



INITIAL PREVENTIVE PHYSICAL EXAMINATION



Target Audience:
Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Medicare Coverage of Physical Exams—Know the Differences

Initial Preventive Physical Examination (IPPE)

Review of medical and social health history, and preventive services education

- ✓ Covered only once, within 12 months of Part B enrollment
- ✓ Patient pays nothing (if provider accepts assignment)

Annual Wellness Visit (AWV)

Visit to develop or update a personalized prevention plan, and perform a health risk assessment

- ✓ Covered once every 12 months
- ✓ Patient pays nothing (if provider accepts assignment)

Routine Physical Examination (See Section 90)

Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury

- ✗ Not covered by Medicare; prohibited by statute
- ✗ Patient pays 100% out-of-pocket

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TABLE OF CONTENTS

Components of the IPPE	3
IPPE Coding, Diagnosis, and Billing	5
Coding.....	5
Diagnosis	5
Billing.....	5
FREQUENTLY ASKED QUESTIONS (FAQs)	6
What are the other Medicare Part B preventive services?.....	6
Is the IPPE the same as a beneficiary’s yearly physical?	7
Are clinical laboratory tests part of the IPPE?.....	7
Do deductible or coinsurance/copayment apply for the IPPE?	7
If a beneficiary enrolls in Medicare in 2017, can he or she have the IPPE in 2018 if it was not performed in 2017?	7
Resources	8

The IPPE is also known as the “Welcome to Medicare” preventive visit. The goals of the IPPE are health promotion, disease prevention, and detection.

Medicare pays for one beneficiary IPPE per lifetime not later than the first 12 months after the beneficiary’s eligibility date for Medicare Part B benefits.

This booklet explains the elements in the IPPE. You must provide all components of the IPPE prior to submitting a claim for the service.

NOTE: The IPPE is a separate service from the AWW. For more information about the AWW, refer to the Medicare Learning Network’s® (MLN’s) [Annual Wellness Visit](#) booklet.

COMMUNICATION AVOIDS CONFUSION

As a doctor or other health care provider, you may recommend patients get services more often than Medicare covers, including through the IPPE, or you may recommend services that Medicare doesn’t cover. If this happens, please ensure the patient understands they may have to pay some or all of the costs. Communication is key, so patients understand why you are recommending certain services and whether Medicare pays for them.

COMPONENTS OF THE IPPE

Action	Elements
1. Review the beneficiary’s medical and social history	<p>At a minimum, collect information about:</p> <ul style="list-style-type: none"> • Past medical and 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 beneficiary’s family, including conditions that may be hereditary or place the beneficiary at risk) • History of alcohol, tobacco, and illicit drug use • Diet • Physical activities • We encourage providers to pay close attention to opioid use during this part of the IPPE, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk. <p>Refer to the CMS Roadmap to Address the Opioid Epidemic fact sheet for more information on combating opioid misuse.</p> <p>For more information about Medicare Coverage of Substance Abuse Services and mental health services, refer to the MLN’s Screening, Brief Intervention, and Referral to Treatment (SBIRT) booklet.</p>

Action	Elements
2. Review the beneficiary's potential risk factors for depression and other mood disorders	Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose. For more information, refer to the Depression section on the Substance Abuse and Mental Health Services Administration–Health Resources and Services Administration's Screening Tools website.
3. Review the beneficiary's functional ability and level of safety	Use appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas: <ul style="list-style-type: none"> • Activities of daily living • Fall risk • Hearing impairment • Home safety
4. Exam	Obtain the following: <ul style="list-style-type: none"> • Height, weight, body mass index, and blood pressure • Visual acuity screen • Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards
5. End-of-life planning, on beneficiary agreement	End-of-life planning is verbal or written information provided to the beneficiary about: <ul style="list-style-type: none"> • The beneficiary's ability to prepare an advance directive in case an injury or illness causes them to be unable to make health care decisions • If you are willing to follow the beneficiary's wishes expressed in an advance directive
6. Educate, counsel, and refer based on the previous five components	Based on the results of the review and evaluation services in the previous components, provide appropriate education, counseling, and referral.
7. Educate, counsel, and refer for other preventive services	Includes a brief written plan, such as a checklist, for the beneficiary to obtain: <ul style="list-style-type: none"> • A once-in-a-lifetime screening electrocardiogram (EKG/ECG), as appropriate • The appropriate screenings and other preventive services Medicare covers including the Annual Wellness Visit

IPPE CODING, DIAGNOSIS, AND BILLING

Coding

Use the following HCPCS codes to file claims for the IPPE and screening ECG.

IPPE HCPCS Codes and Descriptors

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
G0468*	Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

* For more information on how to bill HCPCS G0468 refer to the [Medicare Claims Processing Manual, Chapter 9, Section 60.2](#).

Diagnosis

You must report a diagnosis code when submitting a claim for the IPPE. Since you are not required to document a **specific** diagnosis code for the IPPE, you may choose any diagnosis code consistent with the beneficiary's exam.

Billing

Medicare covers an IPPE when performed by a:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist)

When you furnish a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service along with the IPPE, Medicare may pay for the additional service. Report the additional Current Procedural Terminology (CPT) code (99201–99215) 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.

FREQUENTLY ASKED QUESTIONS (FAQs)

What are the other Medicare Part B preventive services?

- Advance Care Planning (ACP) as an Optional Element of an AWW
- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit (AWV)
- Bone Mass Measurements
- Cardiovascular Disease Screening
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Hepatitis C Virus (HCV) Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit
- Intensive Behavioral Therapy (IBT) for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Hepatitis B Virus (HBV) Infection
- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs

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- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Visit the MLN's [Preventive Services Educational Tool](#) for additional information on each Medicare preventive service.

Is the IPPE the same as a beneficiary's yearly physical?

No. The IPPE is not a routine physical that some older adults may get periodically from their physician or other qualified non-physician practitioner. The IPPE is an introduction to Medicare and covered benefits and focuses on health promotion and disease prevention and detection to help beneficiaries stay well. CMS encourages providers to inform beneficiaries about the Annual Wellness Visit and perform such visits. **The Social Security Act (SSA) explicitly prohibits Medicare coverage for routine physical examinations.**

Are clinical laboratory tests part of the IPPE?

No. The IPPE does not include any clinical laboratory tests, but you may make appropriate referrals for such tests as part of the IPPE.

Do deductible or coinsurance/copayment apply for the IPPE?

No. Medicare waives both the coinsurance/copayment and the Medicare Part B deductible for the IPPE (HCPCS code G0402). Neither is waived for the screening ECG (HCPCS codes G0403, G0404, or G0405).

If a beneficiary enrolls in Medicare in 2017, can he or she have the IPPE in 2018 if it was not performed in 2017?

A beneficiary who has not yet had an IPPE and whose initial enrollment in Medicare Part B began in 2017 is eligible for an IPPE in 2018 as long as it is done within 12 months of the beneficiary's first Medicare Part B enrollment effective date.

CMS suggests providers check with their Medicare Administrative Contractor (MAC) for options that are available to verify beneficiary eligibility. [Contact your MAC](#) for more information.

RESOURCES

The [Medicare Preventive Services webpage](#) lists educational products for Medicare Fee-For-Service providers and their staff about preventive services, coverage, coding, billing, payment, and claim filing procedures.

IPPE Resources

Resource	Website
42 Code of Federal Regulations 410.16 (policy governing IPPE service)	eCFR.gov/cgi-bin/text-idx?SID=36118cf6acf7b03ff0dbd7d0e2814720&mc=true&node=pt42.2.410&rgn=div5#se42.2.410_116
CMS Provider Minute: Preventive Services (pointers to help you submit correct documentation and avoid claim denials)	Youtube.com/watch?v=-tuMWM4KeZg&feature=youtu.be&list=PLaV7m2-zFKpigb1UvmCh1Q2cBK1SGk-V
Medicare Benefit Policy Manual, Chapter 15	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 9, Section 60.2	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf
Medicare Claims Processing Manual, Chapter 12 Section 30.6.1.1 Section 30.6.6 Section 100.1.1.C	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
Medicare Claims Processing Manual, Chapter 18, Section 80	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Diabetes Prevention Program (MDPP) Expanded Model	Go.CMS.gov/MDPP
MLN Matters® Article MM9271, Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf
MLN Matters Article SE1338, Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf
MLN Matters Articles on Medicare-covered Preventive Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf

IPPE Resources (cont.)

Resource	Website
Preventive Services Educational Tool	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319.html
Reducing Opioid Misuse	CMS.gov/about-cms/story-page/reducing-opioid-misuse.html

Hyperlink Table

Embedded Hyperlink	Complete URL
Annual Wellness Visit	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html
CMS Roadmap to Address the Opioid Epidemic	https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf
Contact Your MAC	http://go.cms.gov/MAC-website-list
Depression Section	https://www.integration.samhsa.gov/clinical-practice/screening-tools#depression
Initial Preventive Physical Examination	https://www.ecfr.gov/cgi-bin/text-idx?SID=36118cf6acf7b03ff0dbd7d0e2814720&mc=true&node=p42.2.410&rqn=div5#se42.2.410_116
Medicare Claims Processing Manual, Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf
Medicare Coverage of Substance Abuse Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf
Medicare Preventive Services Webpage	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo

Hyperlink Table (cont.)

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Preventive Services Educational Tool	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319.html
Routine Physical Examination	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html

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