



Related MLN Matters Article #: MM3771

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### *MMA - Clarification for Outpatient Prospective Payment System (OPPS) Hospitals Billing the Initial Preventive Physical Exam (IPPE)*

#### Key Words

OPPS, IPPE, EKG, HCPCS, MM3771, CR3771, G0344, G0366, G0367, G0368, NPP, Part B, CR3638, MM3638, 12X, 13X, MMA, OPPS, PPS

#### Provider Types Affected

Physicians, providers, and suppliers

#### Key Points

- The effective date of instruction is January 1, 2005.
- Medicare will pay for only one IPPE per beneficiary per lifetime.
- The IPPE may be performed not later than 6 months after the individual's first coverage begins under Medicare Part B.
- The total IPPE service includes an Electrocardiogram (EKG), but the EKG performed as a component of the IPPE will be billed separately with its own unique Healthcare Common Procedure Coding System (HCPCS) code(s).
- The following new HCPCS codes have been developed for the IPPE benefit:
  - **G0344: Initial preventive physical examination**; face-to-face visit, services limited to new beneficiary during the first 6 months of Medicare enrollment
  - **G0366: Electrocardiogram, routine EKG with 12 leads**; performed as a component of the initial preventive examination **with interpretation and report**
  - **G0367: EKG tracing only, without interpretation and report**, performed as a component of the initial preventive examination

- **G0368: EKG interpretation and report only**, performed as a component of the initial preventive examination
- If the EKG performed as a component of the IPPE is not performed by the primary physician or qualified Non-Participating Provider (NPP) during the IPPE visit, another physician or entity may perform and/or interpret the EKG.
- The referring provider needs to make sure the performing provider bills the appropriate G code for the screening EKG, and not a CPT code in the 93000 series.
- Both the IPPE and the EKG should be billed in order for the beneficiary to receive the complete IPPE service.
- If the same physician or NPP needs to perform an additional medically necessary EKG in the 93000 series on the same day as the IPPE, the provider should report the appropriate EKG CPT code(s) with modifier 59, indicating that the EKG is a distinct procedural service.
- The instructions for billing the IPPE, released in CR 3638, Transmittal 417, dated December 22, 2004, failed to take into account an existing hospital Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) edit.
- Hospitals that are subject to OPPS, TOBs 12X and 13X, must use modifier 25 when billing the IPPE HCPCS code G0344, along with the technical component of the ECG, HCPCS code G0367, on the same claim.

### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3771.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R516CP.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R417CP.pdf>

<http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>

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