

The goals of the Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare Visit,” are health promotion and disease detection. This document explains the components included in the IPPE. All components of the IPPE must be provided, or provided and referred, prior to submitting a claim for the IPPE.

Components of the IPPE

ACQUIRE BENEFICIARY HISTORY	ELEMENTS
<ul style="list-style-type: none"> □ 1. Review of beneficiary’s medical and social history 	<p>At a minimum, obtain the following:</p> <ul style="list-style-type: none"> • 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 beneficiary at risk); • History of alcohol, tobacco, and illicit drug use; • Diet; and • Physical activities.
<ul style="list-style-type: none"> □ 2. Review of beneficiary’s potential risk factors for depression and other mood disorders 	<p>Use any appropriate screening instrument for persons without a current diagnosis of depression recognized by national professional medical organizations to obtain current or past experiences with depression or other mood disorders.</p>
<ul style="list-style-type: none"> □ 3. Review of beneficiary’s functional ability and level of safety 	<p>Use any appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:</p> <ul style="list-style-type: none"> • Hearing impairment; • Activities of daily living; • Falls risk; and • Home safety.
BEGIN EXAMINATION	ELEMENTS
<ul style="list-style-type: none"> □ 4. An examination 	<p>Obtain the following:</p> <ul style="list-style-type: none"> • Height, weight, and blood pressure; • Visual acuity screen; • Measurement of body mass index; and • Other factors deemed appropriate based on the beneficiary’s medical and social history and current clinical standards.
<ul style="list-style-type: none"> □ 5. End-of-life planning 	<p>End-of-life planning is a required service, upon the beneficiary’s consent. End-of-life planning is verbal or written information provided to the beneficiary regarding:</p> <ul style="list-style-type: none"> • 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 BENEFICIARY	ELEMENTS
<ul style="list-style-type: none"> □ 6. Education, counseling, and referral based on the previous five components 	<p>Based on the results of the review and evaluation services provided in the previous five components, provide education, counseling, and referral as appropriate.</p>
<ul style="list-style-type: none"> □ 7. Education, counseling, and referral for other preventive services 	<p>Complete a brief written plan, such as a checklist, to be given to the beneficiary for obtaining a screening electrocardiogram (EKG), as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits. (See below for a list of Medicare-covered preventive services.)</p>

MEDICARE PART B PREVENTIVE SERVICES

Annual Wellness Visit (AWV) ^a	Human Immunodeficiency Virus (HIV) Screening
Bone Mass Measurements	Medical Nutrition Therapy (MNT)
Cardiovascular Screening Blood Tests	Prostate Cancer Screening
Colorectal Cancer Screening	Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
Counseling to Prevent Tobacco Use ^b	Screening Mammography
Diabetes Screening Tests	Screening Pap Tests and Pelvic Examination
Diabetes Self-Management Training (DSMT)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) ^c
Glaucoma Screening	

Notes on Medicare Part B Preventive Services

- ^a For dates of service on or after January 1, 2011, the Affordable Care Act allows for coverage of an Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS). For more information, refer to “The ABCs of Providing the Annual Wellness Visit” (ICN 905706) at http://www.cms.gov/MLNProducts/downloads/AWV_Chart_ICN905706.pdf on the Centers for Medicare & Medicaid Services (CMS) website.
- ^b Effective for dates of service on or after August 25, 2010, Medicare provides coverage of counseling to prevent tobacco use.
- ^c A Medicare beneficiary with certain risk factors for AAAs may receive a referral for a one-time preventive ultrasound screening for the early detection of AAAs. Important: Eligible beneficiaries must receive a referral for an ultrasound screening for AAA as a result of an IPPE.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes, listed in the table below, when filing claims for the IPPE.

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. For a newly enrolled beneficiary, the IPPE is an introduction to Medicare and covered benefits. Medicare does not provide coverage for routine physical exams.

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 for the IPPE is provided as a Medicare Part B benefit. For dates of service prior to January 1, 2011, the annual Medicare 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). **For dates of service on or after January 1, 2011, both the Medicare Part B deductible and the coinsurance or copayment are waived for the IPPE only. Neither is waived for the screening EKG.**

If a beneficiary enrolled in Medicare in 2010, can he or she have the IPPE in 2011 if it was not performed in 2010?

A beneficiary, who has not yet had an IPPE and whose initial enrollment in Medicare Part B began in 2010, will be able to have an IPPE in 2011, as long as it is done within 12 months of the beneficiary’s initial Medicare Part B enrollment effective date.

Can a separate Evaluation and Management (E/M) service be billed at the same visit as the IPPE?

Medicare payment can be made for a significant, separately identifiable medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201-99215) 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 beneficiary’s illness or injury, or to improve the functioning of a malformed body member.

Who Is Eligible to Receive the IPPE?

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. This is a **one-time** benefit per Medicare Part B enrollee.

Preparing Eligible Medicare Beneficiaries for the IPPE

Providers can help eligible Medicare beneficiaries get ready for their IPPE by encouraging them to come prepared with the following information:

- Medical records, including immunization records;
- Family health history, in as much detail as possible; and
- 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” (ICN 006439)
http://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

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

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

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

Medicare Learning Network® (MLN) Preventive Services Educational Products Website
http://www.cms.gov/MLNProducts/35_PreventiveServices.asp

This educational tool was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This educational tool was prepared as a service to the public and is not intended to grant rights or impose obligations. This educational tool may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2010 American Medical Association. All rights reserved.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN’s web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called ‘MLN Opinion Page’ in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.