriptions accurately reflect current dosing
• Encourage members to use their UnitedHealthcare insurance card at the pharmacy to get the best value
– Only prescription fills processed with the member's UnitedHealthcare insurance card are used to measure adherence
– Samples or information on cash prescriptions can't be submitted to CMS in supplemental files for Part D Star Ratings measures
• Encourage members to sign up for refill reminder programs at their pharmacy
• Members can also sign up to receive text messages and/or emails from their health plan
– They can call the number on the back of their member ID card to opt in for text messages/emails if interested—ask customer service representative for pharmacy text preferences opt-in</td></tr>
<tr><td>Exclusions/diagnosis for exclusions</td><td>Hospice
• End-stage renal disease
• 1 or more prescription claims for insulin (MAD)
• 1 or more prescription claims for sacubitril/valsartan (Entresto®) (MAH)</td></tr>
<tr><td>Actions/required codes</td><td>N/A</td></tr>
<tr><td>Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?</td><td>MAD, MAH and MAC are eligible for up to 10 Performance Points each.</td></tr>
</table>

Concurrent Use of Opioids and Benzodiazepines — Weight - 1	
Best practices	• Avoid prescribing a benzodiazepine to a patient already taking an opioid • Evaluate concurrent use of benzodiazepine and opioids and consider discontinuing one of the medications or using alternative therapy • Educate patients about the risks of taking opioids and benzodiazepines concurrently • Help patients explore alternative methods for managing pain • Coordinate care with all of the patient's treating providers to avoid co-prescriptions. • CMS offers 5 central principles for co-prescribing benzos and opioids: – Avoid initial combination by offering alternative approaches – If new prescriptions are needed, limit the dose and duration – Taper long-standing medications gradually and, whenever possible, discontinue – Continue long-term co-prescribing only when necessary and monitor closely – Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers For additional resources, refer to the CMS website: • **SE19011 – Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines** • Review current medication list for any that may be associated with increased risk of falls
Exclusions/diagnosis for exclusions	New measure COB exclusions: • Hospice • Cancer • Sickle Cell • Palliative Care
Actions/required codes	Use the ICD-10-CM diagnosis codes for any of the exclusions as appropriate.
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

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Polypharmacy — Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) → Weight – 1

Best practices	• Identify patients taking 2 or more anticholinergic medications • Review indication, duration of therapy and evaluate if potential risk of continued therapy outweighs the benefit • Discontinue medication as appropriate or consider safer alternative • Educate patients and caregivers about the risks and side effects of using multiple anticholinergic medications including cognitive decline and what to do if they experience side effects • Take a holistic patient approach when evaluating appropriateness including patient goals, current guidelines and comorbid conditions
Exclusions/diagnosis for exclusions	Hospice
Actions/required codes	N/A
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

Patient experience getting needed care — Weight – 2

Best practices	• Help patients schedule their routine or follow-up appointment after the visit • Submit prior authorization requests immediately • Offer to have an eConsult with specialist, if available
Exclusions/diagnosis for exclusions	N/A
Actions/required codes	No codes, but you must provide documentation of referrals to specialists
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	GNC is eligible for up to 5 Performance Points.

Patient Experience Care Coordination — Weight - 2	
Best practices	• Ask patients to bring a list of their specialists and current medications to their appointments • Review treatments and give them a copy • Help ensure that the primary care physician and specialists receive test results • Set expectations for when patient will get blood test or imaging result and when they'll hear back from your office
Exclusions/diagnosis for exclusions	N/A
Actions/required codes	No codes, but documentation of: • Referrals to specialists • Contact regarding follow-up with scheduling specialist visit
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	COC is eligible for up to 5 Performance Points.

Patient Experience Improving Bladder Control	
Best practices	• Ask all patients if they have any urine leakage • If screening is positive, treat, share resources and consider referral • Review current medication list for any that may be associated with increased risk of falls
Exclusions/diagnosis for exclusions	N/A
Actions/required codes	No codes, but documentation of: • Discussing urinary incontinence • Discussing treatment of urinary incontinence • Impact of urinary incontinence • Managing fall risk
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

Patient Experience Fall Risk Assessment	
Best practices	• Screen all patients for fall risk – If the screening indicates a fall risk, please treat, share resources and consider referral • Review current medication list for any that may be associated with increased risk of falls • Consider referral into Age Bold program, a virtual exercise program to prevent falls, a covered benefit for many of our MA programs • Please note encouragement of exercise is a separate category within Doctor-Patient Conversations – Appropriate exercise may reduce the risk of falls
Exclusions/diagnosis for exclusions	N/A
Actions/required codes	No codes, but documentation of: • Discussing fall risk • Managing fall risk
Measure eligible for Medicare Advantage Primary Care Physician Incentive (MA-PCPi)?	No

Annual wellness visit

The annual wellness visit (AWV) is a preventive questionnaire-type visit with minimal vitals.

- It is not a routine physical exam; therefore, it is incorrect to report a Z00.0- code with an AWV
- An AWV is performed by a physician or a qualified non-physician practitioner (e.g., M.D., D.O., N.P., P.A. or certified nurse specialist) during a face-to-face encounter
- Members may receive either the Welcome to Medicare Visit or the AWV, along with the annual routine physical exam on the same day from the same PCP
  - Please don't submit either of these 2 visits with a -25 modifier
- CPT codes 99202–99215 may be reported with modifier -25 when a significant, separately identifiable Evaluation and Management (E/M) service is provided during the same encounter as an AWV and/or routine physical exam. If provided during the same encounter, the additional E/M service is subject to the applicable copayment for an office visit.

Wellness visit/routine physicals

Service	Covered by	Copayment	Visit frequency	Submission codes
Welcome to Medicare Initial preventive physical exam (IPPE)	• Original Medicare • UnitedHealthcare Medicare Advantage plans when performed by the member's primary care professional (PCP)	• $0 in network • A copay may apply if a member uses an out-of-network benefit	Within the first 12 months of Medicare Part B (once per lifetime)	• G0402*
Annual wellness visit Personalized prevention plan services (PPPS)	• Original Medicare • UnitedHealthcare Medicare Advantage plans when performed by the member's PCP	• $0 in network • A copay may apply if a member uses an out-of-network benefit	Every calendar year (visits do not need to be 12 months apart)	• G0438* (first visit) • G0439* (subsequent visit)
Annual routine physical exam	• UnitedHealthcare Medicare Advantage plans when performed by the member's PCP • Not covered by Original Medicare	• $0 in network • A copay may apply if a member uses an out-of-network benefit	Every calendar year (visits do not need to be 12 months apart)	• 99385, 99386, 99387 • 99395, 99396, 99397

Learn more

See **2025 PATH reference guide** and Medicare Advantage Preventive Screening Guidelines.

*A Welcome to Medicare visit or an AWV performed in a federally qualified health center (FQHC) is payable under the FQHC prospective payment system (PPS). Code G0468 must be accompanied by qualifying visit code G0402, G0438 or G0439. Note not all FQHCs are contracted as an FQHC with UnitedHealthcare. Please check your UnitedHealthcare contract to determine if this pertains to your facility.

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