Centers for Medicare & Medicaid Services
Preventive Services: The Initial Preventive Physical Exam and
The Annual Wellness Visit
National Provider Call
Moderator: Leah Nguyen
March 28, 2012
2:30 p.m. ET

Podcast 1 of 3: The Initial Preventive Physical Exam

Disclaimers

ICD-9-CM Notice

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Introduction

Leah Nguyen: Welcome to the first of three podcasts from the Medicare Preventive Services National Provider Call on the Initial Preventive Physical Exam and the Annual Wellness Visit. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Wednesday, March 28, 2012.

In this first podcast, Jaime Hermansen from the Coverage & Analysis Group, Kathleen Kersell from the Provider Billing Group, and Stephanie Frilling from the Hospital Ambulatory Policy Group discuss the Initial Preventive Physical Exam.

I am Leah Nguyen from the Provider Communications Group here at CMS, and I will serve as your moderator today. I would like to welcome you to this Medicare Preventive Services National Provider Call on the Initial Preventive Physical Exam and the Annual Wellness Visit.

During this National Provider Call, CMS subject matter experts will provide an overview of both services: when to perform them, who can perform them, who is eligible, and how to code and bill for each service. A question and answer session will follow the presentation.

Before we get started, I have a few announcements. This call is being recorded and transcribed. The audio recording and written transcript will be posted soon to the National Provider Calls and Events section of the Fee-For-Service National Provider Calls webpage.

There is a slide presentation for this session. If you've not already downloaded this presentation, you may do so now by going to the Fee-For-Service National Provider Calls webpage at www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the webpage, select "National Provider Calls and Events" then select the March 28 call from the list.

Please be aware that Continuing Education Credits may be awarded by the American Academy of Professional Coders, the American Health Information

Management Association, and the American Medical Billing Association for participation in CMS National Provider Calls.

Please see slide 52 of the presentation for more information. If you have any questions regarding the awarding of credits for this call, please contact that organization. We encourage you to retain your presentation materials and confirmation e-mails.

I would also like to thank those of you who submitted questions when you registered for today's call. Your questions were shared with the speakers to help prepare the slides and remarks for today's presentation.

Please note that although we may not be able to address every question submitted during registration, will we – we will review them to help us develop Frequently Asked Questions, educational products, or future messaging on these programs.

At this time, I would like to introduce our speakers who are subject matter experts on today's topic.

We are pleased to have with us Jamie Hermansen from the Office of Clinical Standards and Quality, Coverage and Analysis Group; Kathleen Kersell from the Center for Medicare, Provider Billing Group; Stephanie Frilling from the Center for Medicare, Hospital Ambulatory Policy Group; and Thomas Dorsey from the Center for Medicare, Provider Billing Group.

So now, it is my pleasure to turn the call over to our first speaker, Jamie Hermansen from the Office of Clinical Standards and Quality at CMS.

Initial Preventive Physical Examination Presentation

Jamie Hermansen: Thank you, Leah. I'd like to begin by providing some background information on the coverage for the IPPE, or the Initial Preventive Physical Examination.

Medicare coverage – Medicare Part B coverage of the IPPE was authorized by the Medicare Prescription Drug Improvement and Modernization Act of 2003 and later modified by the Medicare Improvements for Patients and Providers

Act of 2008, and implementing regulations for the IPPE are – can be found at 42 CFR, 410.16.

Regarding beneficiary eligibility and frequency, the IPPE is a one-time visit and is covered for beneficiaries within the first 12 months of Medicare Part B enrollment.

The IPPE is covered by Medicare Part B and furnished by a physician, physician assistant, nurse practitioner, or clinical nurse specialist.

And I'd now like to hand the call over to Stephanie Frilling.

Stephanie Frilling: Thank you, Jamie.

I'm Stephanie Frilling from the division of Practitioner Services in HAPG, and Jamie has asked me to address this slide as many questions requested from the registration page on incidents to billing and furnishing IPPE or the AWV.

From the collected questions, we know that many of you are very familiar with Medicare policies for billing and payment of incidents to services. However, the payment policy, furnishing services incident to a physician do not apply to the IPPE as this service has its own benefit category.

Slide eight is an overview of incident to billing rules that are recognized when services or supplies are furnished, incident to a physician's order.

In many cases, a nurse or other healthcare provider will furnish services where payment is commonly captured on the physician's claim. No separate Medicare claim is made to the non-physician provider.

The IPPE is not subject to incidents to billing and payment rules under Section 1861(s)(2)(a) of Social Security Act as the IPPE has its own benefit category established under Section 1861(ww) of the Act, and must meet the statutory requirements set forth in this Section of the Act.

Physicians and practitioners must meet specific benefit requirements for who may furnish an IPPE in order to bill for this service.

Jamie, thank you.

Jamie Hermansen: Thank you, Stephanie.

Moving on to slide nine, the following elements are included in the IPPE: a review of medical – in summary, it's the review of medical and social history, the reviews of potential risk factors for depression; functional ability and level of safety; measurement of height, weight, body mass index, blood pressure, and visual acuity screen, and other factors deemed appropriate.

Discussion of – it also includes the discussion of end-of-life planning upon agreement of the individual; along with education, counseling, and referrals based on results of review and evaluation of services performed during the IPPE, which also includes a brief written plan such as a checklist, and if appropriate, education counseling and referral for obtaining an electrocardiogram, also referred to as an EKG.

I will now hand the call over to Kathleen Kersell.

Kathleen Kersell: Hi. Thank you, Jamie.

If you're following along, we're on slide 10 and for the IPPE, slide 10, it gives you instructions on how to code for this service.

You would use Code G0402 to report the IPPE on your claim. The various components of the IPPE previously described on slide nine must be provided and documented in a beneficiary – in a beneficiary's medical record during the IPPE.

The people that can bill the IPPE are typically – well, sorry. Next question would be "Who can bill for the IPPE?"

These services are typically provided in a physician's office. When the services are provided in a facility, the following institutions can bill: Hospitals

for Inpatients on Type of Bill 12X and Outpatients, Type of Bill 13X; Skilled Nursing Facilities for inpatients, Type of Bill 22X; and Rural Health Centers, Type of Bill 71X; Federally Qualified Health Centers, Type of Bill 77X; and Critical Access Hospitals, Type of Bill 85X.

On slide 11, you just got diagnosis coding for the IPPE. Although a diagnosis code must be reported on the claim, there is no specific International Classification of Diseases, 9th Revision, Clinical Modification or ICD-9-CM diagnosis codes that are required for the IPPE.

Medicare providers should choose an appropriate ICD-9-CM diagnosis code. Examples for diagnosis code that could be included on the claim are V70.0, V70.3, or V70.9. They all could be considered acceptable diagnosis codes, as well as any other valid, appropriate diagnosis code.

You can also contact your Medicare contractor for any assistance with what type of diagnosis codes you want to have on the claim.

I also do want to point out that on slide 11, where I'm at right now, I said V70.3. That slide says "V70.8" and we will be posting a corrected slide that says "V70.3" and I do apologize for that error. But basically, any appropriate diagnosis code would be acceptable for billing an IPPE.

Now on slide 12, discussed frequency, "How often can the IPPE and the screening EKG be performed?"

The IPPE, code G0402, is a one-time benefit that must be provided within 12 months of the effective date of a beneficiary's Medicare Part B coverage. The screening EKG, which is codes G0403, G0404, or G0405, as appropriate, can be done when they are done as a referral from an IPPE. It's also only covered once during a beneficiary's lifetime.

On slide 13 is the frequency of the EKG – the screening EKG for an IPPE and diagnostic EKG performed on the same day. A diagnostic EKG cannot be performed on the same day as the screening EKG for the IPPE unless it is medically necessary.

If a diagnostic EKG is performed on the same day as codes G0403, G0404, or G0405 and is deemed medically necessary, then the diagnostic EKG must be billed with Modifier 59. Otherwise, a diagnostic EKG cannot be done on the same day as a screening EKG.

Slide 14 about deductible and coinsurance for the IPPE, effective for dates of service on or after January 1st, 2011, the coinsurance and the deductible are waived for the IPPE for code G0402 only.

However, the deductible and coinsurance still apply to the screening EKG that can be done as a referral from an IPPE; therefore, codes G0403, G0404, and G0405 still have to have the deductible and coinsurance applied to them.

Next, slide 15 is for the IPPE-related screening for Abdominal Aortic Aneurysm. If you have an IPPE done, you can also provide for the beneficiaries a one-time only ultrasound screening for an Abdominal Aortic Aneurysm, or AAA, you know, that can be done as the result from an IPPE with certain – you know, if the beneficiary has certain risk factors.

The codes for billing the AAA ultrasound screening is G0389 and that's an Ultrasound, B-scan, and/or real time with image documentation, AAA screening.

Slide 16, more on the IPPE-related screening of – effective for dates of service on or after January 1st, 2011, the coinsurance and deductible are waived for the AAA screening, code G0389.

For more information on the AAA screening when done as the result of a referral from an IPPE, please see the CMS Internet-Only Manual Publication 100-04, Chapter 18, Section 110 on the CMS Web site. That CMS Web site is www.cms.gov/manuals/downloads/clm104c18.pdf.

Also, that manual section will give you all the requirements needed for beneficiary – you know, that a beneficiary must meet in order to be eligible to receive the AAA ultrasound screening.

Now from that, we're moving on to – I'll turn this over to Stephanie Frilling on slide 17. Thank you.

Stephanie Frilling: Thank you, Kathy, and again, this is Stephanie Frilling from the Division of Practitioner Services and I'll begin my presentation on slide 17.

We are very pleased to announce that twice as many IPP Exams were furnished in 2011 than in 2010. This is largely credited to Section 4104 of the Affordable Care Act where Congress waived cost sharing requirements for IPPE services furnished on or after January 1st, 2011.

Now, when a beneficiary receives an IPP Exam from a provider who accepts assignment, they will pay nothing for the visit.

In 2011, 235,000 beneficiaries, all within the first 12 months of Part B coverage, received the IPPE Physical Examination, providing an ongoing systematic foundation for wellness and prevention.

On slide 18, many questions were collected from the registration page regarding the IPPE service elements and those of a traditional annual physical examination. Medicare does not provide coverage for routine physical examinations and the IPPE is a preventive wellness examination and not the head-to-toe physical examination.

While there is some overlap, for example, the IPPE identifies health risk – health risk factors and takes routine measurements and updates the beneficiary's medical record, the focus of the IPPE is to furnish education counseling and prevention services that are appropriate for the individuals and available in Medicare.

During our last call in July of 2011, we received many questions from practitioners seeking advice on how to manage a patient's perception of an IPPE. Many practitioners indicated that beneficiaries were often expecting a routine annual checkup, and were confused when so much of a practitioner's time was dedicated to preventive counseling and education.

We have furnished much guidance on this issue over the last several months and many materials are available on the CMS Web site. And they can be reviewed at www.cms.gov/preventiongeneralinfo.

In particular, I'd like to mention the preventive screening checklist that you can give to your patients and where a physician and a patient can discuss and actually track preventive services available for the beneficiary.

Moving on, on slide 19, the best time to schedule an IPPE Exam for a patient is of course within the first 12 months of their Part B coverage, but also, when a beneficiary's health status is stable and the patient is open to discussing preventive and screening services available in Medicare.

Furthermore, in order to maximize the face-to-face time of the IPPE Exam, the patient should come prepared and ready to discuss their medical history, current treatment, medications, and to discuss and develop a preventive screening schedule.

While we believe that the IPPE is best furnished when a beneficiary's health status is stable, we recognize that some patients with a chronic or diagnostic condition present during the IPPE may require additional medically necessary Evaluation and Management Services.

On slide 20, we note that when an E and M service in the code range of not – of CPT code 99201 through 99215 are furnished during an IPPE visit, the practitioner must append Modifier 25 to the claim line for payment.

Cost sharing will apply to the E/M service that is furnished during the IPP Exam as the Affordable Care Act only waives the cost sharing requirement for the IPPE and not the E and M service.

While other preventive services, screenings and laboratory tests are not included in the IPPE, they may be furnished during the visit if they are appropriate for the individual. No modifier is required for billing other preventive services when furnished during the IPP Exam.

As a special note, Section 4104 of the Affordable Care Act also waives cost sharing for many preventive services. And the IPPE is a great opportunity to furnish or order preventive laboratory tests or get a flu shot.

On slide 23, once again from the registration page, many questions came around billing Medicare non-covered preventive physical examinations with an IPP Exam.

Non-covered preventive services including E and M services may be billed with an IPPE. However, we would hope that the provider would notify the patient that the additional services are non-covered by Medicare and that the payment for the additional non-covered preventive service will fall to the beneficiary.

We further note that non-covered E and M preventive services will have a substantial overlap in the service elements furnished at the IPPE, and that practitioners are responsible for billing appropriately when providing additional non-covered E/M preventive services.

We suggest that providers use some documentation, such as an ABN, to notify the patient that payment for the additional non-covered preventive service is not covered by Medicare.

On slide 24, we have posted the 2012 National Payment Rates for the Non-facility and for the Facility Payments for furnishing an IPPE. The link referenced from the slide is for the Physician Fee Schedule Look up Tool where a practitioner can look up the payment rate for a specific locality.

For those of you not familiar with the Look Up Tool, I encourage you to go to the site and give it a try, as payment rates for most physician services are available on the Look Up Tool.

Leah Nguyen: Thank you for listening to this Medicare Preventive Services educational podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

This document has been edited for spelling and grammatical errors.

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