



## **Initial Preventive Physical Examination**

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Annual Wellness Visit Webinar Series 2021 - Webinar #1

# Today's Speakers

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## PRESENTERS



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# Presentation Agenda

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1. Introduction
2. Components
3. Preventive Services
4. Breast and Pelvic Examination
5. Advanced Care Planning
6. Practice Tips
7. eCW IPPE Preparation
8. Templates
9. Smart Forms
10. Advance Directive
11. Exam and Vitals

# Initial Preventive Physical Examination

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The “Welcome to Medicare Preventive Visit”

- A separate service from the Annual Wellness Visit (AWV)
- Is not a “routine physical checkup” (Medicare does not cover routine physical examinations)
- Medicare waives both the coinsurance/copayment and the Medicare Part B deductible for the IPPE
- Does not include any clinical laboratory tests but you may make referrals for such tests as part of the IPPE, if appropriate.

# Initial Preventive Physical Examination

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Medicare pays for:

- One (1) IPPE per lifetime for beneficiaries within the first 12 months after the beneficiary's eligibility date for Medicare Part B benefits.
- Medicare covers an IPPE when performed by a:
  - Physician (a doctor of medicine or osteopathy); or
  - Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist).

**All** components of the IPPE **must be** provided prior to submitting a claim.

# Initial Preventive Physical Examination

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## E/M and IPPE

Append modifier 25 to the Evaluation and Management (E/M) service (99202-99215) in addition to the IPPE when the portion of the visit must be medically necessary to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member.

## Diagnosis:

Any diagnosis code can be used with the exam.

**Z00.00** Encounter for general adult medical examination without abnormal findings

**Z00.01** Encounter for general adult medical examination with abnormal findings

**Use additional** code to identify abnormal findings

Contact your Medicare Administrative Contractor (MAC) for any coding and billing guidance

# Initial Preventive Physical Examination

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IPPE HCPCS CODES	BILLING CODE DESCRIPTIONS
G0402 (\$168)	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403 (\$15)	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with <b>interpretation and report</b>
G0404 (\$7)	Electrocardiogram, routine ECG with 12 leads; <b>tracing only</b> , without interpretation and report, performed as a screening for the initial preventive physical examination
G0405 (\$9)	Electrocardiogram, routine ECG with 12 leads; <b>interpretation and report only</b> , performed as a screening for the initial preventive physical examination

# Initial Preventive Physical Examination

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IPPE HCPCS CODES	BILLING CODE DESCRIPTIONS
G0468	Federally qualified health center (FQHC) visit, IPPE or AWW; a FQHC visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWW
For more information on how to bill HCPCS G0468, refer to the Medicare Claims Processing Manual, Chapter 9, Section 60.2.	

# Initial Preventive Physical Examination

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## 1. Review the beneficiary's medical and social history

At a minimum, collect information about:

- Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments);
- Current medications and supplements (including calcium and vitamins);
- Family history (review of medical events in the beneficiary's family, including conditions that may be hereditary or place the beneficiary at risk);
- History of alcohol, tobacco, and illicit drug use;
- Diet; and
- Physical activities

For information about Medicare coverage of substance use disorder services, refer to [Medicare Coverage of Substance Abuse Services](#) and the [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services](#) booklet

# Initial Preventive Physical Examination

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- History of alcohol, tobacco, and illicit drug use;

We encourage providers to pay close attention to opioid use during this part of the IPPE, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.

The [CMS Roadmap to Address the Opioid Epidemic fact sheet](#) provides a wealth of information for the provider and the patient.

# Initial Preventive Physical Examination

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## 2. Review the beneficiary's potential risk factors for depression and other mood disorders

- Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose. For more information, refer to the [Depression section](#) on the Substance Abuse and Mental Health Services Administration–Health Resources and Services Administration's Screening Tools website.

# Initial Preventive Physical Examination

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

Use appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:

- Activities of daily living
- Fall risk
- Hearing impairment
- Home safety

# Initial Preventive Physical Examination

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## 4. Exam

Obtain the following:

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

# Initial Preventive Physical Examination

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## 5. End-of-life planning, on beneficiary agreement

End-of-life planning is verbal or written information provided to the beneficiary about:

- The beneficiary's ability to prepare an advance directive in case an injury or illness causes them to be unable to make health care decisions
- If you are willing to follow the beneficiary's wishes expressed in an advance directive

# Initial Preventive Physical Examination

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

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

# Initial Preventive Physical Examination

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

Includes a brief written plan, such as a checklist, for the beneficiary to obtain:

- A once-in-a-lifetime screening electrocardiogram (EKG/ECG), as appropriate
- The appropriate screenings and other preventive services Medicare covers including the Annual Wellness Visit

<https://www.medicare.gov/Pubs/pdf/11420-Preventive-Services-Card.pdf>

# G0101(\$40) - Cervical or vaginal cancer screening; pelvic and clinical breast examination

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A screening pelvic examination, with or without specimen collection for smears and cultures should include at least

**7 of the following 11 elements:**

1. Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge;
2. Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses;
3. External genitalia (for example, general appearance, hair distribution, or lesions);
4. Urethral meatus (for example, size, location, lesions, or prolapse);
5. Urethra (for example, masses, tenderness, or scarring);
6. Bladder (for example, fullness, masses, or tenderness);
7. Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele);
8. Cervix (for example, general appearance, lesions, or discharge);
9. Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support);
10. Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity); or
11. Anus and perineum

# Prolonged preventive services (PPS)

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- **G0513 (\$66)** – Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; **first 30 minutes** (list separately in addition to code for the **preventive** service)
- **G0514 (\$66)** – Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; **each additional 30 minutes** (list separately in addition to code G0513 for additional 30 minutes of **preventive** service)

Prolonged preventive services (PPS) may be reported as an add-on to a covered preventive service that is payable from the Medicare Physician Fee Schedule. PPS codes are treated as a preventive service and both coinsurance and deductible are waived when billed with a covered preventive service.

# Advance Care Planning

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- **99497 (\$86)** - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; **first 30 minutes**, face-to-face with the patient, family member(s), and/or surrogate
- **+99498 (\$76)** - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; **each additional 30 minutes** (List separately in addition to code for primary procedure)



IPPE Scenario	
IPPE	\$168.00
ECG	\$15.00
Pelvic and Breast Exam	\$40.00
Prolong Service for Disability (30 mins)	\$67.00
Advance Care Planning (30 mins)	\$86.00
<b>Total</b>	<b>\$376.00</b>
<i>x 100 Female Beneficiaries</i>	<i>x 100</i>
	<b>\$37600.00</b>

# IPPE Practice Tips

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## Approaches to Help Your Practice Get Started

- Identify patients who would benefit from a discussion regarding their self-management health goals.
- Choose patients which the staff has identified as likely within the first 12 months of Medicare coverage.
- Make sure to document diagnoses and conditions to accurately reflect patient severity of illness (i.e., hierarchical condition category [HCC] coding) and risk of high-cost care.

## Patient Handouts

- **Patient FACTS**
- **Patient Letter and Checklist**

<https://www.acponline.org/practice-resources/business-resources/payment/medicare-payment-and-regulations-resources/how-to-bill-medicare-annual-wellness-visit-awv>

# eCW IPPE Preparation

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Approaches to Help Your Practice Get Started using eCW

- Registry
- Visit Types
- Global Alerts
- Creating Welcome to Medicare & Advanced Care Plan Letters
- Running Letter

# Templates

HPI:

BP - Medicare Annual Visit

## Health Risk Assessment

### RISK ASSESSMENT ----

--How often do you exercise? *Never*

--How vigorously can you exercise? *Not at all*

--How often do you use seat belts? *Never*

### GENERAL HEALTH/PAIN ASSESSMENT ----

--How would you describe the ease with which you can prepare your own food? *Very easy*

--How would you describe the ease with which you can bathe or clean yourself? *Very easy*

--How would you describe the ease in which you can dress yourself? *Very easy*

--How hard is it to use the toilet by yourself? *Not hard at all*

--How would you describe the ease in which you can do your own shopping? *Very Easy*

--How would you describe the ease in which you can get around the house? *Very easy*

--How would you describe your ability to do routine housework? *Very good*

### HOME SAFETY/ASSISTANCE ---

--Do you feel like you are safe in your current home? *Yes*

--How many times have you fallen in your home? *Never*

--How much would you need to change your living circumstances to feel safe? *Not at all*

--Do you feel that living somewhere else would be good for you? *No*

--How much help do you feel you need at home? *None at all*

--How much does your family help with your daily or routine chores? *A little*

## Immunization Status addressed

-- Yes

## Vision Screening

-- Yes, no gross abnormalities

## Hearing Screening

-- Yes, no gross abnormalities

## Fall Risk and Home Safety

-- Negative, no falls in the past year, no difficulty walking, or getting out of bed or chair

--Get Up and Go Evaluation *under 20 seconds*

--Medication evaluation and reconciliation performed *Yes*

--Vision screening recommended *Yes*

--Literature offered to the patient *Yes*

--Referrals *DEXA screening offered, fall prevention home evaluation offered, Physical therapy offered for gait balance and mobility evaluation*

## Psychosocial Risks

-- No overt psychosocial risks shown, observed, or mentioned

## Behavioral Risks

-- Patient seems very well adjusted and no behavioral issues noted

## Activities of daily living

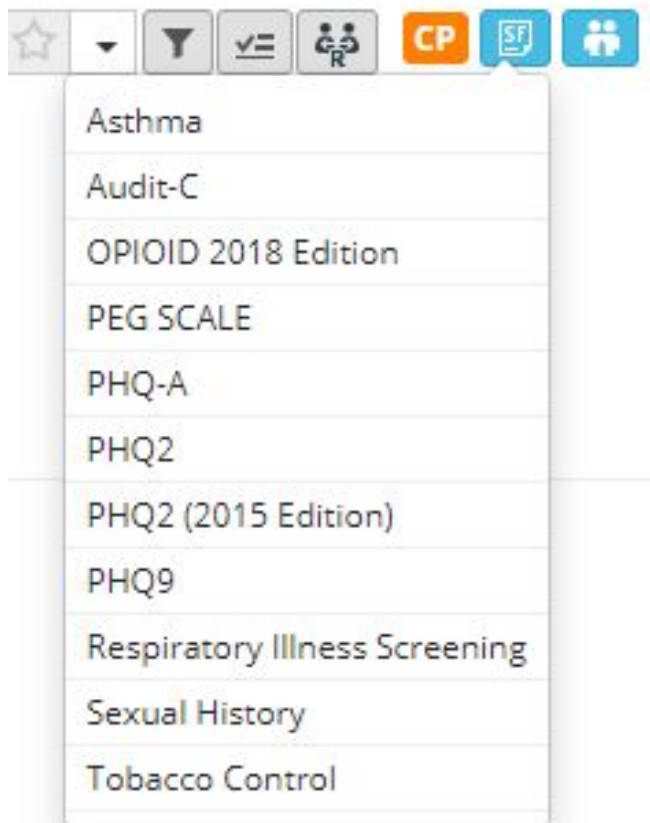
-- Not impaired

# Templates

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- Health Risk Assessment
  - Risk Assessment
  - General Health
  - Home Safety/Assistance
- Immunization Status
- Vision Screening
- Hearing Screening
- Fall Risk and Home Safety
- Psychosocial Risks
- Behavioral Risks
- Activities of Daily Living
- Billing Codes

# Smart Forms



A screenshot of a software interface showing a dropdown menu. The menu is open, displaying a list of medical screening tools. Above the menu is a toolbar with several icons: a star, a dropdown arrow, a funnel, a checkmark, a group of people, an orange 'CP' button, a blue 'SF' button, and a blue group of people icon. The dropdown menu contains the following items:

- Asthma
- Audit-C
- OPIOID 2018 Edition
- PEG SCALE
- PHQ-A
- PHQ2
- PHQ2 (2015 Edition)
- PHQ9
- Respiratory Illness Screening
- Sexual History
- Tobacco Control

# Smart Forms

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- **Audit-C**
- **PEG Scale**
- **OPIOID Screening Tool**
- **PHQ2 or PHQ9**
- **Sexual History**
- **Tobacco Screen**

# Advance Directive

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- Adding the Advance Directive



# Exam and Vitals

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- Genitourinary - Exam
- Hearing Exam - Vitals
- Vision Screening - Vitals
- BP - Vitals
- Height - Vitals
- Weight - Vitals
- BMI - Vitals



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## Questions?

Thank you for attending. A recording of this presentation will be sent following today's webinar.

# Resources

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- **INITIAL PREVENTIVE PHYSICAL EXAMINATION (August 2018)**
  - [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MP\\_S\\_QRI\\_IPPE001a.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MP_S_QRI_IPPE001a.pdf)
- **Opioid Use during the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)**
  - [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/download\\_s/SE18004.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/download_s/SE18004.pdf)
- **Preventive Services**
  - <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>
- **Advanced Care Planning**
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>