

# Preventive Services: Initial Preventive Physical Examination and Annual Wellness Visit

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# Today's Presenters

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# Agenda

- Initial Preventive Physical Examination
- Prolonged Preventive Services
- Annual Wellness Visit
- Advance Care Planning
- Cognitive Assessment and Care Plan Services
- Resources and References

# Objectives

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

# Initial Preventive Physical Examination

# Medicare Wellness Visits – IPPE/AWV

- MLN® Educational Tool: [Medicare Wellness Visits](#)





# 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

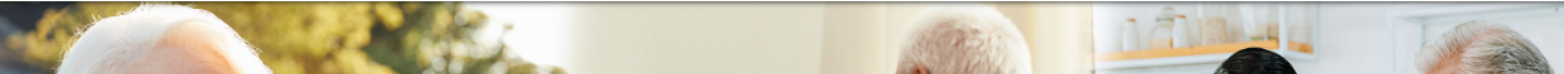











- Other preventive services currently paid separately under Medicare Part B screening benefits are not included in IPPE
  - Allowed to be performed at same visit
  - Bill and document according to requirements for each preventive service

# MLN® Educational Tool: *Medicare Preventive Services*



Ⓣ Telehealth Eligible Service ▼

## Medicare Preventive Services

✕ Select a Service		FAQs			Resources	
						
Alcohol Misuse Screening & Counseling 	Annual Wellness Visit 	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use 
Depression Screening 	Diabetes Screening	Diabetes Self-Management Training 	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease 	IBT for Obesity 	Initial Preventive Physical Exam	Lung Cancer Screening 	Mammography Screening
Medical Nutrition Therapy 	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services 	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs 
Screening Pelvic Exams	Ultrasound AAA Screening					

▶ Quick Start

▶ Eliminate Health Disparities

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# Additional Services

- E/M services (CPT codes 99202–99215)
  - 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 Guide\*](#)

# IPPE Cost Sharing

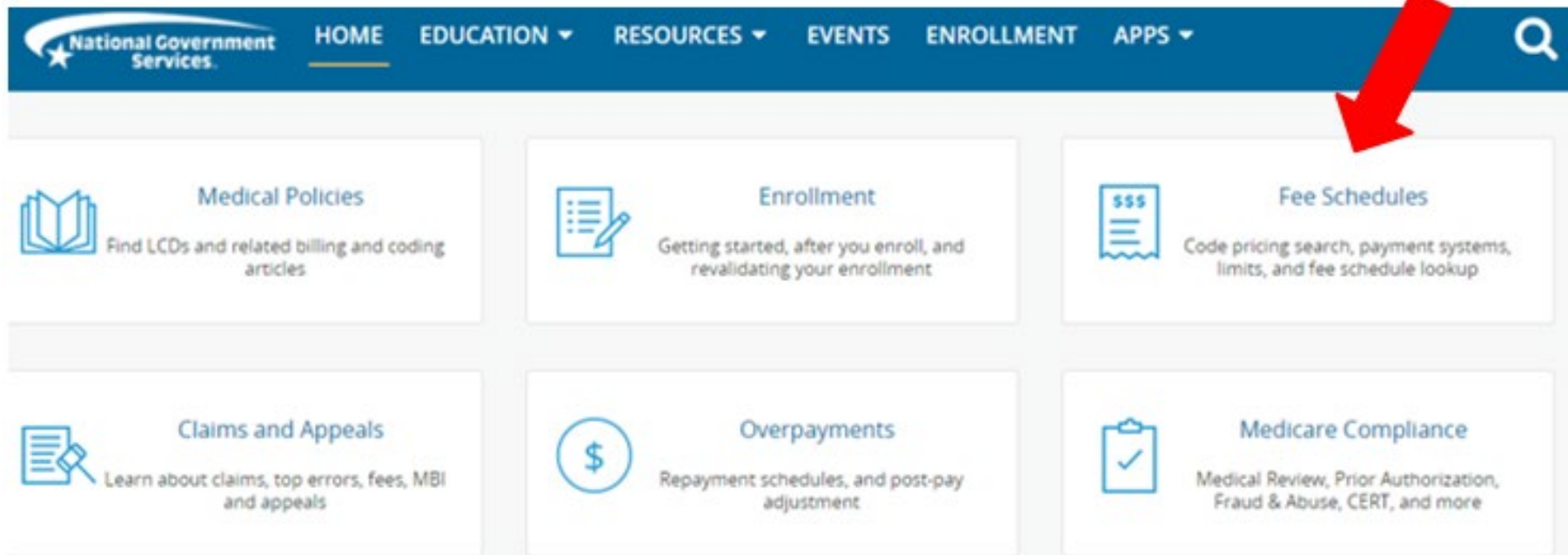
- IPPE Only
  - Deductible waived
  - Coinsurance waived
- Screening EKG
  - Deductible and coinsurance apply

# 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

Select a Fee Schedule: \* Medicare Physician Fee Schedule Pricing

Result Type: \*  
☐ Full Fee Schedule  
☒ Specific To Fee Code

Date of Service: \* 01/03/2022

Procedure Code: \* G0402

Region: \* Connecticut

Procedure Code	Effective Date	State/Territory	Locality	Short Description
G0402	01/01/2022	13102	00	Initial preventive exam

## 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)	175.65	166.87	191.90	138.22	131.31	151.01

# 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 Care](#)

# 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 dietitian, 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 AWW 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 AWW

## ■ 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 AWW

- 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 AWW

- 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 AWW

- 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 AWW

- 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 AWW

- 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 AWW

- 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 AWW

- Review current opioid prescriptions
  - Review their potential opioid use disorder 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 AWW

- 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 AWW

- 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 AWW

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

- 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 AWW

# 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 AWW

- ACP as an optional element of an AWW
- Deductible and coinsurance waived for ACP when performed with an AWW
  - 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\*](#)

# 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 AWWV
  - 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 AWW 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 Guide](#)

# Common Reasons for Claim Denial

- Second initial AWW billed for beneficiary
- Subsequent AWW was performed less than 12 full months after previous covered AWW

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Medicaid/CHIP

Medicare-Medicaid  
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## Medicare

People with Medicare, family members, and caregivers should visit [Medicare.gov](https://www.Medicare.gov), the Official U.S. Government Site for People with Medicare, for the latest information on Medicare enrollment, benefits, and other helpful tools.

### Medicare - General Information

[Medicare Program - General Information](#)

### Coverage

[Medicare Coverage - General Information](#)

[Council for Technology & Innovation](#)

[Coverage Information Exchange](#)

[Coverage with Evidence Development](#)

[Medicare Clinical Trial Policies](#)

[Medicare Coverage Determination Process](#)

[Medicare Dental Coverage](#)

[Medicare Coverage Related to Investigational Device  
Exemption \(IDE\) Studies](#)

### Demonstration Projects

### Prescription Drug Coverage

[Prescription Drug Coverage - General Information](#)

[Creditable Coverage](#)

[Drug Coverage Claims Data](#)

[Employer & Union Retiree Drug Subsidy](#)

[Limited Income and Resources](#)

[Prescription Drug Coverage Contracting](#)

### Prevention

[Preventive Services](#)

### Provider Enrollment & Certification

[Medicare Provider-Supplier Enrollment](#)

[Quality, Safety & Oversight Group - Emergency](#)

## CMS news

[Press Release: Trump Administration Empowers Nursing Home Patients, Residents, Families, and Caregivers by Enhancing Transparency about Abuse and Neglect](#)

[Press Release: Statement from CMS Administrator Seema Verma on President Trump Signing an Executive Order on Protecting and Improving Medicare for Our Nation's Seniors](#)

[Press Release: Trump Administration Announces Opportunity for States to Participate in Wellness Program Demonstration Project](#)

[Fact Sheet: CMS' Discharge Planning Rule Supports Interoperability and Patient Preferences](#)

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## Preventive Services

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## Preventive Services

- Find [coverage, coding, and billing information](#) for each service
- Get [flu shot payment rates](#) for the 2020-2021 season
- Visit the [Provider Resources](#) webpage
- Keep up to date with the latest [Announcements](#)

Medicare covers many preventive services at no cost to your patients. Encourage patients to take advantage of appropriate preventive services to prevent and find diseases early, when treatment works best.

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## Preventive Services

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Visit the [Announcements](#) webpage for the latest updates.

# Resources and References



# Resources

- MLN® Educational Tool: [Medicare Wellness Visits](#)
- MLN® Educational Tool: [Medicare Preventive Services](#)
- 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](#)

# Thank You!

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

