



# Medicare Preventive Services Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination

The Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare Physical Exam” or the “Welcome to Medicare Visit,” is a preventive evaluation and management (E/M) service. The goals of the IPPE are health promotion and disease detection. All components of the IPPE must be provided, or provided and referred, prior to submitting claims for the IPPE visit.

## Components of the IPPE (as of January 1, 2009)

### Acquire Patient History

#### Elements

At a minimum, obtain the following:

1. Review of Individual’s Medical and Social History

- 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 family, including diseases that may be hereditary or place the individual at risk)
- History of alcohol, tobacco, and illicit drug use
- Diet
- Physical activities

2. Review of Individual’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 experiences with depression or other mood disorders

3. Review of Individual’s Functional Ability and Level of Safety

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

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

### Begin Physical Examination

#### Elements

Obtain the following:

4. A Physical Examination

- Height, weight, and blood pressure
- Visual acuity screen
- Measurement of body mass index (required effective January 1, 2009)
- Other factors deemed appropriate based on the individual’s medical and social history and current clinical standards

5. End-of-Life Planning

Effective for dates of service on or after January 1, 2009, the IPPE includes end-of-life planning as a required service, upon the beneficiary’s consent. End-of-life planning is verbal or written information provided to the beneficiary regarding:

- The beneficiary’s ability to prepare an advance directive in the case that an injury or illness causes the beneficiary to be unable to make health care decisions, and
- Whether or not the physician is willing to follow the beneficiary’s wishes as expressed in the advance directive.

### Counsel Patient

#### Elements

Based on the results of the review and evaluation services provided in the previous five components, provide education, counseling, and referral. Examples include the following:

6. Education, Counseling, and Referral Based on the Previous Five Components

- Counseling on diet if the individual is overweight
- Education on prevention of chronic diseases
- Smoking and tobacco-use cessation counseling

7. Education, Counseling, and Referral for Other Preventive Services

Complete a brief written plan, such as a checklist, to be given to the beneficiary for obtaining an electrocardiogram, as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits. (Refer to back page for a list of Medicare-covered preventive services.)

| Medicare Part B Preventive Services                             | Medicare Part B Preventive Services                   |
|---|---|
| Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)*       | Bone Mass Measurements                                |
| Cardiovascular Screening Blood Tests                            | Colorectal Cancer Screening                           |
| Diabetes Screening Tests  | Prostate Cancer Screening                             |
| Diabetes Self-Management Training and Medical Nutrition Therapy | Influenza, Pneumococcal, and Hepatitis B Vaccinations |
| Screening Pap Tests and Pelvic Examination                      | Glaucoma Screening                                    |
| Screening EKG**   | Screening Mammography                                 |

\* Effective January 1, 2007, a Medicare beneficiary who is at risk for abdominal aortic aneurysms (AAAs) may receive a referral for a **one-time** preventive ultrasound screening for the early detection of AAAs as part of their IPPE.

\*\***NEW:** Effective for dates of service on or after January 1, 2009, the *screening EKG* is no longer a required part of the IPPE. It is optional and may be performed as a result of a referral from an IPPE (as part of the educational, counseling, and referral service the beneficiary is entitled to during the beneficiary's IPPE visit). (See component #7.) The screening EKG will be allowed only once in a beneficiary's lifetime.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes listed in the table below when filing claims for the IPPE for dates of service on or after January 1, 2009:

| IPPE HCPCS Codes | Billing Code Descriptors  |
|------------------|---|
| G0402            | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment                      |
| 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                  |

## Frequently Asked Questions

### Is the IPPE the same as a beneficiary's yearly physical?

No, this exam is a preventive physical exam and not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams. For a newly enrolled beneficiary, the IPPE is an introduction to Medicare and covered benefits.

### Who can perform the IPPE?

The IPPE must be furnished by either a physician (a doctor of medicine or osteopathy) or a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist).

### Are clinical laboratory tests part of the IPPE?

No, the IPPE does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the IPPE.

### Is there a deductible or coinsurance/copayment for the IPPE?

Coverage of the IPPE visit is provided as a Medicare Part B benefit. For dates of service on or after January 1, 2009, the annual Part B deductible

is waived for the IPPE (HCPCS code G0402) but the coinsurance or copayment still applies. The deductible still applies to the optional screening EKG (HCPCS codes G0403, G0404, or G0405).

### Can a separate E/M service be billed at the same visit as the IPPE?

Payment for a medically necessary E/M service (CPT codes 99201 – 99215) can be billed at the same visit as the IPPE when billed with modifier -25. That portion of the visit must be medically necessary to treat the patient's illness or injury, or to improve the functioning of a malformed body member. NOTE: This does not apply to Rural Health Clinics/ Federally Qualified Health Centers (TOBs 71X and 73X).

### If a beneficiary enrolls in Medicare in 2008, can he/she have the IPPE in 2009 if it was not performed in 2008?

Beneficiaries who have not yet had an IPPE, and whose initial enrollment in Medicare Part B began in 2008, will be able to have an IPPE in 2009, as long as it is done within 12 months of the beneficiary's initial enrollment effective date.

### Who Is Eligible to Receive the IPPE?

Effective for dates of service on or after January 1, 2009, Medicare provides coverage of the IPPE for all newly enrolled beneficiaries who receive the IPPE within the first 12 months after the effective date of their Medicare Part B coverage. However, only beneficiaries whose first Part B coverage period began on or after January 1, 2005 are eligible for the IPPE. This is a **one-time** benefit per Medicare Part B enrollee.

### Preparing Eligible Medicare Patients for the IPPE Visit

Providers can help eligible Medicare patients get ready for their IPPE visit by encouraging them to 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

### Resources

The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals

[http://www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf)

Medicare Claims Processing Manual – Pub. 100-04, Chapter 12, Section 30.6.1.1  
<http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>

Medicare Claims Processing Manual – Pub. 100-04, Chapter 18, Section 80  
<http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>

Change Request 6223/Transmittal 1615 – Update to the Initial Preventive Physical Examination (IPPE) Benefit  
<http://www.cms.hhs.gov/transmittals/downloads/R1615CP.pdf>