

Initial Preventive Physical Examination

Overview

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 expanded Medicare's coverage of preventive services. Central to the Centers for Medicare & Medicaid Services' (CMS) initiative to move Medicare toward a more prevention-oriented program is the new Initial Preventive Physical Examination (IPPE), also referred to as the "Welcome to Medicare" Physical Exam. All beneficiaries enrolled in Medicare Part B with effective dates that begin on or after January 1, 2005 will be covered for the IPPE benefit. This one-time benefit must be received by the beneficiary within the first six months of Medicare Part B coverage.

The goals of the IPPE, which also include an electrocardiogram (EKG), are health promotion and disease detection, and include education, counseling, and referral to screening and preventive services also covered under Medicare Part B.

NEW BENEFIT - THE INITIAL PREVENTIVE PHYSICAL EXAMINATION

The IPPE consists of the following seven components:

1. A review of an individual's medical and social history with attention to modifiable risk factors
2. A review of an individual's potential (risk factors) for depression
3. A review of the individual's functional ability and level of safety
4. An examination to include an individual's height, weight, blood pressure measurement, and visual acuity screen
5. Performance of an electrocardiogram (EKG) and interpretation of the EKG
6. Education, counseling, and referral based on the results of the review and evaluation services described in the previous five elements
7. Education, counseling, and referral (including a brief written plan such as a checklist provided to the individual for obtaining the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits)

Each of these elements is further defined below.

NOTE: The IPPE does not include any clinical laboratory tests. The physician, qualified non-physician practitioner, or hospital may also provide and bill separately for the screening and other preventive services that are currently covered and paid for by Medicare Part B.

Components of the Initial Preventive Physical Examination

These seven components enable the health care provider to identify risk factors that may be associated with various diseases and to detect diseases early when outcomes are best. The health care provider is then able to educate and counsel the beneficiary about the identified risk factors and possible lifestyle changes that could have a positive impact on the beneficiary's health. The IPPE includes all of the following services furnished to a beneficiary by a physician or other qualified non-physician practitioner:

1. Review of the beneficiary's medical and social history with attention to modifiable risk factors for disease detection.

- ▶ Medical history includes, at a minimum, past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; current medications and supplements, including calcium and vitamins; and family history, including a review of medical events in the beneficiary's family, including diseases that may be hereditary or place the individual at risk.
- ▶ Social history includes, at a minimum, history of alcohol, tobacco, and illicit drug use; diet; and physical activities.

**Preparing Beneficiaries
For the IPPE Visit**

Providers can help beneficiaries get ready for the IPPE by suggesting they come prepared with the following information:

- ▶ Medical records, including immunization records.
- ▶ Family health history, in as much detail as possible.
- ▶ A full list of medications and supplements, including calcium and vitamins - how often and how much of each is taken.

2. Review of the beneficiary's potential (risk factors) for depression.

This includes current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression. The physician or other qualified non-physician practitioner may select from various available standardized screening tests that are designed for this purpose and recognized by national professional medical organizations.

3. Review of the beneficiary's functional ability and level of safety.

This is based on the use of appropriate screening questions or a screening questionnaire. The physician or other qualified non-physician practitioner may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations. This review must include, at a minimum, the following areas:

- ▶ Hearing impairment
- ▶ Activities of daily living
- ▶ Falls risk
- ▶ Home safety

4. An examination.

This includes measurement of the beneficiary's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate by the physician or qualified non-physician practitioner, based on the beneficiary's medical and social history and current clinical standards.

5. Performance and interpretation of an EKG.

As required by statute, the IPPE always includes a screening EKG. If the primary physician/qualified non-physician practitioner does not perform the EKG during the IPPE visit, the beneficiary should be referred to another physician or entity to perform and/or interpret the EKG. Both the IPPE and the EKG must be performed and the EKG interpreted before either is billed. The primary physician or qualified non-physician practitioner must document the results of the screening EKG in the beneficiary's medical record to include performance and interpretation.

NOTE: The referring physician/qualified non-physician practitioner should ensure that the performing provider bills the appropriate Healthcare Common Procedure Coding System (HCPCS) G code, not a Current Procedural Terminology (CPT) code in the 93000 series. Both components of the IPPE (the examination and the screening EKG) must be performed before the claims can be submitted by the physician, qualified non-physician practitioner, and/or entity.

6. Education, counseling, and referral.

Education, counseling, and referral, as determined appropriate by the physician or qualified non-physician practitioner, based on the results of the review and evaluation services described in the previous five elements. Examples include:

- ▶ Counseling on diet if the beneficiary is overweight
- ▶ Referral to a cardiologist for an abnormal EKG
- ▶ Education on prevention

7. Education, counseling, and referral for other preventive services.

Education, counseling, and referral (including a brief written plan such as a checklist provided to the individual for obtaining the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits) as listed below:

- ▶ Pneumococcal, influenza, and Hepatitis B vaccine and their administration
- ▶ Screening mammography
- ▶ Screening Pap test and screening pelvic examinations
- ▶ Prostate cancer screening tests
- ▶ Colorectal cancer screening tests
- ▶ Diabetes outpatient self-management training services
- ▶ Bone mass measurements
- ▶ Screening for glaucoma
- ▶ Medical nutrition therapy for individuals with diabetes or renal disease
- ▶ Cardiovascular screening blood tests
- ▶ Diabetes screening tests

Each of these preventive services and screenings are discussed in detail in this guide.

Coverage Information

Medicare provides coverage of the IPPE for all newly enrolled beneficiaries who receive the IPPE within the first six months after the effective date of their Medicare Part B coverage. However, only beneficiaries whose first Part B coverage period begins on or after January 1, 2005 are eligible for the IPPE. This is a **one-time** benefit per Medicare Part B enrollee.

Who May Perform the IPPE?

Physician

A physician is defined as a doctor of medicine or osteopathy.

Qualified Non-Physician Practitioner

For the purpose of the IPPE, a qualified non-physician practitioner is a physician assistant, nurse practitioner, or clinical nurse specialist.

The IPPE must be furnished by either a physician or a qualified non-physician practitioner.

Coverage of the IPPE visit is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met. No deductible applies for an IPPE provided in a Federally Qualified Health Center (FQHC).

Documentation

The physician or qualified non-physician practitioner must document that all seven required components of the IPPE were provided or provided and referred (e.g., checklist).

If a separately, identifiable, medically necessary Evaluation and Management (E/M) service is also performed, the physician and/or qualified non-physician practitioner must document this in the medical record.

The physician and/or qualified non-physician practitioner should use the appropriate screening tools normally used in a routine physician's practice. The 1995 and 1997 E/M documentation guidelines, available at www.cms.hhs.gov/medlearn/emdoc.asp on the CMS website, should be followed for recording the appropriate clinical information in the beneficiary's medical record.

All referrals and a written medical plan must be included in this documentation.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Use the following HCPCS codes to bill for the IPPE and EKG services:

HCPCS Codes	Code Descriptors
G0344	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment
G0366	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination
G0367	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
G0368	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only, performed as a component of the initial preventive physical examination

Table 1 - HCPCS Codes for the IPPE

NOTE: A physician or qualified non-physician practitioner performing the complete IPPE would report both HCPCS codes G0344 and G0366. The HCPCS codes for the IPPE do not include other preventive services that are currently paid separately under Medicare Part B screening benefits. When these other preventive services are performed, they must be identified using the appropriate existing codes. The HCPCS/Current Procedural Terminology (CPT) codes for other preventive services will be provided later in this Guide.

Diagnosis Requirements

Although a diagnosis code must be reported on the claim, there are no specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are required for the IPPE and corresponding screening EKG. Providers should choose an appropriate ICD-9-CM diagnosis code. Contact the local Carrier for further guidance.

Billing Requirements

Billing and Coding Requirements When Submitting to Carriers

When submitting claims to Carriers, the appropriate HCPCS G code (Table 1) for the IPPE and EKG must be reported on a CMS-1500 (or the HIPAA 837 Professional electronic claim format). The Type of Service (TOS) for each of the new codes is as follows:

G0344	TOS = 1
G0366	TOS = 5
G0367	TOS = 5
G0368	TOS = 5

Physicians or qualified non-physician practitioners will be reimbursed for only **one** IPPE performed no later than six months after the date the beneficiary's first Medicare Part B coverage begins. The coverage effective date must begin on or after January 1, 2005.

When a physician or qualified non-physician practitioner provides a separately identifiable medically necessary E/M service in addition to the IPPE, CPT codes 99201 - 99215 may be used depending on the clinical appropriateness of the encounter. The E/M code should be reported with modifier -25.

If the EKG portion of the IPPE is not performed by the primary physician or qualified non-physician practitioner during the IPPE visit, another physician or entity may perform and/or interpret the EKG. The referring provider should ensure that the performing provider bills the appropriate HCPCS G code for the screening EKG, and not a CPT code in the 93000 series. **Both the IPPE and the EKG should be billed in order for the beneficiary to receive the complete IPPE service.**

Should an additional medically necessary EKG in the 93000 series need to be performed on the same day as the IPPE, report the appropriate EKG CPT code(s) with modifier 59. This will indicate that the additional EKG is a distinct procedural service.

Other covered preventive services that are performed may be billed in addition to G0344 and the appropriate EKG HCPCS G code.

Billing and Coding Requirements When Submitting to Fiscal Intermediaries (FIs)

Claims must be submitted on a CMS-1450 (or the HIPAA 837 Institutional electronic claim format). The appropriate HCPCS G code (Table 1) for the IPPE benefit/screening EKG service must be submitted. Rural Health Clinics (RHCs) and FQHCs should follow normal billing procedures for RHC/FQHC services.