

Initial Preventive Physical Examination (IPPE)

Presented by
Provider Outreach and Education (POE)
December 2016

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Agenda

 Initial Preventive Physical Examination (IPPE) aka "Welcome to Medicare"

- Documentation Requirements
- CMS Resources



Helpful Acronyms

ACRONYM	DESCRIPTION				
ABN	Advanced Beneficiary Notice				
ACP	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				



Objective

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



Initial Preventive Physical Exam (IPPE)

Coverage and Coding Guidelines

December 2016



IPPE

- 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



Who May Perform the IPPE

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



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				



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? Modicare covers a full range of preventive services to help large year. healthy and help time problems early, when treatment is mand effective. Ask your disease which of these constants stight for your Presymptime perylice Charles. One Since "Wolksons in Medican" Princetting Vall - within the first 12 booths you have tradicary from 8 indicated transparen Tasaly "Virilians" Test-ups this risk if assessing after year "Kalanse to Medican' preventes end in 12 months after your Part II wife, live date Biolomical Austr Manager Scientific should bloom becoming and Controlling Body Marc Historicanov (Body Donity Sed) Conformation Disease Behavioral Theory's Conferencedor Surveirago Educatoria, Specia, Studiciondos Colombal Concer Semestrate Named in Spiritual of Make the Schooling

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



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



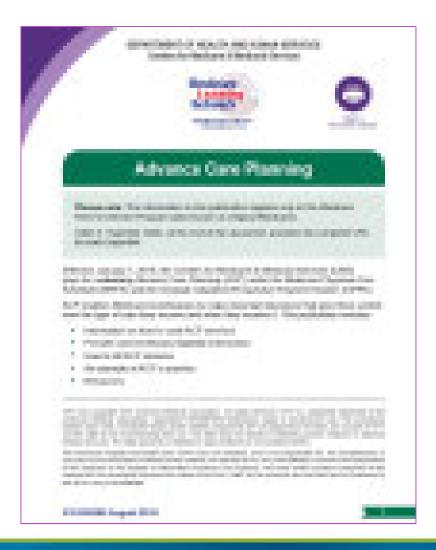
Advance Care Planning (ACP) 2

- 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

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





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



Common Claim Denials

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)



NCCI Example – Not

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Resources



Checking Eligibility

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





Medicare Preventive Services MLN

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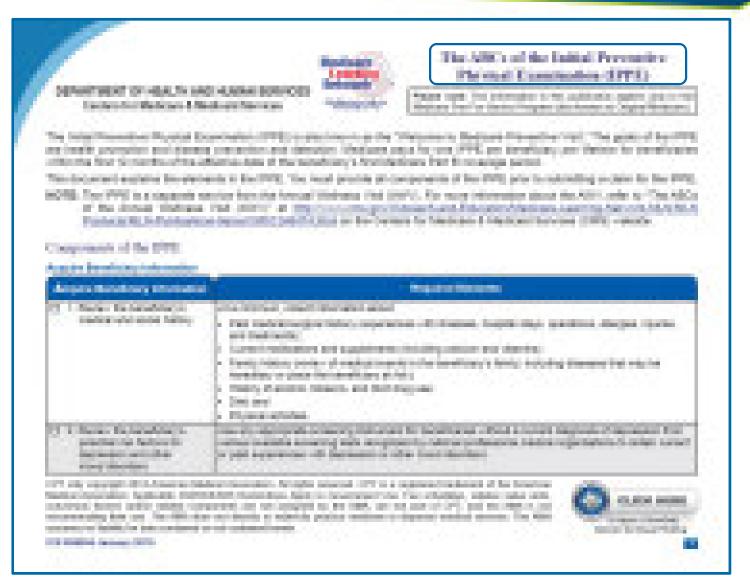
https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html



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



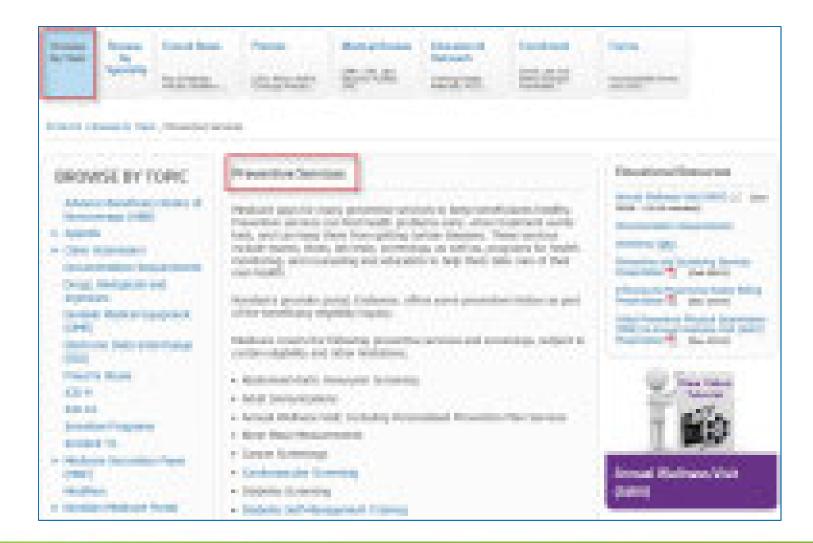


IPPE

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



Noridian Preventive Service Webpage





CMS Medicare Learning Network





Medicare Claims Processing Manual Chapter 18 - Presentice and Screening Services

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Medicare IOM, Pub. 100-04 Ch. 18

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





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