

The summary of information presented in this brochure is intended for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefits discussed in this brochure.

THE INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE)

Over the past 25 years, Congress through legislation has expanded the number of preventive and screening services available to beneficiaries under the voluntary Medicare Part B Program. Section 611 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 added coverage of a one-time initial preventive physical examination (IPPE) (also referred to as the “Welcome to Medicare” physical exam or the “Welcome to Medicare” visit). The goals of this benefit are health promotion and disease detection.

Section 101(b) of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) provides for improvements to the IPPE benefit including the addition of measurement of body mass index and end-of-life-planning, extension of the coverage period, and waiver of the Medicare Part B deductible.

The IPPE is a preventive evaluation and management (E/M) service that includes all of the following components:

1. A review of the individual's medical and social history with attention to modifiable risk factors for disease detection
2. A review of the individual's potential (risk factors) for depression or other mood disorders
3. A review of the individual's functional ability and level of safety
4. An examination to include the individual's height, weight, blood pressure measurement, visual acuity screen, measurement of body mass index (required service effective January 1, 2009), and other factors as deemed appropriate by the examining physician or qualified non-physician practitioner
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.

6. Education, counseling, and referral based on the results of the review and evaluation services described in the previous five elements
7. Education, counseling, and referral [including a brief written plan such as a checklist provided to the individual for obtaining an electrocardiogram (EKG), as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits]

IMPORTANT CHANGE: 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 #7 above.) The screening EKG will be allowed only once in a beneficiary's lifetime.

NOTE: The IPPE does not include any clinical laboratory tests. The physician, qualified non-physician practitioner, or hospital may also provide and bill separately for the screening and other preventive services that are currently covered and paid for by Medicare Part B.

Coverage Information

All Medicare beneficiaries whose first Medicare Part B coverage effective date began on or after January 1, 2005, are covered for a one-time IPPE visit.

- Effective January 1, 2009, the eligibility period for receiving an IPPE has been extended from 6 months to 12 months following a beneficiary's first enrollment in the Medicare Part B Program.
- 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.
- The IPPE must be performed by either a doctor of medicine or osteopathy or by a qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).

NOTE: The IPPE is a unique benefit available only for beneficiaries new to the Medicare Program. This exam is a preventive physical exam and is 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.**

Preparing Beneficiaries for the IPPE Visit

Providers can help beneficiaries get ready for the IPPE visit by suggesting they 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

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 but the coinsurance or copayment still applies.

NOTE: The MIPPA legislation added a provision of “additional preventive services” under education, counseling, and referral services to allow for future covered preventive services. These preventive services may be added in the future through the National Coverage Determination (NCD) process.

ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSMS (AAA)

Section 5112 of the Deficit Reduction Act (DRA) of 2005, further expanded the number of preventive benefits to include coverage, under Medicare Part B, of a one-time only preventive ultrasound screening for the early detection of abdominal aortic aneurysms (AAA) for at risk beneficiaries. Eligible beneficiaries must receive a referral for this screening service as a result of their IPPE visit.

Ultrasound Screening for Abdominal Aortic Aneurysms

The term “ultrasound screening for abdominal aortic aneurysm” is defined as:

- A procedure using sound waves [or other procedures using alternative technologies, of commensurate accuracy and cost, as specified by the Centers for Medicare & Medicaid Services (CMS) through the NCD process] provided for the early detection of AAA; and
- Includes a physician's interpretation of the results of the procedure.

Effective for services furnished on or after January 1, 2007, Medicare will pay for a one-time preventive ultrasound screening for AAA for eligible beneficiaries who meet the following criteria:

- The beneficiary receives a referral for an ultrasound screening as a result of an IPPE;

- The beneficiary receives a referral from a provider or supplier who is authorized to provide covered ultrasound diagnostic services;
- The beneficiary has not been previously furnished an ultrasound screening under the Medicare Program; and
- The beneficiary is included in at least one of the following risk categories:
 - has a family history of abdominal aortic aneurysm
 - a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime
 - a beneficiary who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force (USPSTF) regarding AAA, as specified by the Secretary of Health and Human Services through the NCD process.

NOTE: Only Medicare beneficiaries who receive a referral for the AAA ultrasound screening as a result of the IPPE visit will be covered for the AAA benefit.

Coverage of the ultrasound screening for AAA is provided as a Medicare Part B benefit. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit.

CARDIOVASCULAR SCREENING BLOOD TESTS

Section 612 of the MMA expanded preventive services to include coverage, under Medicare Part B, of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk.

Effective for services furnished on or after January 1, 2005, Medicare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke.

The cardiovascular screening blood tests covered by Medicare include:

- Total Cholesterol Test
- Cholesterol Test for High-Density Lipoproteins
- Triglycerides Test

NOTE: The beneficiary must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.

Coverage Information

Medicare provides coverage of cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years (i.e., at least 59 months after the last covered screening tests).

The screening blood tests must be ordered by the physician or qualified non-physician practitioner treating the beneficiary for the purpose of early detection of cardiovascular disease. The beneficiary must have no apparent signs or symptoms of cardiovascular disease.

Coverage of the cardiovascular screening blood tests is provided as a Medicare Part B benefit. There is no coinsurance or copayment and no deductible for this benefit. Reimbursement is provided under the Medicare Clinical Laboratory Fee Schedule.

IMPORTANT NOTE: The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the IPPE and **does not** have to be obtained within a certain timeframe following a beneficiary's Medicare Part B enrollment.

FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare.

For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage on the CMS website.

MEDICARE LEARNING NETWORK

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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Medicare
Preventive
Services



For Physicians, Providers, Suppliers, and Other Health Care Professionals

Expanded Benefits

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