



Preventive Services: Initial Preventive Physical Examination and Annual Wellness Visit

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Today's Presenters

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Objectives

- After this session, attendees will be able to
 - Understand the differences and similarities between the IPPE and the AWW
 - Properly bill Medicare for IPPE and AWW services rendered to their patients
 - Know where to find additional resources and information

Agenda

- Initial Preventive Physical
- Prolonged Preventive Services
- Annual Wellness Visit
- Resources and References

Initial Preventive Physical Examination



Medicare Wellness Visits – AWW/IPPE

- MLN Matters® [Medicare Wellness Visits - ICN MLN6775421 October 2020](#)

The screenshot shows the top portion of a web page. At the top left is the MLN logo, which consists of three overlapping circles in blue, yellow, and green, with the letters 'mln' in a stylized font. Below the logo is the text 'EDUCATIONAL TOOL' and 'KNOWLEDGE • RESOURCES • TRAINING'. To the right of the logo is a button that says 'PRINT-FRIENDLY VERSION'. Below this is the title 'Medicare Wellness Visits'. Underneath the title is a navigation bar with six tabs: 'Quick Start' (highlighted in yellow), 'IPPE', 'AWV', 'Know the Differences', 'FAQs', and 'Resources'. Below the navigation bar is a large photograph of five diverse, smiling elderly people. In the bottom right corner of the page, there is a CMS logo and the text 'Medicare Learning Network'. At the very bottom right, there is a zoom level indicator showing '100%'.

IPPE Coverage

- All beneficiaries newly enrolled in Medicare
 - Reenrolled beneficiaries are not eligible
- One time benefit
- IPPE must be performed within first 12 months of first Medicare Part B effective date
- Not routine physical checkup

Preparing Beneficiaries for IPPE

- Beneficiaries should bring
 - Medical records, including immunization records
 - Family health history
 - Full list of medications

Who Can Perform

- Physician (DM or DO)
- Qualified NPP
 - CNS
 - NP
 - PA

IPPE Seven Components

- Acquire beneficiary history
 - Components one, two and three
- Begin examination
 - Components four and five
- Counsel beneficiary
 - Components six and seven

IPPE Seven Components

- Component One
 - Medical and social history with attention to modifiable risk factors for disease detection
 - Medical history (minimum)
 - Past medical and surgical history
 - Current medications and supplements
 - Family history

IPPE Seven Components

■ Component One

■ Social history (minimum)

- History of alcohol, tobacco and illicit drug use
- Diet
- Physical activities
- 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, nonopioid pain therapies

IPPE Seven Components

■ Component Two

■ Potential risk factors for depression and other mood disorders

- Must include

- Current or past experiences with depression or other mood disorders
- Use any appropriate screening instrument recognized by national professional medical organizations

IPPE Seven Components

- Component Three
 - Functional ability and level of safety
 - Must include
 - Hearing impairment
 - Activities of daily living
 - Falls risk
 - Home safety

IPPE Seven Components

- Component Four

- Examination

- Must include

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

IPPE Seven Components

- Component Five
 - End-of-life planning
 - Required only upon beneficiary's consent
 - Verbal or written information
 - Ability to prepare advance directives
 - Whether or not physician willing to follow advance directive

IPPE Seven Components

- Component Six
 - Education, counseling and referral based on first five components

IPPE Seven Components

- Component Seven
 - Education, counseling and referral for other preventive services
 - Includes brief written plan (checklist) for
 - Screening EKG, if appropriate
 - Other separately-covered Medicare Part B screenings and preventive services as applicable

IPPE Documentation

- Must show physician and/or qualified NPP performed, or performed and referred, all seven required components of IPPE
- Use appropriate screening tools normally used in practice

IPPE Billing – HCPCS Codes

Code	Description
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

EKG Billing – HCPCS Codes

Code	Description
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination

Screening EKG

- No longer a required component
- If another physician/entity performs and/or interprets EKG
 - Rendering provider bills using G0403, G0404, or G0405
- If an additional medically necessary EKG needs to be performed same day as IPPE
 - Bill using a CPT code in the 93000 series plus modifier 59

IPPE Billing – Diagnosis Code

- Diagnosis code is required
- Does not require a specific diagnosis code when billing IPPE and screening EKG
 - Choose any appropriate screening diagnosis code

Additional Services

- Other preventive services currently paid separately under Medicare Part B screening benefits are not included in IPPE
 - Allowed to be performed at same visit
 - Bill and document according to requirements for each preventive service

MLN Preventive Services ICN 006559



mln
EDUCATIONAL TOOL

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PRINT SERVICES

MEDICARE PREVENTIVE SERVICES

× SELECT A SERVICE		FREQUENTLY ASKED QUESTIONS			RESOURCES	
Alcohol Misuse Screening & Counseling	Annual Wellness Visit	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use	Depression Screening
Diabetes Screening	Diabetes Self-Management Training	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration	Hepatitis C Screening
HIV Screening	IBT for Cardiovascular Disease	IBT for Obesity	Initial Preventive Physical Examination	Lung Cancer Screening	Medical Nutrition Therapy	Medicare Diabetes Prevention Program
Pneumococcal Shot & Administration	Prolonged Preventive Services	Prostate Cancer Screening	Screening for Cervical Cancer	Screening for STIs & HIBC to Prevent STIs	Screening Mammography	Screening Pap Tests
Screening Pelvic Examinations	Ultrasound Screening for AAA					

▶ OPEN

ICN MLN006559 January 2021



Additional Services

- E/M services (CPT codes 99201–99215)
 - Must be medically necessary and separately identifiable
 - Report with modifier 25 when appropriate
 - E/M components part of the IPPE should not be included in determining the appropriate level of E/M
 - Refer to documentation guidelines
 - MLN Booklet® [Evaluation and Management Services](#)

IPPE Cost Sharing

- IPPE Only
 - Deductible waived
 - Coinsurance waived
- Screening EKG
 - Deductible and coinsurance apply

IPPE Reimbursement

- Medicare Physician Fee Schedule
 - NGS website: [Fee Schedule Lookup](#)
- Nonparticipating providers
 - Nonparticipating reduction applies
 - Limiting charge provision applies

Fee Schedule Lookup

WELCOME to

NGSMedicare.com for Part B providers and suppliers

Medicare **Part B providers** administer medically-necessary and preventive services for beneficiaries by diagnosing and treating medical conditions or preventing illness or detecting it at an early stage.



Learn about the CMS Prior Authorization Program



Log in to NGSConnex	Use the IVR System	 Fee Schedule Lookup
Find an MU Course	Visit New Provider Center	 LCD/Policy Search
Take a Web Tour 	Learn About MBI	LCD or article <input type="text"/> <input type="button" value="Search"/>

Fee Schedule Lookup Tool

FEE SCHEDULE LOOKUP

ENTER SEARCH CRITERIA

*Select a Fee Schedule: Medicare Physician Fee Schedule Pricing ▼

*Result Type: Full Fee Schedule Specific To Fee Code

*Date of Service: 04/01/2020

*Procedure Code: g0402

*Region: Connecticut ▼

Search

Procedure Code ?	G0402
Effective Date ?	01/01/2020
State/Territory ?	13102
Locality ?	00
Short Description ?	Initial preventive exam

Non-OPPS Capped Payment Rates (NON-OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	180.13	171.12	196.79	136.34	129.52	148.95

OPPS Capped Payment Rates (OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

Common Reasons for Claim Denial

- Second IPPE billed for same beneficiary
- IPPE was performed outside of first 12 months of first Medicare Part B coverage

Prolonged Preventive Services



Prolonged Preventive Services

Procedure	Description
G0513	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	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

- ICD-10-CM
 - Additional ICD-10 codes may apply
- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - Medicare Physician Fee Schedule
- Frequency Limits
 - Varies according to individual Medicare preventive service
 - Clock symbol beside a HCPCS/CPT code in the educational tool means the code/service can be billed with a prolonged preventive services add-on

For More Information

- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
 - [Chapter 12, Section 30.6.1.1](#)
 - [Chapter 18, Section 80](#)
 - [Chapter 18, Section 240](#)
- CMS website
 - [National Correct Coding Initiative Edits](#)
- NGS website
 - [Prolonged Preventive Services](#)

Annual Wellness Visit Providing Personalized Prevention Plan Services



AWV/PPPS Coverage

- Annual benefit for all Medicare Part B patients
 - Part of the Patient Protection and Affordable Care Act of 2010
- Preventive wellness visit, not routine physical checkup

AWV/PPPS Coverage

- Coverage criteria
 - Who are no longer within 12 months of the effective date of their Part B coverage period
 - Who have not received either an IPPE or AWV within past 12 months
- Two types of AWV
 - Initial (eleven elements)
 - Only one covered per lifetime
 - Subsequent (nine elements)
 - Covered annually

Who Can Perform

- Physician (MD or DO)
- Qualified NPP
 - CNS
 - NP
 - PA
- Medical professional or team working under direct supervision of physician
 - Health educator, registered dietitian, nutrition professional or other licensed practitioner

Elements of Initial AWW

- Health Risk Assessment: an evaluation tool that meets the following criteria
 - Collects self-reported information about the beneficiary
 - Can be administered independently by beneficiary or administered by a health professional prior to, or as part of, the AWW encounter
 - Is appropriately tailored to and takes into account the communication needs of underserved
 - Takes no more than 20 minutes to complete

Elements of Initial AWW

- HRA
 - At a minimum, addresses the following topics
 - Demographic data
 - Self assessment of health status
 - Psychosocial risks
 - Behavioral risks
 - Activities of daily living and instrumental activities of daily living

Elements of Initial AWW

- Establishment of medical/family history
 - Must include
 - Past medical/surgical history
 - Use of, or exposure to medications and supplements
 - Medical events – parents, siblings, children
- If patient is using opioids, assess the benefit for other, nonopioid pain therapies instead, even if the patient does not have OUD but is possibly at risk
- Establishment of list of current providers and suppliers regularly involved in providing medical care to patient

Elements of Initial AWW

- Measurement of
 - Height
 - Weight
 - BMI or waist circumference, if appropriate
 - Blood pressure
 - Other routine measurements as appropriate
- Detection of cognitive impairment
 - Includes assessment of cognitive function by direct observation

Elements of Initial AWW

- Review of risk factors for depression
 - Includes current or past experiences with depression or other mood disorders
 - Use nationally-recognized screening instrument for persons without current depression diagnosis

Elements of Initial AWW

- Review of functional ability and level of safety
 - Based on direct observation or use of screening questions or nationally-recognized screening questionnaire
 - Must include assessment of
 - Hearing impairment
 - Ability to successfully perform activities of daily living
 - Fall risk
 - Home safety

Elements of Initial AWW

- Establishment of written screening schedule for patient
 - USPSTF and ACIP recommendations
 - Based on
 - Health status
 - Screening history
 - Age-appropriate Medicare preventive services

Elements of Initial AWW

- Establishment of list of risk factors and conditions for which primary, secondary or tertiary interventions recommended or underway for patient
 - Including mental health conditions and risk factors or conditions identified through IPPE
 - List of treatment options with associated risks and benefits

Elements of Initial AWW

- Personalized prevention plan services – health advice and referral(s)
 - Health education or preventive counseling services/programs
 - Community-based lifestyle interventions, including
 - Fall prevention
 - Nutrition
 - Physical activity
 - Tobacco-use cessation
 - Weight loss
 - Cognition

Elements of Subsequent AWW

- Review of an HRA
- Update of medical/family history
- Update of list of current providers/suppliers regularly involved in providing medical care to patient
- Measurement of
 - Weight (or waist circumference)
 - Blood pressure
 - Other routine measurements as appropriate

Elements of Subsequent AWW

- Detection of any cognitive impairment
- Update to written screening schedule for patient developed during first AWW
- Update to list of risk factors and conditions for which primary, secondary or tertiary interventions are recommended or under way
- Furnish personalized health advice/referral(s)
 - Health education
 - Preventive counseling services or programs

AWV Billing – HCPCS Codes

Code	Description
G0438	Annual wellness visit, includes personalized prevention plan service (PPPS), first visit
G0439	Annual wellness visit, includes PPPS, subsequent visit

AWV Billing – Diagnosis Code

- Diagnosis code required on claim
- No specific ICD-10 code required for AWV

AWV Cost-Sharing and Reimbursement

- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - MPFS
 - [Fee Schedule Lookup](#)
 - Nonparticipating providers
 - Nonparticipating reduction applies
 - Limiting charge provision applies

Advance Care Planning as an Optional Element of an AWW

- MLN Matters® [MM9271: Advance Care Planning \(ACP\) as an Optional Element of an Annual Wellness Visit \(AWV\)](#)
- Advance care planning
 - Face-to-face service between physician or other qualified health care professional and patient discussing advance directives with or without completing relevant legal forms
 - Voluntary ACP, upon agreement with patient, would be an optional element of the AWW

ACP CPT Code Descriptions

- 99497 – Advance care planning including the explanation and discussion of advance directives such as standard forms by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- 99498 – each additional 30 minutes (list separately in addition to code for primary procedure)
 - Use 99498 in conjunction with 99497

ACP and AWW

- ACP as an optional element of an AWW
- Deductible and coinsurance waived for ACP when performed with an AWW
 - ACP must be billed with modifier 33

Resources for ACP

- [Frequently Asked Questions about Billing the Physician Fee Schedule for Advance Care Planning Services](#)
- MLN Fact Sheet® [Advance Care Planning – ICN 909289](#)
- MLN Matters® [MM9271: Advance Care Planning \(ACP\) as an Optional Element of an Annual Wellness Visit \(AWV\)](#)

Additional Services

- Other preventive services currently paid separately under Medicare Part B screening benefits not included in AWW
 - Allowed to be performed at same visit
 - Bill and document according to requirements for each preventive service

Additional Services

- E/M services (CPT codes 99201–99215)
 - Must be medically necessary and separately identifiable
 - Do not include AWW components when coding E/M
 - Portion of history or physical exam portion
 - Report with modifier 25 when appropriate
 - Documentation guidelines for E/M
 - MLN Booklet® [Evaluation and Management Services- ICN 006764](#)

Common Reasons for Claim Denial

- Second initial AWW billed for beneficiary
- Subsequent AWW was performed less than 12 full months after previous covered AWW

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People with Medicare, family members, and caregivers should visit [Medicare.gov](https://www.Medicare.gov), the Official U.S. Government Site for People with Medicare, for the latest information on Medicare enrollment, benefits, and other helpful tools.

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[Medicare Program - General Information](#)

Coverage

[Medicare Coverage - General Information](#)

[Council for Technology & Innovation](#)

[Coverage Information Exchange](#)

[Coverage with Evidence Development](#)

[Medicare Clinical Trial Policies](#)

[Medicare Coverage Determination Process](#)

[Medicare Dental Coverage](#)

[Medicare Coverage Related to Investigational Device Exemption \(IDE\) Studies](#)

Demonstration Projects

Prescription Drug Coverage

[Prescription Drug Coverage - General Information](#)

[Creditable Coverage](#)

[Drug Coverage Claims Data](#)

[Employer & Union Retiree Drug Subsidy](#)

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[Press Release: Statement from CMS Administrator Seema Verma on President Trump Signing an Executive Order on Protecting and Improving Medicare for Our Nation's Seniors](#)

[Press Release: Trump Administration Announces Opportunity for States to Participate in Wellness Program Demonstration Project](#)

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Preventive Services

- Find [coverage, coding, and billing information](#) for each service
- Get [flu shot payment rates](#) for the 2020-2021 season
- Visit the [Provider Resources](#) webpage
- Keep up to date with the latest [Announcements](#)

Medicare covers many preventive services at no cost to your patients. Encourage patients to take advantage of appropriate preventive services to prevent and find diseases early, when treatment works best.

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[Medicare Diabetes Prevention Program \(MDPP\)](#)

[Screening Pap Test and Pelvic Examination](#)

[Mental Health](#)

[Additional Resources](#)

Visit the [Announcements](#) webpage for the latest updates.

Resources and References



Resources

- MLN Booklet® [Medicare Wellness Visits - ICN MLN6775421 October 2020](#)
- MLN Matters® [MM7079: Annual Wellness Visit \(AWV\), Including Personalized Prevention Plan Services \(PPPS\)](#)
- MLN Educational Tool® [Medicare Preventive Services - ICN 006559](#)
- MLN Matters® [SE18004: Review of Opioid Use during the Initial Preventive Physical Examination \(IPPE\) and Annual Wellness Visit \(AWV\)](#)
- [CMS Roadmap To Address The Opioid Epidemic](#)
- MLN Booklet® [Evaluation and Management Services Guide](#)

References

- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 280.5](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.1](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 140](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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