

**National Government Services Medicare Part B
2024 Preventive Services Virtual Conference
December 9th to 11th**

*Initial Preventive Physical
Examination and Annual
Wellness Visit*

12/9/2024



Today's Presenters

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Objective

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 Examination
- Prolonged Preventive Services
- Annual Wellness Visit
Providing Personalized
Prevention Plan Services
- Cognitive Assessment and
Care Plan
- Resources and References

Initial Preventive Physical Examination

Medicare Wellness Visits – IPPE/AWV

- MLN[®] Educational Tool: [Medicare Wellness Visits](#)

The screenshot displays the Medicare Wellness Visits educational tool interface. At the top, the MLN logo is accompanied by the text 'mln EDUCATIONAL TOOL' and 'KNOWLEDGE • RESOURCES • TRAINING'. A 'Back to MLN' and 'Print' button is visible in the top right corner. A green banner indicates 'November 2024 Updates'. The main title is 'Medicare Wellness Visits', with navigation tabs for 'Quick Start', 'IPPE', 'AWV', and 'Know the Differences'. A central banner features a magnifying glass icon and the text: 'Early detection saves lives. Encourage patients to get their other preventive services.' Below this is a photograph of five diverse older adults smiling and holding rolled-up yoga mats. The 'Quick Start' tab is selected, and the CMS Medicare Learning Network logo is in the bottom right corner.

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 Components

- Acquire Beneficiary History
 - Components one, two and three
- Examination/End-of-Life Planning
 - Components four and five
- Current Opioid Prescriptions and Screening for Potential Substance Use Disorder
 - Components six and seven
- Counsel Beneficiary
 - Components eight and nine

IPPE 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 Components

- Component One
 - Social history (minimum)
 - History of alcohol, tobacco and illegal drug use
 - Diet
 - Physical activities
 - Social activities and engagement

IPPE Components

- Component Two
 - Potential risk factors for depression and other mood disorders
 - Current or past experiences with depression or other mood disorders
 - Use any appropriate screening instrument recognized by national professional medical organizations
- [Depression Assessment Instruments](#)

IPPE Components

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

IPPE Components

- Component Four
 - Examination
 - Must include
 - Height, weight, blood pressure, balance and gait
 - Visual acuity screen
 - Body mass index (or waist circumference)
 - Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards

IPPE 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 Components

- Component Six
 - Review of Current Opioid Prescription
 - Patients with a current opioid prescription
 - Review potential OUD risk
 - Evaluate pain severity and current treatment plan
 - Provide information on non-opioid treatment options
 - Refer to specialist, as appropriate
- [HHS Pain Management Best Practices Inter-Agency Task Force Report](#)

IPPE Components

- Component Seven
 - Screen for potential SUDs
 - Review risk factors for SUDs
 - Refer for treatment, as appropriate
- [National Institute on Drug Abuse; Screening and Assessment Tools Chart](#)

IPPE Components

- Component Eight
 - Education, counseling and referral based on the previous components

IPPE Components

- Component Nine
 - 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 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[®] Educational Tool

The screenshot displays the MLN Educational Tool interface. At the top, there is a blue header with the MLN logo and the text 'EDUCATIONAL TOOL' and 'KNOWLEDGE • RESOURCES • TRAINING'. Navigation buttons for 'Back to MLN' and 'Print' are visible. Below the header, there are tabs for 'Overview' and 'Telehealth Eligible Services'. The main title is 'Medicare Preventive Services'. A navigation bar includes 'Select a Service', 'FAQs', and 'Resources'. The central content is a grid of service tiles, each with a title and a 'T' icon indicating telehealth eligibility. A footer contains 'Advance Health Equity' and the document ID 'MLN006559 October 2024'.

× Select a Service			FAQs	Resources		
Alcohol Misuse Screening & Counseling T	Annual Wellness Visit T	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use T
COVID-19 Vaccine & Administration	Depression Screening T	Diabetes Screening	Diabetes Self-Management Training T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease T	IBT for Obesity T	Initial Preventive Physical Exam	Lung Cancer Screening T
Mammography Screening	Medical Nutrition Therapy T	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services T	Prostate Cancer Screening	Screening Pap Test
Screening Pelvic Exam	STI Screening & HIV to Prevent STIs T	Ultrasound AAA Screening				

• Advance Health Equity

MLN006559 October 2024

Additional Services

- E/M services (CPT codes 99202–99215)
 - 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
 - Evaluation and Management Visits
 - [Evaluation & Management Visits](#)

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

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Getting started, after you enroll, and revalidating your enrollment

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Repayment schedules, and post-pay adjustment

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Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more



FEEDBACK

Fee Schedule Lookup Tool

Select a Fee Schedule: *

Result Type: * Full Fee Schedule Specific To Fee Code

Date of Service: *

Procedure Code: *

Region: *

Search

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
G0402	01/01/2024	13102	00	Initial preventive exam

Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	172.68	164.05	188.66	134.09	127.39	146.50

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

Code	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 Timeframes

- Timeframes for these services are as follows
 - Less than 15 minutes is not reported separately
 - G0513 x 1: 15–44 minutes
 - G0513 x 1 and G0514 x 1: 45–74 minutes (45 minutes–1 hour 14 minutes)
 - G0513 x 1 and G0514 x 2: 75–104 minutes (1 hour 15 minutes–1 hour 44 minutes)
 - G0513 x 1 and G0514 x 3: 105–134 minutes (1 hour 45 minutes–2 hours 14 minutes)

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](#)

The background is a solid blue color with several overlapping, semi-transparent geometric shapes in various shades of blue. These shapes include circles, triangles, and polygons, creating a layered, abstract pattern.

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
- 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
 - Only one covered per lifetime
 - Subsequent
 - 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 dietician
 - Nutrition professional or other licensed practitioner



Health Risk Assessment



HRA

HRA: an evaluation tool that collects self-reported information about the beneficiary. Can be administered independently by the beneficiary or administered by a health professional prior to, or as part of, the AWW encounter.



HRA

Must be appropriately tailored to and take into account the communication needs of the underserved. Takes no more than 20 minutes to complete

[A Framework for patient-centered health risk assessments : providing health promotion and disease prevention services to Medicare beneficiaries](#)



HRA

At a minimum, collect information about demographic data, self assessment of health status, psychosocial risks, behavioral risks, and activities of daily living and instrumental activities of daily living.

Elements of Initial AWW

- Establishment of medical/family history
 - At a minimum, document
 - Past medical/surgical history
 - Use of, or exposure to medications and supplements
 - Medical events – parents, siblings, children
- Include current patient providers and suppliers that frequently provide medical care, including behavioral health care
- Measurement of
 - Height, weight, BMI, blood pressure, other routine measurements deemed based on medical and family history

Elements of Initial AWW

- Detect any cognitive impairments the patient may have
 - Includes assessment of cognitive function by direct observation or reported observations from the patient, family, friends, caregivers and others
 - Consider using brief cognitive tests, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk
- Review the patient's functional ability and level of safety
 - Ability to perform ADLs
 - Fall risk
 - Hearing impairment
 - Home and community safety, including driving when appropriate
- Coverage for patients who show signs of impairment
 - [Cognitive Assessment & Care Plan Services](#)

Elements of Initial AWW

- Review the patient's potential depression risk factors
 - Includes current or past experiences with depression or other mood disorders
 - Use nationally-recognized screening instrument for persons without current depression diagnosis
 - [Depression Assessment Instruments](#)

Elements of Initial AWW

- Establish an appropriate patient written screening schedule
 - Checklist for the next five-ten years
 - USPSTF and ACIP recommendations
 - Patient's HRA, health status and screening history, and age-appropriate preventive services

Elements of Initial AWW

- Establish the patient's list of risk factors and conditions
- Include
 - A recommendation for primary, secondary, or tertiary interventions recommended or report whether they are underway
 - Mental health conditions including
 - Depression
 - SUDs
 - Risk of suicide
 - Cognitive impairment
 - IPPE risk factors or conditions identified
 - 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
 - Social engagement
 - Weight loss
 - Cognition

Elements of Initial AWW

- Provide ACP services at patient's discretion
- ACP is a discussion between you and the patient about
 - Preparing an advance directive in case an injury or illness prevents them from making their own health care decisions
 - Future care decisions they might need or want to make
 - How they can let others know about care preferences
 - Caregiver identification
 - Advance directives explanation, which may involve completing standard forms

Elements of Initial AWW – Review Current Opioid Prescriptions

- For a patient with a current opioid prescription
 - Review any potential opioid use disorder risk factors
 - Evaluate their pain severity and current treatment plan
 - Provide information on non-opioid treatment options
 - Refer to a specialist, as appropriate
- Find more information on pain management in the HHS [Pain Management Best Practices Inter-Agency Task Force Report](#)

Elements of Initial AWW – Screen for Potential SUDs

- Review the patient’s potential risk factors for SUDs and, as appropriate, refer them for treatment
 - A screening tool is not required but you may use one
- Find more information in the [National Institute on Drug Abuse Screening and Assessment Tools Chart](#) and [Implementing Drug and Alcohol Screening in Primary Care](#)

Elements of Initial AWW – Social Determinants of Health Risk Assessment

- SDOH risk assessment is an optional assessment as part of the AWW at both yours and the patient's discretion
 - Covered annually
- Assessment must follow standardized, evidence-based practices
- Ensure communication aligns with the patient's educational, developmental and health literacy level, as well as being culturally and linguistically appropriate

SDOH Billing

HCPCS Code	Description
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes

- A diagnosis is required when submitting for SDOH
 - choose a diagnosis code that is consistent with a patient's exam
- To waive copayment and deductible when SDOH is performed on same day as AWW
 - add modifier 33 to HCPCS G0136

Elements of Subsequent AWW

- Review/update 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
- Detection of any cognitive impairment

Elements of Subsequent AWW

- 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
- Provide ACP services at the patient's discretion
- Review current opioid prescriptions for patients with a current opioid prescription

Elements of Subsequent AWW

- Screen for potential SUDs
- Perform SDOH risk assessment as an optional element as part of the AWW

AWV Billing – HCPCS Codes

Code	Description
G0438	Annual wellness visit, includes personalized prevention plan service (PPPS), initial 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

- Advance care planning
 - ACP is the face-to-face conversation between a physician (or other qualified health care professional) and a patient to discuss their health care wishes and medical treatment preferences if they become unable to communicate or make decisions about their care
 - At the patient's discretion, you can provide the ACP during 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

- Deductible and coinsurance waived for ACP when performed with an AWW
 - Must be provided on the same day as the covered AWW
 - Rendered by the same provider
 - Billed on the same claim as the AWW
 - Append modifier 33 (Preventive Service) on the ACP

Resources for ACP

- [Frequently Asked Questions about Billing the Physician Fee Schedule for Advance Care Planning Services](#)
- MLN[®] Fact Sheet: [Advance Care Planning](#)

Cognitive Assessment and Care Plan Services

Cognitive Assessment and Care Plan Services

- Medicare covers a visit for a cognitive assessment and to develop a plan of care for Medicare patients who show signs of cognitive impairment during their annual wellness visit or a routine office visit
- Payable to providers who can report E/M
- Payable in office, outpatient, home, care facility, telehealth
- 99483
- 50 minutes face-to-face with the patient and independent historian
 - An independent historian can be a parent, spouse, guardian, or other individual who provides the history when a patient isn't able to provide complete or reliable medical history themselves
- Deductible and coinsurance apply



Services Included With 99483

- Examine the patient with a focus on observing cognition
- Record and review the patient's history, reports, and records
- Conduct a functional assessment of basic and instrumental activities of daily living, including decision-making capacity
- Use standardized instruments for staging of dementia like the FAST and CDR
- Reconcile and review for high-risk medications, if applicable
- Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety
- Conduct a safety evaluation for home and motor vehicle operation
- Identify social supports including how much caregivers know and are willing to provide care
- Address advance care planning and any palliative care needs

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 99202–99215)
- An E/M service may be separately billable on the same DOS as an AWW when a patient has a known history of a chronic medical condition(s) that requires ongoing monitoring, or the patient presents with a new problem or condition that requires evaluation and treatment
- AWW and E/M services must be separately documented and support the medical necessity of the E/M service
 - Must be medically necessary and separately identifiable
 - Report with modifier 25 when appropriate
 - MLN® Booklet: [Evaluation and Management Services Guide](#)

Common Reasons for Claim Denial

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

CMS Website

The screenshot shows the CMS.gov website homepage. At the top, there is a navigation bar with the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and links for "About CMS", "Newsroom", and "Data & Research". A search icon is also present. Below the navigation bar are five main menu items: "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Priorities", and "Training & Education", each with a dropdown arrow. The main content area features a large heading "What are you looking for today?" followed by a search bar with the placeholder text "Search for keywords, topics or resources" and a "Search" button with a right-pointing arrow. To the right of the search bar is a vertical "Feedback" button. Below the search bar, there is a section for the "Inflation Reduction Act". On the left, there is a list of links: "Medicaid renewals", "Innovation Center", and "No Surprise Billing". On the right, there is a brief description: "This law helps save money for people with Medicare, improves access to affordable treatments, and strengthens the Medicare program." Below this description is a "Learn what's changing" button. The background of the main content area features a large green circular graphic and a photograph of a doctor in a white coat and blue gloves talking to a patient.

CMS Website – Prevention



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Medicaid/CHIP ▾

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Medicare

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[Preventive Services](#) →

[Medicare Coverage Center](#) →

[End Stage Renal Disease \(ESRD\) Center](#) →

CMS Website – Preventive Services

Home > Medicare > Coverage > Preventive Services

Preventive Services

- Flu Shot

Preventive Services

PrEP for HIV

Starting September 30, 2024, CMS covers Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs and other related services to prevent HIV. Visit [PrEP for HIV & Related Preventive Services](#).

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

If you're a person with Medicare, [learn about all preventive services](#).

Learn more about billing for Medicare-covered preventive services:

- > Shots & vaccines
- > Wellness visits
- > Diabetes-related services
- > Tests & screenings
- > Counseling & therapies
- > Mental health services
- > Resources

Resources and References

Resources

- MLN[®] Educational Tool: [Medicare Wellness Visits](#)
- MLN[®] Educational Tool: [Medicare Preventive Services](#)
- 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](#)
- [Cognitive Assessment & Care Plan Services](#)

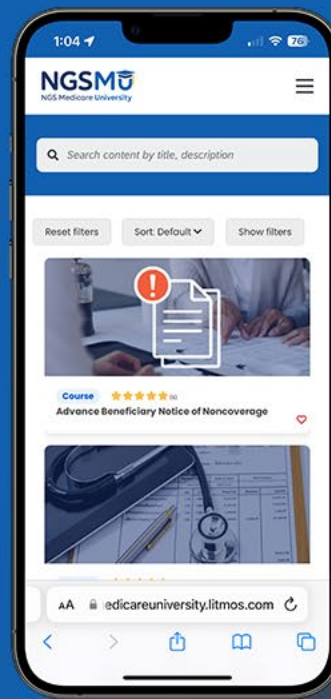
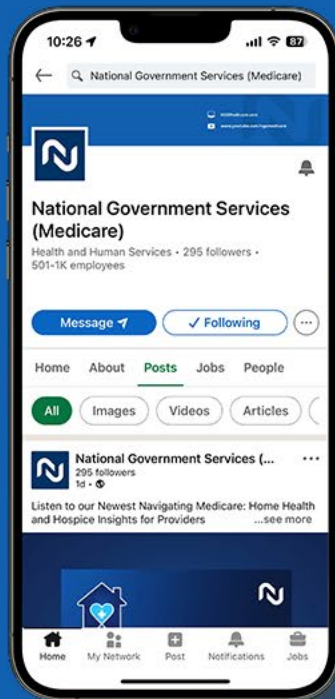
References

- [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](#)



Questions?

Thank you!



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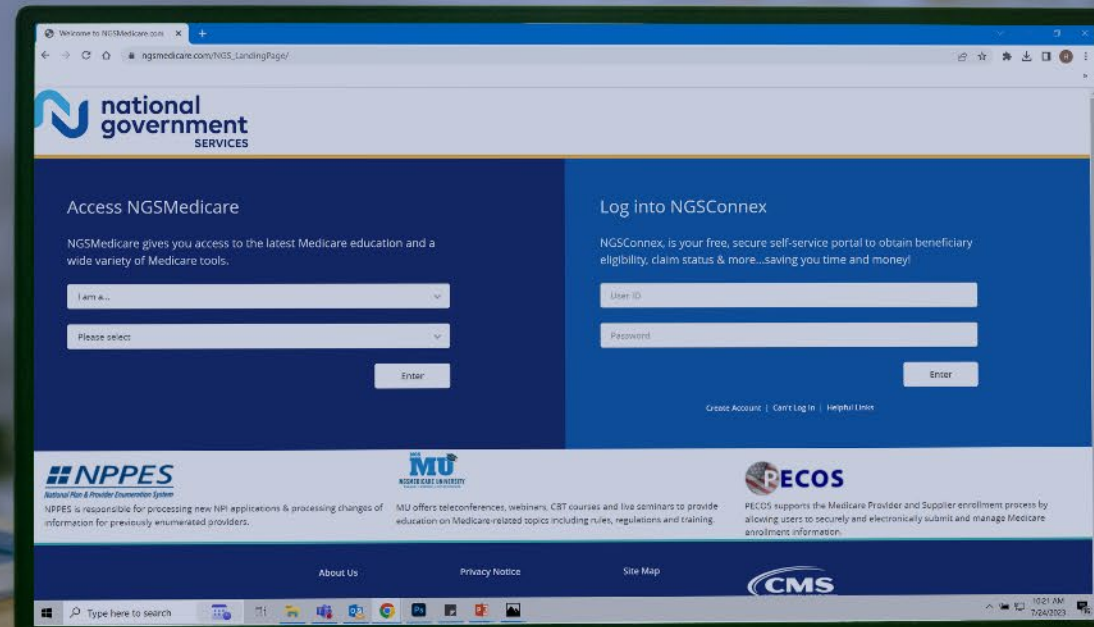


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