

Medicare Preventive Services National Provider Call: The Initial Preventive Physical Exam and the Annual Wellness Visit

March 28, 2012

Today's Panel of Experts

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Introduction



Initial Preventive Physical Examination (IPPE)

Also known as the
“Welcome to Medicare”
Preventive Visit



Background

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- Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

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Beneficiary Eligibility and Frequency

- One-time visit
- Covered within the first 12 months of Medicare Part B enrollment

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Who Can Furnish the IPPE?

- Physician (doctor of medicine or osteopathy)
- Qualified non-physician practitioner, which includes a:
 - Physician assistant
 - Nurse practitioner
 - Clinical nurse specialist

Incident to Other Services Overview

- In a non-institutional setting, under §1861(s)(2)(a), Medicare may pay for services and supplies that are furnished incident to a physician's or other practitioner's services, are commonly included in the physician's or practitioner's bills, and for which payment is not made under a separate benefit category listed in the Act.
- Contractors may not apply incident to requirements to services having their own benefit category. These services should meet the requirements of their own benefit category.
- The IPPE has its own benefit categories under §1861(ww).
- The conditions for payment of incident to services do not apply to the IPPE.
- Physicians and practitioners must meet the requirements specific to the IPPE to bill for this service. The IPPE will be paid at the appropriate physician fee schedule amount based on the rendering National Provider Identification (NPI) number.

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What is Included in the IPPE?

- Review of medical and social history
- Review of potential (risk factors) for depression
- Review of functional ability and level of safety
- Measurement of height, weight, body mass index, blood pressure, visual acuity screen, and other factors deemed appropriate
- Discussion of end-of-life planning, upon agreement of the individual
- Education, counseling and referrals based on results of review and evaluation services performed during the visit, including a brief written plan such as a checklist, and if appropriate, education counseling and referral for obtaining an electrocardiogram (a.k.a. EKG, ECG)

How to Code

Code G0402 must be used to report the IPPE. The various components of the IPPE previously described on slide 9 must be provided and documented in a beneficiary's medical record during the IPPE.

Who can bill for the IPPE?

- These services typically are provided in a physician office. When the services are provided in a facility, the following institutions can bill:
- Hospitals for inpatients (TOB 12X) and outpatients (TOB 13x)
- Skilled Nursing Facilities for inpatients (TOB 22X)
- Rural Health Centers (TOB 71X)
- Federally Qualified Health centers (TOB 77X)
- Critical Access Hospitals (TOB 85X)

Diagnosis Coding

Kathleen Kersell

- Although a diagnosis code must be reported on the claim, there are no specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are required for the IPPE
- Medicare providers should choose an appropriate ICD-9-CM diagnosis code
 - For example, diagnosis code V70.0, V70.3, or V70.9 could be considered an acceptable diagnosis as well as any other valid, appropriate diagnosis code

ICD-9-CM Notice

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

Frequency

How often can the IPPE and the screening EKG be performed?

Kathleen Kersell

- The IPPE (G0402) is a one-time benefit that must be provided within 12 months of the effective date of a beneficiary's Medicare Part B coverage
- The screening EKG (G0403, G0404, G0405), when done as a referral from an IPPE, is also only covered once during a beneficiary's lifetime

Frequency of EKG

Screening EKG for an IPPE and diagnostic EKG performed on the same day

- A diagnostic EKG cannot be performed on the same day as the screening EKG for the IPPE unless it is medically necessary
- If a diagnostic EKG performed on the same day as codes G0403, G0404, or G0405 is deemed medically necessary, then the diagnostic EKG must be billed with modifier 59

Coinsurance & Deductible

Kathleen Kersell

- Effective for dates of services on or after January 1, 2011, the coinsurance or copayment and deductible are waived for the IPPE (G0402) only
- However, the deductible and coinsurance still applies to the screening EKG (G0403, G0404, and G0405)

IPPE-Related Screening for Abdominal Aortic Aneurysm (AAA)

Kathleen Kersell

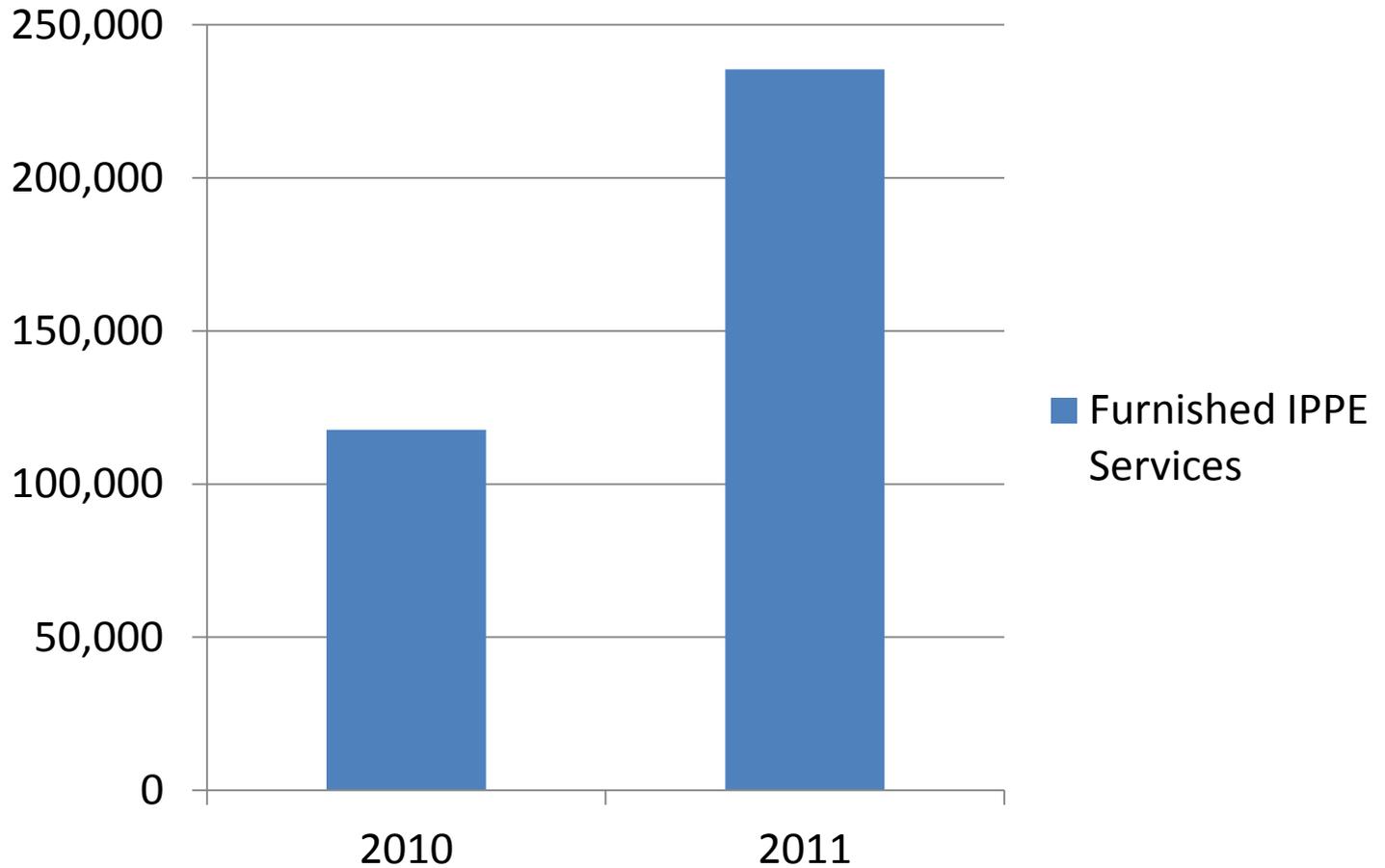
- A one-time only ultrasound screening for an Abdominal Aortic Aneurysm (AAA) can be done as the result of a referral from an IPPE for Medicare beneficiaries with certain risk factors
- The code for billing the AAA ultrasound screening is below:
 - G0389 – Ultrasound, B-scan and or real time with image documentation; AAA screening

IPPE-Related Screening for Abdominal Aortic Aneurysm (AAA)

Kathleen Kersell

- Effective for dates of services on or after January 1, 2011, the coinsurance or copayment and deductible are waived for the AAA ultrasound screening (G0389)
- For more information on the AAA ultrasound screening done as the result of a referral from an IPPE, please see the CMS Internet-Only Manual Pub. 100-04, chapter 18, section 110 on the CMS web site at: <http://www.cms.gov/manuals/downloads/clm104c18.pdf>

IPPE Utilization Doubles



Stephanie Frilling

The IPPE is a Preventive Visit and not a Routine Physical Examination

- The IPPE is a dedicated preventive visit where a beneficiary and their health care provider may discuss a beneficiary's health status and maximize the preventive services that are available to Medicare beneficiaries
- The IPPE is not a head to toe physical examination

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Opportunity for Preventive Education and Counseling Services

- The IPPE is best furnished to a beneficiary when their health status is stable and they are open to discussing preventive and screening services available in Medicare

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Preparing Beneficiaries for the IPPE

- Providers should encourage a beneficiary to bring a list of all current health providers, medications and supplements, discuss treatments, and review and update their medical history, including preventive screenings schedules

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Evaluation and Management Services

- Medicare allows for payment of medically necessary Evaluation and Management Services (E/M services) that are furnished during the same visit as the IPPE
 - When E\M services are clinically appropriate Modifier 25 (Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) shall be appended to the claim line for the E/M service furnished from CPT code range 99201 through 99215
 - Cost sharing will apply to the E/M service

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Other Preventive Services

- The IPPE does not include other preventive services that are currently covered and paid under section 1861 of the Social Security Act
- But, we believe preventive services furnished in the same visit as the IPPE to be both appropriate and convenient for the beneficiary
- Like the IPPE, Section 4104 of the Affordable Care Act also waives cost sharing for many preventive services that Medicare covers

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Non-covered Preventive Services

- Medicare non-covered preventive services may also be billed with an IPPE visit
 - The provider may issue an Advanced Beneficiary Notice (ABN) to notify the patient that payment for the additional non-covered preventive services will fall to the beneficiary
 - All of the service elements of the IPPE exam must be furnished in order to bill Medicare for the IPPE

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Physician Fee Schedule (PFS) Payment Rates for G0402

2012 National Payment Rates

- Medicare Non-facility Payment \$155.89
- Medicare Facility Payment \$123.90

Physician Fee Schedule Look Up Tool

- Link – <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

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Need More Information?

Medicare Learning Network® (MLN) Products

Quick Reference Information: The ABCs of Providing the Initial Preventive Physical

Examination http://www.CMS.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

The Guide to Medicare Preventive Services, Chapter 1

http://www.CMS.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

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Manual References

Claims Processing Manual

Pub. 100-04, Chapter 18, Section 80

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

and

Chapter 12, Section 30.6.1.1 <http://www.cms.gov/manuals/downloads/clm104c12.pdf>.

Annual Wellness Visit (AWV) Overview and Changes for 2012



Background

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- Affordable Care Act – Section 4103
- Regulations - 42 CFR 410.15
- Effective January 1, 2011
- CY 2012 Physician Fee Schedule

Beneficiary Eligibility and Frequency

- Beneficiary has had Part B for longer than 12 months.

NOTE: If the beneficiary received an IPPE – eligible for AWV 12 months following the IPPE.

- Frequency: Available once every 12 months.

Who Can Furnish an AWWV?

- A “health professional” meaning a:
 - Physician
 - Physician assistant
 - Nurse practitioner
 - Clinical nurse specialist
 - Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician

Incident to Other Services Overview

- In a non-institutional setting , under §1861(s)(2)(a), Medicare may pay for services and supplies that are furnished incident to a physician's or other practitioner's services, are commonly included in the physician's or practitioner's bills, and for which payment is not made under a separate benefit category listed in the Act.
- Contractors may not apply incident to requirements to services having their own benefit category. These services should meet the requirements of their own benefit category.
- The AWW has its own benefit categories under §1861(hhh).
- The conditions for payment of incident to services do not apply to the AWW.
- Physicians and practitioners must meet the requirements specific to the AWW to bill for this service. The AWW will be paid at the appropriate physician fee schedule amount based on the rendering NPI number.

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First Annual Wellness Visit

- Health risk assessment
- Medical/family history
- List of current providers/suppliers
- blood pressure, height, weight, and other routine measurements
- Detection of any cognitive impairment
- Review potential (risk factors) for depression, functional ability, and level of safety
- Establishment of:
 - Written screening schedule (such as a checklist) for the next 5-10 years
 - List of risk factors and conditions where interventions recommended
- Personalized health advice and referrals for health education and preventive counseling

Subsequent Annual Wellness Visits

- Updated health risk assessment
- Update of medical/family history
- Update of list of current providers/suppliers
- blood pressure, weight, and other routine measurements
- Update to:
 - Written screening schedule
 - List of risk factors and conditions where interventions are recommended
- Personalized health advice and referrals for health education and preventive counseling

Changes for 2012

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Health Risk Assessment (HRA)

- Collects self-reported information known to the beneficiary
- Can be administered by beneficiary or health professional before, or as part of, the annual wellness visit
- Takes no more than 20 minutes to complete

Changes for 2012

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HRA

- Addresses the following topics:
 - Demographic data
 - Self assessment of health status
 - Psychosocial risks
 - Behavioral risks
 - Activities of daily living and instrumental activities of daily living

Preparing Beneficiaries for the AWW

- Medicare beneficiaries are encouraged to come prepared with the following information:
 - Medical records, including immunization records
 - Family health history, in as much detail as possible
 - A full list of medications and supplements, including calcium and vitamins, how often and how much of each is taken
 - A full list of current providers and suppliers involved in providing care

How to Code

The following G-codes identify the AWV for Medicare payment:

- **G0438** (Annual wellness visit, including Personalized Prevention Plan Service (PPPS), first visit), and
- **G0439** (Annual wellness visit, including PPPS, subsequent visit).

Who can bill for the AWV?

These services typically are provided in a physician office. When the services are provided in a facility, the following institutions can bill:

- Hospital inpatients (TOB 12X) and outpatients (TOB 13x)
- Skilled Nursing Facilities inpatients (TOB 22X) and outpatients (23X)
- Rural Health Centers (TOB 71X)
- Federally Qualified Health centers (TOB 77X)
- Critical Access Hospitals (TOB 85X)

Note: Medicare makes a single fee schedule payment for a beneficiary's AWV when provided in a physician office or hospital outpatient department

Diagnosis Coding

- Although a diagnosis code must be reported on the claim, there are no specific ICD-9-CM diagnosis codes that are required for the AWW
- Medicare providers should choose an appropriate ICD-9-CM diagnosis code
 - For example, diagnosis code V70.0, V70.3, or V70.9 could be considered an acceptable diagnosis as well as any other valid, appropriate diagnosis code

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Frequency

How often can the AWV be performed?

- First visit (G0438)- once in a lifetime
- Subsequent (G0439)- annually (after 11 full months have passed since the last AWV)

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Frequency of EKG

- Medicare Contractors may perform a medically necessary diagnostic EKG on the same day as an Annual Wellness Visit (G0438 or G0439) is performed
- Previously, some claims for a diagnostic EKG performed on the same day as the AWW may have been denied because the diagnostic EKG and the AWW were performed on the same day
- Now, claims processing changes have been made to allow payment
- Providers who were denied payment for a medically necessary diagnostic EKG because it was performed on the same day as an AWW may make a request to the Medicare claim processing contractor asking that the denied claim be adjusted for payment

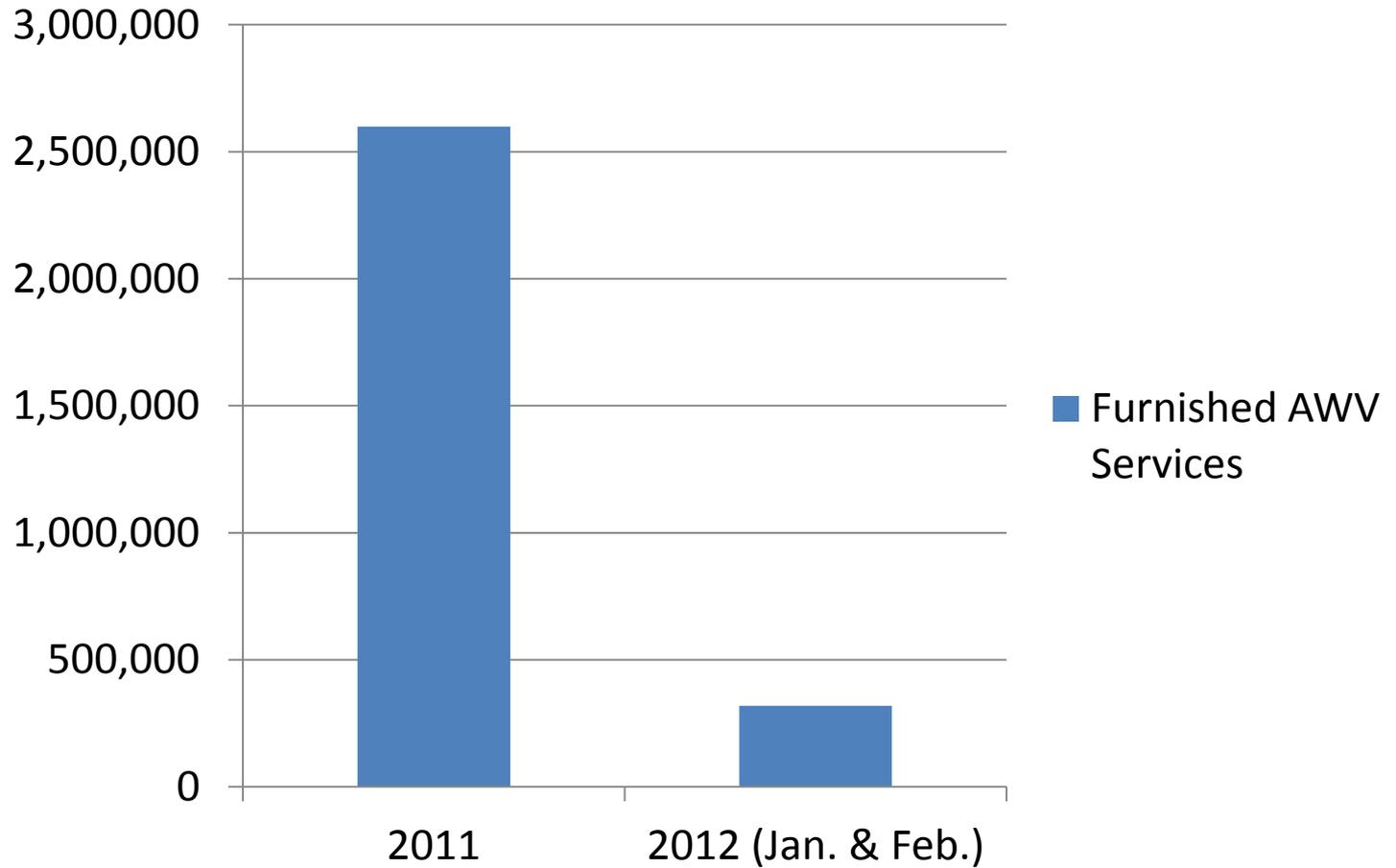
Thomas Dorsey

Coinsurance & Deductible

- Effective for dates of services on or after January 1, 2011
- Copayment or coinsurance and the Medicare Part B deductible are waived for the AWV (G0438 and G0439)

Thomas Dorsey

AWV Utilization



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The AWV is a Preventive Visit and not a Routine Physical Examination

- The AWV is a yearly dedicated preventive visit where a beneficiary and their health care provider may discuss a beneficiary's health status and maximize the preventive services that are available to Medicare beneficiaries
- Like IPPE, the AWV is not a head to toe physical examination

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Opportunity for Preventive Education and Counseling Services

- The AWW is best furnished to a beneficiary when their health status is stable and they are open to discussing preventive and screening services available in Medicare
- Providers shall encourage a beneficiary to complete the HRA prior the yearly AWW visit
- If the beneficiary is unable to complete the HRA, providers shall assist beneficiaries in completing the assessment during the AWW visit

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Evaluation and Management Services

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Other Preventive Services

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- Medicare non-covered preventive services may also be billed with an AWW visit
 - The provider may issue an ABN to notify the patient that payment for the additional non-covered preventive services will fall to the beneficiary
 - All of the service elements of the AWW exam must be furnished in order to bill Medicare

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PFS Payment Rates for AWW Services

2012 National Payment Rates

- G0438 (AWV, initial visit)
 - Medicare Non-facility Payment \$155.89
- G0439 (AWV, subsequent visit)
 - Medicare Non-facility Payment \$110.96

Physician Fee Schedule Look Up Tool

- Link – <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

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Need More Information?

MLN Products

Quick Reference Information: The ABCs of Providing the Annual Wellness Visit

http://www.CMS.gov/MLNProducts/downloads/AWV_Chart_ICN905706.pdf

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MM7079: Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)

<http://www.cms.gov/MLNMattersArticles/downloads/MM7079.pdf>

The Guide to Medicare Preventive Services, Chapter 4

http://www.CMS.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

Need More Information?

Manual References

Medicare Benefit Policy Manual

Publication 100-02, Chapter 15, Section 280.5

<http://www.cms.gov/manuals/downloads/bp102c15.pdf>

Medicare Claims Processing Manual

Publication 100-04, Chapter 12, Section 30.6.1.1

<http://www.cms.gov/manuals/downloads/clm104c12.pdf>

Chapter 18, Section 140

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

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Need More Information?

For Health Professionals:

MLNMatters Article

- <http://www.cms.gov/MLNMattersArticles/Downloads/MM7079.pdf>

A Framework for Patient-Centered Health Risk Assessments (Centers for Disease Control and Prevention)

- <http://www.cdc.gov/policy/opth/hra>

For Beneficiaries:

General Preventive Services Resources

- <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>

Your Guide to Medicare's Preventive Services

- <http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf>

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Learn More About Medicare-Covered Preventive Services

General preventive services resources for healthcare professionals from the Medicare Learning Network® (MLN)

The Guide to Medicare Preventive Services

http://www.CMS.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

MLN Preventive Services Products Page

http://www.cms.gov/MLNProducts/35_PreventiveServices.asp

The CMS Prevention Website

<http://www.cms.gov/PrevntionGenInfo>

Continuing Education Information

- Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC), the American Health Information Management Association (AHIMA), and the American Medical Billing Association (AMBA) for participation in certain CMS National Provider Calls
- Visit the FFS National Provider Calls Continuing Education Credit Notification webpage at http://www.cms.gov/NPC/20_CEC_Notification.asp for more details.

Questions?

Email your questions to
PreventionNPC@cms.hhs.gov



Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!

