Initial Preventive Physical Examination (IPPE)

Presented by
Provider Outreach and Education (POE)
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Agenda

• Initial Preventive Physical Examination (IPPE) aka “Welcome to Medicare”

• Documentation Requirements
• CMS Resources
### Helpful Acronyms

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>ABN</td>
<td>Advanced Beneficiary Notice</td>
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<tr>
<td>ACP</td>
<td>Advance Care Planning</td>
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<tr>
<td>AWV</td>
<td>Annual Wellness Visit</td>
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<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>CR</td>
<td>Change Request</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>E/M</td>
<td>Evaluation and Management</td>
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<tr>
<td>IPPE</td>
<td>Initial Preventive Physical Examination</td>
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<tr>
<td>NPP</td>
<td>Non-Physician Practitioner</td>
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<tr>
<td>PPPS</td>
<td>Personalized Prevention Plan Services</td>
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Objective

• To understand
  – Proper guidelines, timeframes and coding of IPPE service

• Refer to additional resources
Initial Preventive Physical Exam (IPPE)

Coverage and Coding Guidelines
IPPE

- Known as "Welcome to Medicare Preventive Visit"
- Promotes good health and disease prevention and detection
IPPE Coverage

• Covered for newly enrolled beneficiaries
  – Within 12 months of first Medicare Part B effective date
    • Re-enrolled beneficiaries not eligible
  – One-time benefit
  – Deductible and coinsurance waived

• Must be performed by physician or practitioner as defined in section 1861 of SSA

• Must complete all 7 components of IPPE
Who May Perform the IPPE

• A physician
  – Doctor of medicine or osteopathy

• Qualified non-physician practitioner
  – Physician assistant
  – Nurse practitioner
  – Certified clinical nurse specialist
Acquire Beneficiary Information

1. Review beneficiary’s medical and social history
   - Medical/surgical history
   - Family history
   - Diet
   - Current medications and supplements
   - History of alcohol, tobacco, and illicit drug use
   - Physical activities

2. Review beneficiary’s potential risk factors for depression and other mood disorders
   - Use any appropriate screening instrument recognized by national professional medical organizations to obtain current or past experience with depression or other mood disorders
Acquire Beneficiary Information

3. Review beneficiary’s functional ability and level of safety

- Review at minimum:
  - Hearing impairment
  - Activities of daily living
  - Fall risk
  - Home safety
Begin Examination and Discussion

4. Exam

- Height, weight, body mass index, and blood pressure
- Visual acuity screen
- Other factors deemed appropriate based on beneficiary’s medical and social history and current clinical standards

5. End-of-life planning, if agreed by beneficiary

- Beneficiary’s ability to prepare an advance directive in case injury or illness causes beneficiary unable to make health care decisions; and
- Whether or not you are willing to follow beneficiary’s wishes as expressed in advance directive
Counsel Beneficiary

6. Educate, counsel, and refer based on previous five components

- Based on results of review and evaluation services in previous five components, provide education counseling, and referral as appropriate

7. Educate, counsel, and refer for other preventive services

- Includes brief written plan, such as checklist, for beneficiary to obtain:
  - Screening electrocardiogram (EKG/ECG), if appropriate
  - Other separately covered Medicare Part B screenings and preventive services as, applicable
## IPPE Coding

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Billing Code Descriptors</th>
</tr>
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<tbody>
<tr>
<td>G0402</td>
<td>IPPE; face-to-face visit Limited to new beneficiary during first 12 months of Medicare enrollment</td>
</tr>
<tr>
<td>G0403</td>
<td>EKG – interpretation and report Performed as screening for IPPE with interpretation and report</td>
</tr>
<tr>
<td>G0404</td>
<td>EKG; tracing only Performed as screening for IPPE, without interpretation and report</td>
</tr>
<tr>
<td>G0405</td>
<td>EKG; interpretation and report only Performed as screening for initial IPPE</td>
</tr>
</tbody>
</table>
Screening EKG

• Referral from provider can come from IPPE

• Screening EKG includes:
  – Routine electrocardiogram with 12 leads
  – Review of EKG report and interpretation by physician

• No specific diagnosis code required

• Subject to deductible and coinsurance
Evaluation and Management (E/M) During Same Visit

- E/M services must be medically necessary and separately identifiable
  - Use CPT 99201 – 99215 (append modifier 25, if appropriate)
  - Do not include AWV components when coding E/M portion of history or physical exam
  - If additional tests or services are performed during same visit, deductible and/or coinsurance may apply

<table>
<thead>
<tr>
<th>Bill covered portion using E/M</th>
<th>CPT 99201 - 99215</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill IPPE using appropriate G code</td>
<td>HCPCS G0402</td>
</tr>
</tbody>
</table>
Place of Service

• Office
• Inpatient Hospital
• Outpatient Hospital
• Skilled Nursing Facilities (SNF)
• Critical Access Hospitals (CAH)
• Federally Qualified Health Centers (FQHCs)
Prepare for IPPE/AWV Visit

- Suggested information needed for visit

<table>
<thead>
<tr>
<th>IPPE, AWV</th>
<th>Medical records, including immunization records</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPPE, AWV</td>
<td>Family health history, in as much detail as possible</td>
</tr>
</tbody>
</table>
| IPPE, AWV | Full list of medications and supplements  
  ▪ Include calcium and vitamins – how often and how much of each is taken |
| AWV       | Full list of current providers and suppliers involved in providing care |
Preventive Services Checklist

[Image: Preventive Services Checklist]

https://www.medicare.gov/Pubs/pdf/11420.pdf
Additional Information
Advance Care Planning (ACP)

• Optional element of AWV
• Voluntary – no official form
  – 99497 ~ Advance care planning includes explanation/discussion; face-to-face with patient and/or family; first 30 mins
  – 99498 ~ each additional 30 mins
• Not replacing living will/advance directive
• All specialties may provide
  – No frequency or POS limit
Advance Care Planning (ACP)

• If performed “incident to”
  – Direct supervision must be met
• Not approved for group settings
• Performed on same day as AWV
  – Append modifier 33 to ACP code
  – Deductible/coinsurance waived when part of covered AWV
• If ACP performed at another time, deductible/coinsurance apply
ACP Fact Sheet

Documentation

- Must show physician and/or qualified NPP performed, or performed and referred, all seven required components of IPPE
- Use appropriate screening tools typically used in routine physician practice
- Use 1995 and 1997 E/M documentation guidelines
- All referrals documented
- Written medical plan documented
Advance Beneficiary Notice of Noncoverage (ABN)

- IPPE and AWV both have statutory limits
- May provide ABN as courtesy, but not required
  - Append GY modifier
## Common Claim Denials

<table>
<thead>
<tr>
<th>CARC</th>
<th>RARC</th>
<th>Further Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>149</strong> - Lifetime benefit max reached</td>
<td><strong>N117</strong> - This service is paid only once in a patient’s lifetime</td>
<td><strong>G0438</strong> (initial AWV) is in claims history</td>
</tr>
<tr>
<td><strong>119</strong> - Benefit maximum for this time period or occurrence has been reached</td>
<td><strong>N130</strong> - Consult plan benefit documents, guidelines for information about restrictions for this service</td>
<td>Make sure there is 12 months between: An IPPE An initial AWV Subsequent AWV</td>
</tr>
<tr>
<td><strong>26</strong> - Expenses incurred prior to coverage</td>
<td><strong>N130</strong> - Consult plan benefit documents, guidelines for information about restrictions for this service</td>
<td>Make sure beneficiary is not eligible for IPPE (within first 12 month)</td>
</tr>
</tbody>
</table>
NCCI Example – Not

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>MOD</th>
<th>ICD9</th>
<th>modifier</th>
<th>amount allowed</th>
<th>exclusions</th>
<th>ICD10</th>
<th>HCPCS</th>
<th>edit rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0402</td>
<td>G0444</td>
<td>20120701</td>
<td>*</td>
<td>0</td>
<td>More extensive procedure</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Checking Eligibility

• Checking date of last preventive service
  – Verify with beneficiary, and also:
    • Interactive Voice Response (IVR)
    • Noridian Medicare Portal (NMP)
Medicare Preventive Services MLN

https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
CMS Resources

• CMS Internet Only Manual (IOM)
  – Publication 100-04, Medicare Claims Processing Manual
    • Chapter 12, Section 30.6.1.1
    • Chapter 18, Section 80 and Section 140
  – Publication 100-02, Medicare Benefit Policy Manual
    • Chapter 15, Section 280.5

• Change Request
  – (CR) 7079
Noridian Preventive Service Webpage
CMS Medicare Learning Network

Preventive Services

Medicare covers the following preventive services and screenings, subject to certain eligibility and other limitations:

- Blood glucose screening
- Bone density screening
- Cancer screening
- Cholesterol screening
- Depression screening
- Diabetes self-management training
- Ear, nose, and throat examination
- Eye examination
- Flu vaccination
- Initial Physical Exam (Excludes Examinations in Health Care Facilities)
Medicare IOM, Pub. 100-04 Ch. 18
