



Update to the Initial Preventive Physical Examination (IPPE) Benefit – JA6223

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Implementation Date: January 5, 2009

Key Words	MM6223, CR6223, R1615CP, Initial, Preventive, Physical, Examination, IPPE
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Fiscal Intermediaries (FIs) • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Physicians and providers who submit claims to Medicare Carriers, FIs, and/or A/B MACs for the IPPE provided to Medicare beneficiaries



- Change Request (CR) 6223 announces that effective January 1, 2009, the Centers for Medicare & Medicaid Services (CMS) is expanding coverage for the IPPE benefit.
- The expanded IPPE coverage is subject to certain eligibility and other limitations that allow payment for an IPPE, no later than 12 months (rather than 6 months as previously required) after the date the individual's first coverage period begins under Medicare Part B.
- **This expanded coverage only applies if the IPPE is performed on or after January 1, 2009.**

Changes to the IPPE

Provider Needs to Know...

- Effective for services performed on or after January 1, 2009, the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) changes the IPPE as follows:
 - The deductible for the IPPE is waived;
 - The measurement of body mass index is added as part of the IPPE;
 - The end-of-life planning is added to the IPPE (upon an individual's consent); and
 - The mandatory requirement of the screening EKG is removed. The screening EKG

is optional and is permitted as a one-time screening service as a result of a referral arising out of the IPPE.

Changes to the IPPE Eligibility

- Effective January 1, 2009, the MIPPA of 2008 extends the eligibility period from 6 months after Part B enrollment to 12 months after enrollment.
- Effective for IPPEs performed on or after January 1, 2009, a beneficiary is eligible for the extended IPPE benefits of MIPPA when he/she first enrolls in Medicare Part B and receives the IPPE benefit within the first 12 months of the effective date of the initial Part B coverage period.
- For IPPEs performed on or after January 1, 2009, the Medicare deductible does not apply to the IPPE.
- The waived deductible is applicable to the IPPE (code G0402) only, but the coinsurance still applies. Prior to January 1, 2009, the deductible was not waived.

Billing Requirements

Codes Used to Bill the IPPE

- Effective January 1, 2005, the physician or qualified non-physician practitioner will bill for IPPEs performed **on or before December 31, 2008**, using Healthcare Common Procedure Coding System (HCPCS) code G0344 with one of the following HCPCS codes for the mandatory EKG: G0366, G0367, or G0368.
- Effective January 1, 2009, the screening EKG is billable with HCPCS code(s) G0403, G0404, or G0405, when it is a result of a referral from an IPPE.
- For an IPPE performed during the global period of surgery, providers should refer to Section 30.6.6, Chapter 12 of the *Medicare Claims Processing Manual* for reporting instructions at <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf> on the CMS website.
- The following HCPCS codes have been developed for the IPPE benefit effective January 1, 2009:

HCPCS Code	Short Descriptor
G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	Initial Preventive Exam
G0403: Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	EKG for initial prevent exam
G0404: Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	EKG tracing for initial prev
G0405: Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	EKG interpret & report preve

Professional Claims Processed by Carriers/MACs

- The type of service (TOS) for each of the new codes is as follows:
 - **G0402** TOS = 1
 - **G0403** TOS = 5
 - **G0404** TOS = 5
 - **G0405** TOS = 5
- The HCPCS codes for an IPPE and screening EKG are paid under the Medicare Physician Fee Schedule (MPFS). The appropriate deductible and coinsurance applies to codes G0344, G0366, G0367, G0368, G0403, G0404, and G0405.
- The deductible is waived for code G0402 after January 1, 2009, but the coinsurance still applies.

Institutional Claims Processed by FIs/MACs

- FIs/MACs will pay for code G0402 for the IPPE and code G0404 for the screening EKG, tracing only when those services are submitted on a Type of Bill (TOB) 12X or 13X for hospitals subject to the outpatient prospective payment system (OPPS).
- Codes G0403 and G0405 are not payable under the OPPS. Hospitals not subject to OPPS will be paid under current methodologies.
- For inpatient or outpatient services in hospitals in Maryland, payment is made according to the State Cost Containment System.
- For services performed on a 12X, Indian Health Services (IHS) hospitals, payment is made based on an all-inclusive ancillary per diem rate.
- For services performed on a 13X, IHS hospitals, payment is made based on the all-inclusive rate.
- For services performed on an 85X, IHS critical access hospitals (CAHs), payment is made based on an all inclusive facility specific per visit rate. For other CAHs billing on the 85X, payment is based on reasonable cost.
- For services billed by skilled nursing facilities (SNFs) on the 22X, payment for the technical component of the EKG is based on the MPFS.
- **HCPCS code G0405 is a professional component and is only allowable on 71x, 73x, and 85x (CAH Method II) TOBs.**
- HCPCS code G0404 is a technical component and is only allowable on 12x, 13x, 22x, OR 85x (Method I and II) TOBs.

Rural Health Clinics/Federally Qualified Health Centers Special Billing Instructions

- Payment for the professional services will be made under the all-inclusive rate. Encounters with more than one health professional and multiple encounters with the same health professionals that take place on the same day and at a single location constitute a single visit.

OPPS Hospital Billing

- Hospitals subject to OPPS (TOBs 12X and 13X) must use modifier 25 when billing the IPPE G0344 along with technical component of the EKG (G0367) on the same claim. **The same is true when billing IPPE code G0402 along with the technical component of the screening EKG, code G0404.**

Reporting a Medically Necessary Evaluation and Management (E/M) at Same IPPE Visit

- When the physician or qualified NPP provides a medically necessary E/M service in the same visit as the IPPE, CPT codes 99201 – 99215 may be used depending on the clinical appropriateness of the circumstances. The Current Procedural Terminology (CPT) modifier –25 will be appended to the medically necessary E/M service identifying this service as a significant, separately identifiable service from the IPPE code reported (G0344 or G0402, whichever applies based on the date of service).

Documentation

- Physicians and qualified NPPs are required to use the 1995 and 1997 E/M documentation guidelines to document the medical record with the appropriate clinical information. The guidelines may be reviewed at http://www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp on the CMS website.

Medicare Notices and Messages

Remittance Advice Remark Codes and Claim Adjustment Reason Codes

- Medicare contractors will use the appropriate Remittance Advice Remark Code (N117: "This service is paid only once in a patient's lifetime.") when denying additional claims for an IPPE and/or a screening EKG.
- Medicare contractors will use the appropriate Claim Adjustment Reason Code (149: "Lifetime benefit maximum has been reached for this service/benefit category") when denying additional claims for an IPPE and/or a screening EKG.

Advance Beneficiary Notice (ABN) as Applied to the IPPE

- Effective for beneficiaries whose IPPE is provided on January 1, 2005, through December 31, 2008, an ABN will be issued for all IPPEs conducted after the beneficiary's statutory 6-month period has lapsed.
- Effective for IPPEs performed on or after January 1, 2009, an ABN will be issued for all IPPEs conducted after the beneficiary's statutory 12-month period has lapsed since based on Social Security Act Section 1862(a)(1)(K), Medicare is statutorily prohibited from paying for an IPPE outside the initial 12-month period under the MIPPA of 2008.

Medicare Summary Notices (MSNs)

- When denying additional claims for G0402, Medicare contractors will use MSN message 20.91 ("This service was denied. Medicare covers a one-time initial preventive physical exam (Welcome to Medicare physical exam) if you get it within the first 12
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months of the effective date of your Medicare Part B coverage.").

- When denying additional claims for screening EKG codes **G0403, G0404 and G0405**, contractors will use MSN message 20.12 ("This service was denied because Medicare only covers this service once a lifetime.").

Background

- Pursuant to Section 101 (b) of the MIPPA, CMS is amending Section 410.16 and related regulation provisions of the Code of Federal Regulations.
- Effective January 1, 2009, this expanded coverage is subject to certain eligibility and other limitations that allow payment for an IPPE, also known as the "Welcome to Medicare Visit", not later than 12 months after the date the individual's first coverage period begins under Medicare Part B.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6223.pdf> on the CMS website.

The official instruction (CR6223) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1615CP.pdf> on the CMS website.

The revisions to the *Medicare Claims Processing Manual (Pub. 100-4)*, Chapter 12 (Physician/Non-Physician Practitioners), §30.6.1.1 (Initial Preventive Physical Examination), and §80 (Initial Preventive Physical Examination (IPPE)) are attached to CR6223.