

Initial Preventive Physical Examination (IPPE)

Presented by Provider Outreach and Education (POE) December 2016

DISCLAIMER

This information release is the property of Noridian Healthcare Solutions, LLC (Noridian). It may be freely distributed in its entirety but may not be modified, sold for profit or used in commercial documents.

The information is provided "as is" without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice.

All models, methodologies and guidelines are undergoing continuous improvement and modification by Noridian and CMS. The most current edition of the information contained in this release can be found on the Noridian website at http://med.noridianmedicare.com and the CMS website at http://www.cms.gov

The identification of an organization or product in this information does not imply any form of endorsement.

CPT codes, descriptors, and other data only are copyright 2016 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.





- Initial Preventive Physical Examination (IPPE) aka "Welcome to Medicare"
- Documentation Requirements
- CMS Resources

Helpful Acronyms

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

noi

ian





- To understand
 - Proper guidelines, timeframes and coding of IPPE service
- Refer to additional resources



Initial Preventive Physical Exam (IPPE)

Coverage and Coding Guidelines





- 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

noridian

Who May Perform the IPPE

- A physician
 - Doctor of medicine or osteopathy
- Qualified non-physician practitioner
 - Physician assistant
 - Nurse practitioner
 - Certified clinical nurse specialist

noridian

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 ²

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

HCPCS Billing Code Descriptors

G0402	IPPE; face-to-face visit Limited to new beneficiary during first 12 months of Medicare enrollment
G0403	EKG – interpretation and report Performed as screening for IPPE with interpretation and report
G0404	EKG; tracing only Performed as screening for IPPE, without interpretation and report
G0405	EKG; interpretation and report only Performed as screening for initial IPPE

n:

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

Bill covered portion using E/M	CPT 99201 - 99215
Bill IPPE using appropriate G code	HCPCS G0402

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

IPPE, AWV	Medical records, including immunization records
IPPE, AWV	Family health history, in as much detail as possible
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

Are You Up-To-Date on Your Preventive Services?

Modicate covers a full range of preventive services to help keep resileading and help limit problems early, when treatment is eased effective. Advance destar which of these services is right for your.

Preventine service	Gate.	Nutre
One time "Plattenes in Medican" Palemetrie Vall-wildon Barleni 12 Insettle pin Inni Hadican Post B Orlodical Innutatoli		
Finally "Welliness" First get this risk 12 metable after year "Nationes to Medicani" prevention visit or 13 metable after year Part 8 effective date		
abdominal Auto Assurption Servering		
stocket bissectorensing and Counteding		
Inde Mass Hissenstment (Jone Denity Sed		
Confirmmental Disease (Referential Theory)		
Conferencedus turaneous Underbrick Apath, teglylanderi		
Colonistal Caster Sciencings		
Dependent forstating		
Mahara-Schwaiting		

https://www.medicare.gov/Pubs/pdf/11420.pdf

December 2016



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; <u>first 30 mins</u>
 - 99498 ~ each additional 30 mins
- Not replacing living will/advance directive
- All specialties may provide
 - No frequency or POS limit

Advance Care Planning (ACP) 2

- 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

 <u>https://www.cms.gov/</u> <u>Outreach-and-</u> <u>Education/Medicare-</u> <u>Learning-Network-</u> <u>MLN/MLNProducts/D</u> <u>ownloads/AdvanceCa</u> <u>rePlanning.pdf</u>



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



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

PS:

t n



		Modifier Rosol allevent	
	Debeloper	Solowed	
	Debe	tereot .	
Column 1. Column 2.14 - In excitates prior to 2296 (Westine Dete.	740.069	appleable.	212-bit Rationale

G0402	G0444		20120701	+	0	More extensive procedure
-------	-------	--	----------	---	---	--------------------------

ian

nsi



Resources

Checking Eligibility

- Checking date of last preventive service
 - Verify with beneficiary, and also:
 - Interactive Voice Response (IVR)
 - Noridian Medicare Portal (NMP)

TOUR COMPANY OF THE OWNER	and the second second second second
Eliphotey	
Part A - Resultations Statute Management	
Tert R Beisefferberg Beisefe Hischesten	



Medicare Preventive Services MLN

Modern -	ME		PREVE	Sold Second	ERVICE	S
Anithi Blank Groning anti-resolution	Real Providence	And the statement	Cardinansie Down Scientific State	Colorest Larger Stranger	inamologia fecerat Tribular (ne pi	Dependent Samuel and
-	Colored for the growthe set	televers tracery	resided (no. 147)	Headite C Hans (KC)) Granting		Manua churi courte and antesanate
All a new set of the set	States Manhart States Manhart States States	International Second of the Constrant	Log Lane Severing	Record Parties - Training allocated	Transport come ed	Autoriane boosts
Annually for Cartonal Cartonically Report Regularization (1997) Nets	interests The st	towng Bereglady	Xuang/1g Tab	lowerg hea Landes	Alternal Activity of Alternal Activities (alt (alt))	

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

December 2016

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



https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

December 2016

Noridian Preventive Service Webpage



December 2016





noridian

Medicare Claims Processing Manual Chapter 18 - Protontice and Screening Services



Transmittel de Chepex 18

1 - Medicare Deceptive and Scinetizing Sectores.

11 - Delayton of New arder Decision

12-Table of Promotion and Promotion Territory

1.5 Warner all ford Stating Requirements of Concernance, Concernance and Defended in Proceeding Proceeding Instrumer Academics in Conference

10. Networks Network, Johnson Tare, and Reparts, N Tarrison

311 - Coverage Repaintments

Mill - Romanous Version

10112-Jackwest-Vater Vateria

101.1 Hep-th R Vertice.

11.2 - Dilling Proprietation

1121 - Haddeen Gausse Provides Colleg Strees (HCPC); and Buggerty Collect

10.11 - Mile Schwarts & Weinfelden

10:1211 - FERRING C. Reports the Programment Research View. Inflation View, and Reports & View Viewing, and They Administration.

10.2.2.2 - Special Instructions the Independent and Provider Based Reed. Realth Chains Fields the Databased Boddy Lances (ICR), PGPC 0

10.23 - Bills following to Report Rose Pault International (RIPIs)

10.3.1 Bills following by Respires and Personne Providence for Read-Dational Paralities (SDP)

10.043 - Repetite & Yourge Paralleline DBD Primery

10.2.5 - China Subaitted to Canise (40.566C)

Medicare IOM, Pub. 100-04 Ch. 18

https://www.cms.g ov/Regulationsand-Guidance/Guidanc e/Manuals/Downlo ads/clm104c18.pdf

December 2016



