Preventive Services: Initial Preventive Physical Examination and Annual Wellness Visit

6/17/2021

Today's Presenters

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Objectives

- After this session, attendees will be able to
  - Understand the differences and similarities between the IPPE and the AWV
  - Properly bill Medicare for IPPE and AWV services rendered to their patients
  - Know where to find additional resources and information

Agenda

- Initial Preventive Physical
- Prolonged Preventive Services
- Annual Wellness Visit
- Resources and References

Initial Preventive Physical Examination

Medicare Wellness Visits – IPPE/AWV

- MLN Matters® *Medicare Wellness Visits - ICN MLN6775421 February 2021*

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
- Begin examination
  - Components four and five
- Opioid Use Disorder and Screening 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 illicit drug use
    - Diet
    - Physical activities

IPPE Components

- Component Two
  - Potential risk factors for depression and other mood disorders
    - Must include
      - 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 safety

IPPE Components

- Component Four
  - Examination
    - Must include
      - Height, weight, blood pressure
      - Visual acuity screen
      - Body mass index
      - 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 opioid use disorder (OUD) risk
      - Evaluate pain severity and current treatment plan
      - Provide information on non-opioid treatment options
      - Refer to specialist, as appropriate
- Pain Management Best Practices

IPPE Components

- Component Seven
  - Screen for potential Substance Use Disorders (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 Preventive Services ICN 006559

National Government Services

Additional Services

- E/M services (CPT codes 99201–99215)
  - 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
  - Refer to documentation guidelines
    - MLN Booklet® *Evaluation and Management Services*

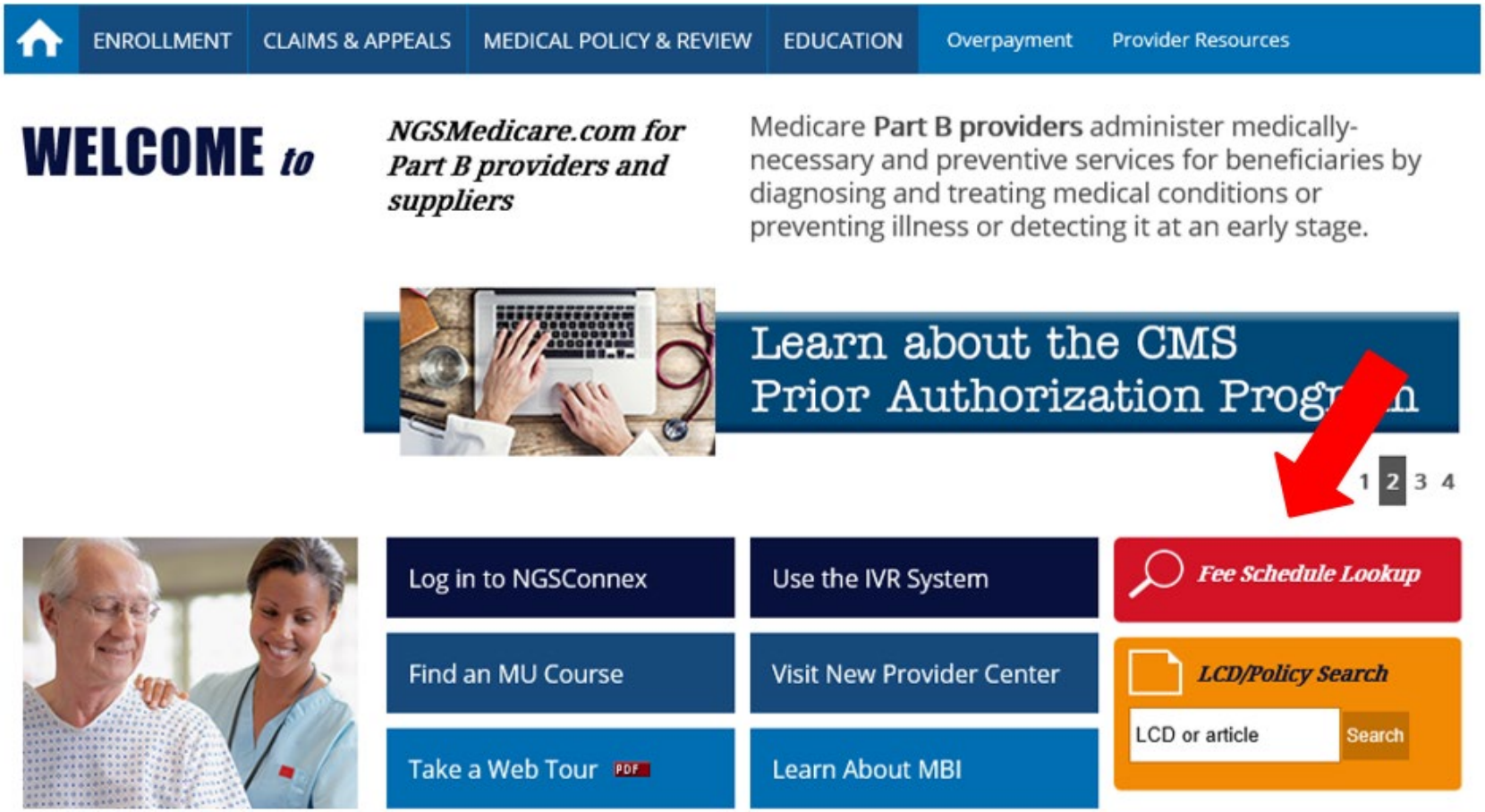
IPPE Cost Sharing

- IPPE Only
  - Deductible waived
  - Coinsurance waived
- Screening EKG
  - Deductible and coinsurance apply

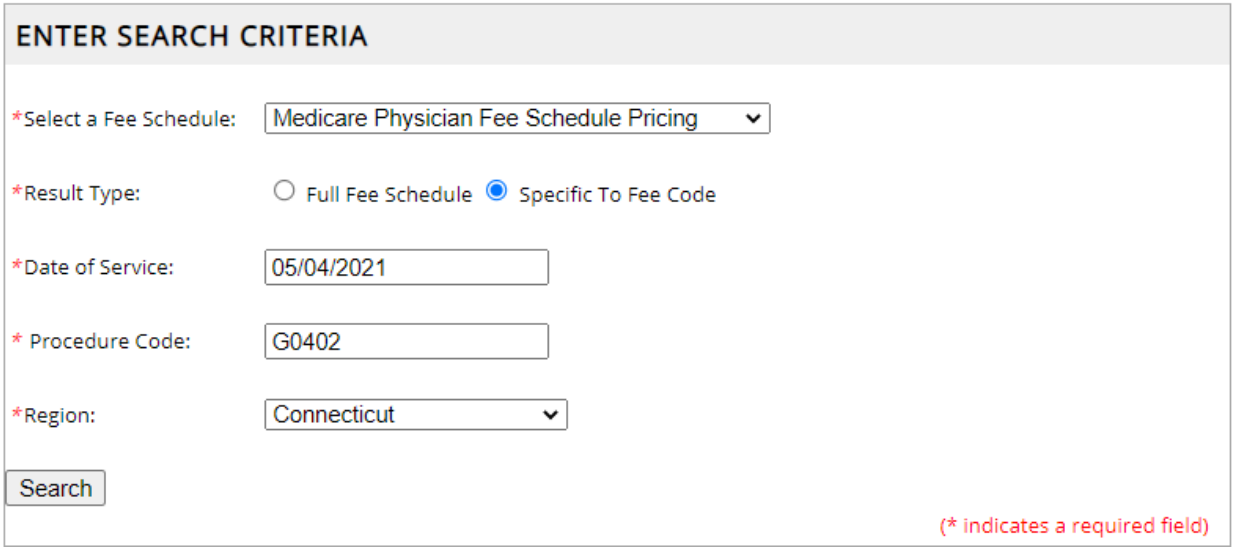
IPPE Reimbursement

- Medicare Physician Fee Schedule
  - NGS website: Fee Schedule Lookup
- Nonparticipating providers
  - Nonparticipating reduction applies
  - Limiting charge provision applies

Fee Schedule Lookup



Fee Schedule Lookup Tool



Non-OPPS Capped Payment Rates (NON-OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	180.98	171.93	197.72	143.28	136.12	156.54

OPPS Capped Payment Rates (OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

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

Procedure	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 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

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

AWV/PPPS Coverage

- 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: an evaluation tool that meets the following criteria
  - Collects self-reported information about the beneficiary
  - Can be administered independently by beneficiary or administered by a health professional prior to, or as part of, the AWV encounter
  - Is appropriately tailored to and takes into account the communication needs of underserved
  - Takes no more than 20 minutes to complete
    - A Framework for Patient-Centered Health Risk Assessments

Elements of Initial AWV

- HRA
  - At a minimum, collect information about
    - Demographic data
    - Self assessment of health status
    - Psychosocial risks
    - Behavioral risks
    - Activities of daily living and instrumental activities of daily living

Elements of Initial AWV

- Establishment of medical/family history
  - Must include
    - Past medical/surgical history
    - Use of, or exposure to medications and supplements
    - Medical events – parents, siblings, children
- Establishment of list of current providers and suppliers regularly involved in providing medical care to patient

Elements of Initial AWV

- Measurement of
  - Height, weight, BMI, blood pressure, other routine measurements as appropriate
- Detection of cognitive impairment
  - Includes assessment of cognitive function by direct observation
- Review of risk factors for depression
  - Includes current or past experiences with depression or other mood disorders
  - Use nationally-recognized screening instrument for persons without current depression diagnosis

Elements of Initial AWV

- Review of functional ability and level of safety
  - Based on direct observation or use of screening questions or nationally-recognized screening questionnaire
  - Must include assessment of
    - Hearing impairment
    - Ability to successfully perform activities of daily living
    - Fall risk
    - Home safety

Elements of Initial AWV

- Establishment of written screening schedule for patient
  - USPSTF and ACIP recommendations
  - Based on
    - Health status
    - Screening history
    - Age-appropriate Medicare preventive services

Elements of Initial AWV

- Establish list of risk factors and conditions where primary, secondary, or tertiary interventions recommended or underway including
  - Mental health conditions including depression
    - Substance use disorder(s) (SUD)
    - Cognitive impairment
  - IPPE risk factors or conditions identified
  - Treatment options with associated risks and benefits

Elements of Initial AWV

- 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
    - Weight loss
    - Cognition

Elements of Initial AWV

- Review current opioid prescriptions
  - Review their potential opioid use disorder (OUD) 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 AWV

- Screen for potential substance use disorders
  - 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

Elements of Subsequent AWV

- 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

Elements of Subsequent AWV

- Detection of any cognitive impairment
- Update to written screening schedule for patient developed during first AWV
- 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

AWV Billing – HCPCS Codes

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

- MLN Matters® *MM9271: Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)*
- Advance care planning
  - Face-to-face service between physician or other qualified health care professional and patient discussing advance directives with or without completing relevant legal forms
  - Voluntary ACP, upon agreement with patient, would be an optional element of the AWV

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 AWV

- ACP as an optional element of an AWV
- Deductible and coinsurance waived for ACP when performed with an AWV
  - ACP must be billed with modifier 33

Resources for ACP

- Frequently Asked Questions about Billing the Physician Fee Schedule for Advance Care Planning Services
- MLN Fact Sheet® *Advance Care Planning – ICN 909289*
- MLN Matters® *MM9271: Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)*

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
  - POS = office, outpatient, home, care facility, telehealth

Cognitive Assessment and Care Plan Services - Coding and Payment

- 99483
  - 50 minutes face-to-face with the patient and independent historian
    - Definition of independent historian is provided by the AMA on page 13 of 2021 CPT manual
- CMS raised reimbursement rate beginning 2021
  - $282 (geographic adjustments apply)
  - 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 functional assessment staging test (FAST) and clinical dementia rating (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 AWV
  - Allowed to be performed at same visit
  - Bill and document according to requirements for each preventive service

Additional Services

- E/M services (CPT codes 99201–99215)
  - Must be medically necessary and separately identifiable
  - Do not include AWV components when coding E/M
    - Portion of history or physical exam portion
  - Report with modifier 25 when appropriate
  - Documentation guidelines for E/M
    - MLN Booklet® *Evaluation and Management Services- ICN 006764*

Common Reasons for Claim Denial

- Second initial AWV billed for beneficiary
- Subsequent AWV was performed less than 12 full months after previous covered AWV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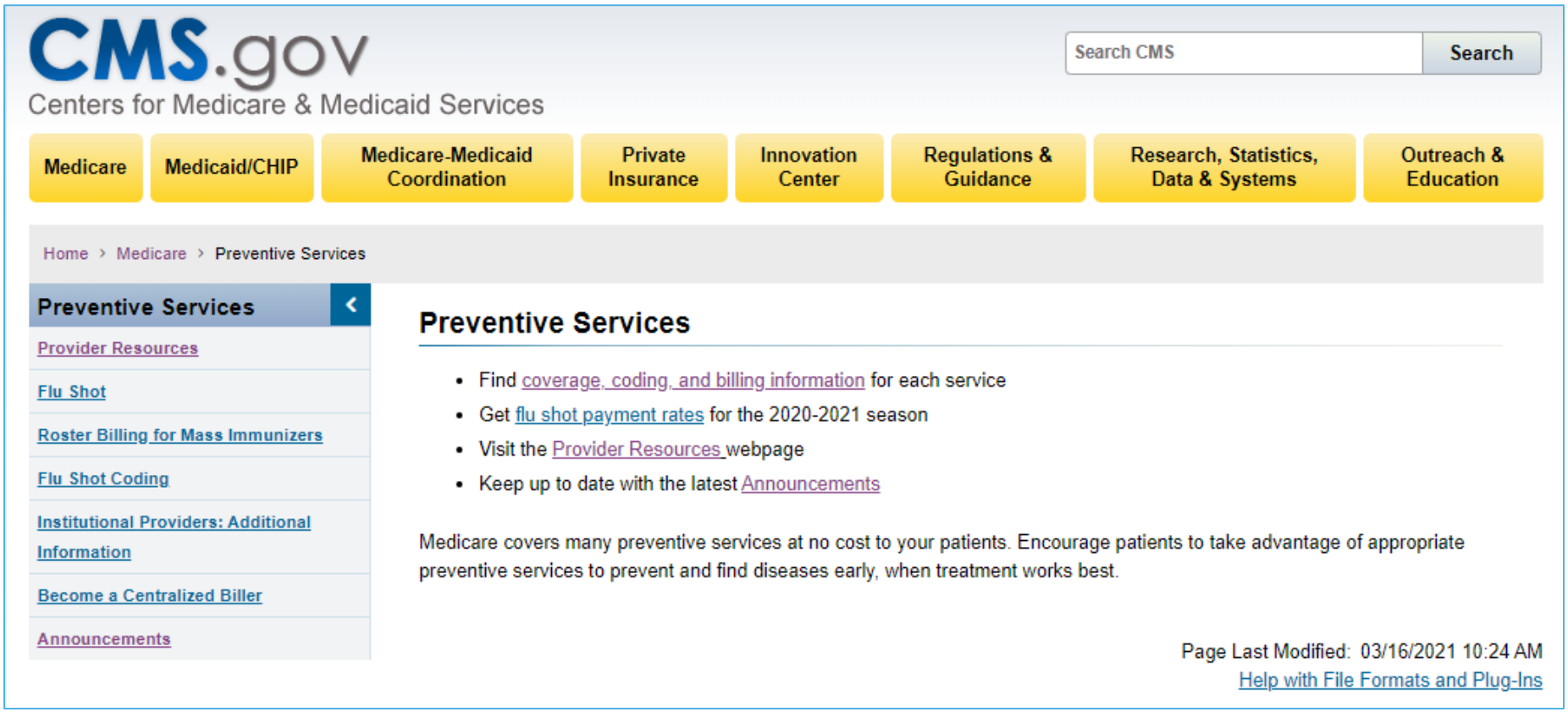
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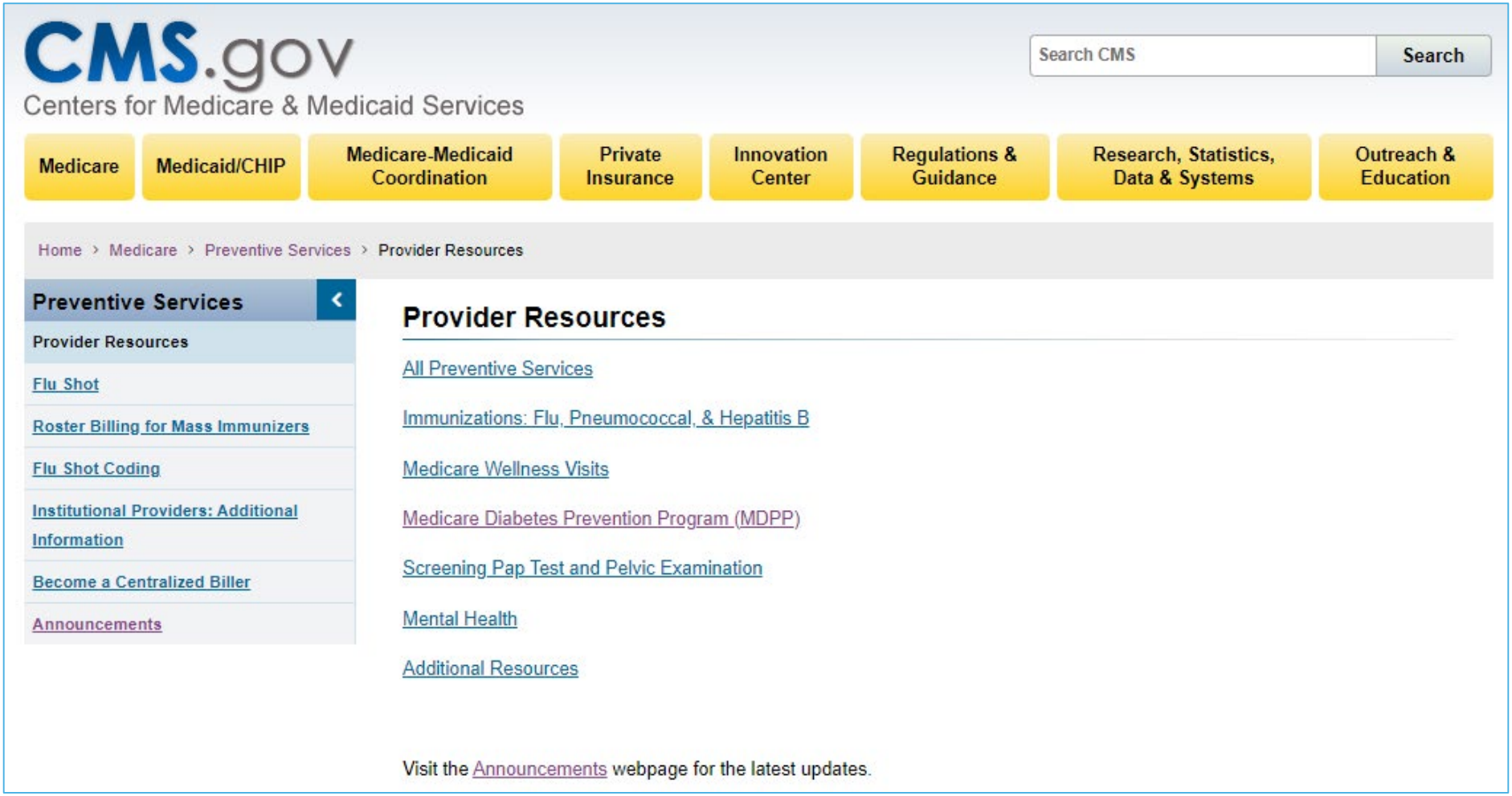
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Additional Resources
Visit the Announcements webpage for the latest updates.

Resources and References

Resources

- MLN Booklet® *Medicare Wellness Visits - ICN MLN6775421 February 2021*
- MLN Matters® *MM7079: Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)*
- MLN Educational Tool® *Medicare Preventive Services - ICN 006559*
- 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 | CMS

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

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- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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