In General...

- The information in this presentation is timely and accurate to the best of our ability.

- This program, however, by its nature is known to put audience members to sleep or cause a dazed appearance.

- While nodding off during the presentation is acceptable, drooling will not be tolerated.
Medicare Preventive Services

- Preventive Visits
  - Initial Preventive Physical Exam (IPPE)
  - Annual Wellness Visit
- Other Preventive Services
  - Existing Benefits
  - How new benefits are added

Annual Wellness Visit **NOT** Annual Physical

- Medicare does not cover annual physicals
- AWV is intended to be a risk assessment and risk prevention tool
- Medicare is attempting to correct beneficiary expectations that an exam is included in an AWV
Preventive Medicine - Medicare

Initial Preventive Physical Exam (IPPE)
G0402

- May be performed by:
  - Physician – MD/DO
  - A physician assistant, nurse practitioner, or clinical nurse specialist (NPP)
- Still applies to beneficiaries during the first year of coverage
- Covered once during the 1st 12 months of coverage
  - Must include BMI, end-of-life planning

IPPE requirements

1. Review of Individual’s Medical and Social History
2. Review of Individual’s Potential (Risk Factors) for Depression and Other Mood Disorders
3. Review of Individual’s Functional Ability and Level of Safety
4. Screening Eye exam (Snellen, etc.)
5. A Physical Examination (as clinically indicated)
6. Performance AND Interpretation of an EKG (only when medically indicated)
7. Education, Counseling, and Referral Based on the Previous Five Components
8. Education, Counseling, and Referral for Other Preventive Services
   - Must provide patient with written plan (checklist) for other preventive services that are covered by Medicare.
AWV Coverage Requirements

- Performed by a health professional
  - Physician MD/DO
  - A physician assistant, nurse practitioner, or clinical nurse specialist (NPP)
  - A medical professional (including a health educator, registered dietitian, or nutrition professional or other licensed practitioner) or a team of such medical professionals, working under the direct supervision
- Furnished to an eligible beneficiary
  - No longer within 12 months after the effective date of his/her first Medicare Part B coverage period (IPPE is covered during this period),
  - Has not received either an IPPE or an AWV providing PPPS within the past 12 months. (11 full months from DOS)

Initial AWV - Requirements

1. Review of medical and family history, including medications
2. List of current care by other healthcare providers
3. Measurement of height, weight, blood pressure, and body-mass index and other routine measurements based upon medical and family history
4. Health Risk Assessment (HRA)
   New Definition for 2012
   - Sample just published by the CDC
     (http://www.cdc.gov/policy/opth/hra/FrameworkForHRA.pdf)
Initial AWV – Requirements
4. Health Risk Assessment (HRA) Goals

- Collects self-reported information about the beneficiary.
- Can be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter.
- Is appropriately tailored to and takes into account the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs.
- Takes no more than 20 minutes to complete.

Initial AWV – Requirements
4. HRA Requirements

- Addresses, at a minimum, the following topics:
  - Demographic data, including but not limited to age, gender, race, and ethnicity.
  - Self-assessment of health status, frailty, and physical functioning.
  - Psychosocial risks, including but not limited to depression/life satisfaction, stress, anger, loneliness/social isolation, pain, or fatigue.
  - Behavioral risks, including but not limited to tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual practices, motor vehicle safety (seat belt use), and home safety.
  - Activities of daily living (ADLs), including but not limited to dressing, feeding, toileting, grooming, physical ambulation (including balance/risk of falls), and bathing.
  - Instrumental activities of daily living (IADLs), including but not limited to shopping, food preparation, using the telephone, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances.
Initial AWV – Requirements

4. HRA Example

**Physical Activity**

In the past 7 days, how many days did you exercise?

______ days

On days when you exercised, for how long did you exercise (in minutes)?

______ minutes per day

☐ Doesn’t apply

How intense was your typical exercise?

☐ Light (like stretching or slow walking)

☐ Moderate (like brisk walking)

☐ Heavy (like jogging or swimming)

☐ Very heavy (like fast running or stair climbing)

☐ I am currently not exercising

*Per CDC Framework*

---

Initial AWV - Requirements

5. Establishment of the following:

- Set up a schedule for Medicare’s screening and preventive services for the next 5 to 10 years – Personal Prevention Plan (PPP)

- Any other advice or referral services that may help intervene and treat potential health risks. – PPP

6. Furnishing of personalized health advice to the individual and a referral, as appropriate:

- to reduce health risks and

- promote self-management and wellness,

  - including weight loss,
  - physical activity,
  - smoking cessation,
  - fall prevention,
  - nutrition.
Subsequent AWV - Requirements

- Same as initial – need to update
- No Need to:
  - Do a depression risk assessment
  - Do a functional/safety assessment

AWV Coding and Reimbursement

Annual Wellness Visits (AWV) with Personal Prevention Plan (PPP)

**G0438**: AWV, PPP, 1st visit
- 2011 RVU 4.74
- 2012 RVU 4.99

**G0439**: AWV, PPP, subsequent visit
- 2011 RVU 3.16
- 2012 RVU 3.26

- Use -25 modifier if a separately identifiable E/M service provided on the same day
- RHC/FQHC’s must report specific code so deductible not applied (only one visit reimbursed)
- No facility component – professional only code
The Sticky Wicket

Who’s Going to Perform the AWV’s in Your Office?

Things to Consider When Deciding How to Schedule AWV’s

- CMS expects the typical initial AVW to take 60 mins
- No physical exam required
- Intended to be risk assessment
- May be performed by licensed provider (RN, LPN, RD, etc. does not include MA)
- Patients may have expectation of physical and discussion of problems if seen by physician/NPP
- Do you have time in your physician/NPP’s schedules for these visits
Consider Using clinical staff to provide AWV

- Must have a physician/NPP in the office when service is rendered. (Service must be billed under the supervising provider)
- Manage Expectations - Patients must be educated that visit is for risk assessment and prevention and will not be with a provider
  - Consider letter explaining process to patients
- If patients have medical concerns schedule an additional visit with the provider separate from AWV
  - AWV will be in nurse schedule and problem visit in providers schedule

Depression Screening

G0444: annual depression screening, 15 minutes

- Effective 10/14/11
- Covered in Primary Care setting only
  - Must have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up
  - Covered POS: Office, Hospital Clinic, RHC, FQHC, Independent Clinic, Public Health Clinic
- At minimum:
  - Clinical staff (e.g., nurse, Physician Assistant)
  - Must be able advise the physician of screening results and facilitate and coordinate referrals to mental health treatment
- Covered annually

Reference: MLN Matters® Number: MM7637
Alcohol Misuse

- Coverage effective 10/14/11
- Must be of the following specialties:
  - 01-General Practice, 08-Family Practice, 11-Internal Medicine, 16-Obstetrics/Gynecology, 37-Pediatric Medicine, 38-Geriatric Medicine, 42-Certified Nurse Midwife, 50-Nurse Practitioner, 89-Certified Clinical Nurse Specialist, 97-Physician Assistant
- Allowed in the following POS:
  - Office, Outpatient Hospital, Independent Clinic, Public Health Clinic

G0442: Annual Alcohol Misuse Screening, 15 minutes
- Per the USPSTF: alcohol misuse includes risky/hazardous and harmful drinking which place individuals at risk for future problems; and in the general adult population, risky or hazardous drinking is defined as >7 drinks per week or >3 drinks per occasion for women, and >14 drinks per week or >4 drinks per occasion for men. Harmful drinking describes those persons currently experiencing physical, social or psychological harm from alcohol use, but who do not meet criteria for dependence.

Alcohol Misuse - Counseling

- G0443: Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes (up to 4 per year)
- For patients who screened positive
  - who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance, withdrawal symptoms, impaired control, preoccupation with acquisition and/or use, persistent desire or unsuccessful efforts to quit, sustains social, occupational, or recreational disability, use continues despite adverse consequences); and,
  - who are competent and alert at the time that counseling is provided; and,
  - whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.
Alcohol Misuse - Counseling

Each of the four behavioral counseling interventions must be consistent with the 5As approach that has been adopted by the USPSTF to describe such services:

1. **Assess**: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise**: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree**: Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. **Assist**: Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. **Arrange**: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Intensive Behavioral Therapy for Obesity

- Decision Memo (CAG-00423N) published 11/29/11
- Codes not assigned yet
- Consist of:
  - Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m²);
  - Dietary (nutritional) assessment; and
  - Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.
Is the Annual Wellness Visit (AWV) the same as a beneficiary's yearly physical?

No, this visit is a preventive wellness visit and not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

CMS FAQs: Answer ID 10671

Who can perform the Annual Wellness Visit (AWV)?

The Annual Wellness Visit (AWV) must be furnished by a health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.

CMS FAQs: Answer ID 10669
Can a separate Evaluation and Management (E/M) service be billed at the same visit as the Annual Wellness Visit (AWV)?

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 AWV 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.

CMS FAQs: Answer ID 10674

If a provider completes the requirements of the Annual Wellness Visit (AWV) and also completes a comprehensive, noncovered by Medicare, physical exam (at the patient's request) how will CMS address the overlap between these services and bill the beneficiary accordingly?

Noncovered preventive services, including Evaluation and Management (E/M) services, may be furnished with an Annual Wellness Visit (AWV). However, we would hope that the provider would notify the patient that the additional services are noncovered by Medicare and that the payment for the additional noncovered preventive services will fall to the beneficiary. We further note that noncovered E/M preventive services will have substantial overlap with the service elements furnished in the AWV and that practitioners are responsible for billing appropriately when providing additional noncovered E/M preventive services in conjunction with an AWV.

CMS FAQs: Answer ID 10801
If a provider completes the *Annual Wellness Visit* (AWV) and a comprehensive, noncovered by Medicare, physical exam, can the provider elect not to bill the patient for the noncovered service?

CMS does not require providers to submit claims for noncovered services provided to a patient, at no charge. However, CMS notes that the decision on whether or not to charge a patient for noncovered Medicare services is at the discretion of each provider.

CMS FAQs: Answer ID 10802

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Is the provider required to give the patient anything in writing as a result of the *Initial Preventive Physical Examination (IPPE)* or *Annual Wellness Visit (AWV)* - such as a checklist? Can this be provided in the electronic health record as long as the patient is made aware?

For the Initial Preventive Physical Examination (IPPE) - We acknowledge that physicians or qualified NPPs may have an alternative mechanism in place to ensure that beneficiaries receive recommended screening and other preventive services that does not provide for a written plan to be provided to the beneficiary. However, the intent of the written plan requirement is to promote and encourage beneficiary participation in the health care by making them aware, briefly in writing of the screening and prevention services for which they are entitled under the Medicare Part B program.

For the *Annual Wellness Visit* (AWV) - CMS is taking this question under consideration, but is not able to respond at this time since we are in the middle of the rulemaking process.

CMS FAQs: Answer ID 10809
How should facilities that use single line billing (such as rural health clinics), bill for the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)? How will the facility’s reimbursement be affected?

Preventive services are part of the overall encounter visit at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). RHCs and FQHCs must provide detailed Healthcare Common Procedure Coding System (HCPCS) coding and revenue codes for preventive services to ensure coinsurance and deductible are not applied.

When the Annual Wellness Visit (AWV), as well as other preventive services, is rendered along with other services in the same visit (also known as a face-to-face encounter):

- The services reported under the first revenue line will receive an encounter/visit. Payment will be based on the all-inclusive rate; coinsurance and deductible will be applied.
- An additional line with the appropriate site of service revenue code in the 052X series should be submitted with the approved preventive service HCPCS code and the associated charges.
- The qualified preventive service reported on the second revenue line will not receive payment, as payment is made under the all-inclusive rate for the services reported on the first revenue line. Coinsurance and deductible are not applicable.

CMS FAQs: Answer ID 10793

Can you clarify the exact timeframe between Annual Wellness Visits (AWVs)? Is it 365 days from the date of the last AWV or 11 months, etc.?

Annual Wellness Visits (AWVs) are covered by Medicare at 12 month intervals. This means that 11 full calendar months must pass after the month in which a beneficiary had received an AWV. Under this method of counting, a beneficiary could receive an AWV at the end of a given month, for example, January 2011, then in the following January 2012, the beneficiary would be eligible for an AWV in the beginning of that month. Therefore 365 days would not need to elapse between visits, provided that 11 full months had passed since the last visit.

CMS FAQs: Answer ID 10811
Patient Protection and Affordable Care Act (PPACA)

Coverage for additional screening services – recommended by the U.S. Preventive Service Task Force with a grade A (“strongly recommends”) or a grade B (“recommends”). As new guidelines are added with these grades Medicare must add as a preventive benefit. Current covered screening services include:

- Vaccine administration (Pneumococcal, Influenza, and Hepatitis B)
- Screening mammography
- Screening pap smear and pelvic exams
- Prostate cancer screening
- Colorectal cancer screening
- Bone mass measurement
- Diabetes outpatient self-management training services
- Glaucoma screening
- Medical Nutrition Therapy for diabetes or renal disease
- Cardiovascular screening blood tests
- Diabetes screening tests
- Abdominal Aortic Aneurysm (AAA) Screening

FMI –

- U.S. Preventive Service Task Force: [http://www.uspreventiveservicestaskforce.org/uspstопics.htm](http://www.uspreventiveservicestaskforce.org/uspstопics.htm)
Questions?

Contact:
Laurie Desjardins, CPC-I, PCS
Healthcare Consulting Group
BAKER | NEWMAN | NOYES LLC
Toll Free:  1-800-244-7444
ldesjardins@bnncpa.com
www.bnncpa.com
A Framework for Patient-Centered Health Risk Assessments

Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries

Centers for Disease Control and Prevention
Office of the Associate Director for Policy
Appendix: Sample Health Risk Assessment

The HRA questions outlined below are provided as examples. They represent one HRA model. Use of this model is not a requirement for the Medicare Annual Wellness Visit HRA, as a variety of HRA instruments will meet the Medicare HRA definition. Physician discretion will guide the implementation and use of HRAs. HRAs are not intended to be prescriptive, and physician judgment will identify appropriate interventions for individual patients. The sample questions reflect available scientific evidence.

Physical Activity

In the past 7 days, how many days did you exercise?

______ days

On days when you exercised, for how long did you exercise (in minutes)?

______ minutes per day

☐ Does not apply

How intense was your typical exercise?

☐ Light (like stretching or slow walking)

☐ Moderate (like brisk walking)

☐ Heavy (like jogging or swimming)

☐ Very heavy (like fast running or stair climbing)

☐ I am currently not exercising

Tobacco Use

In the last 30 days, have you used tobacco?

Smoked:

☐ Yes

☐ No

Used a smokeless tobacco product:

☐ Yes

☐ No
If Yes to either,
Would you be interested in quitting tobacco use within the next month?
☐ Yes
☐ No

**Alcohol Use**
In the past 7 days, on how many days did you drink alcohol?
_______ days

On days when you drank alcohol, how often did you have ___ (5 or more for men, 4 or more for women and those men and women 65 years old or over) alcoholic drinks on one occasion?
☐ Never
☐ Once during the week
☐ 2–3 times during the week
☐ More than 3 times during the week

Do you ever drive after drinking, or ride with a driver who has been drinking?
☐ Yes
☐ No

**Nutrition**
In the past 7 days, how many servings of fruits and vegetables did you typically eat each day?
(1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.)
_______ servings per day

In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day?
(1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.)
_______ servings per day
In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.)

______ servings per day

In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume each day?

_____ sugar sweetened beverages consumed per day

**Seat Belt Use**

Do you always fasten your seat belt when you are in a car?

☐ Yes

☐ No

**Depression**

In the past 2 weeks, how often have you felt down, depressed, or hopeless?

☐ Almost all of the time

☐ Most of the time

☐ Some of the time

☐ Almost never

In the past 2 weeks, how often have you felt little interest or pleasure in doing things?

☐ Almost all of the time

☐ Most of the time

☐ Some of the time

☐ Almost never

Have your feelings caused you distress or interfered with your ability to get along socially with family or friends?

☐ Yes

☐ No
**Anxiety**

In the past 2 weeks, how often have you felt nervous, anxious, or on edge?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

In the past 2 weeks, how often were you not able to stop worrying or control your worrying?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

**High Stress**

How often is stress a problem for you in handling such things as:

- Your health?
- Your finances?
- Your family or social relationships?
- Your work?

- Never or rarely
- Sometimes
- Often
- Always
Social/Emotional Support

How often do you get the social and emotional support you need:

- Always
- Usually
- Sometimes
- Rarely
- Never

Pain

In the past 7 days, how much pain have you felt?

- None
- Some
- A lot

General Health

In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

How would you describe the condition of your mouth and teeth—including false teeth or dentures?

- Excellent
- Very good
- Good
- Fair
- Poor
Activities of Daily Living

In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?

☐ Yes  ☐ No

Instrumental Activities of Daily Living

In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?

☐ Yes  ☐ No

Sleep

Each night, how many hours of sleep do you usually get?

___ hours

Do you snore or has anyone told you that you snore?

☐ Yes  ☐ No

In the past 7 days, how often have you felt sleepy during the daytime?

☐ Always  ☐ Usually  ☐ Sometimes  ☐ Rarely  ☐ Never
Biometric Measures—Self-Reported

(To be completed by the patient only when the HRA is not prepopulated using laboratory, electronic medical record (EMR), patient health record (PHR), or other medical practice source data.)

**Blood Pressure**

If your blood pressure was checked *within the past year*, what was it when it was last checked?

- Low or normal (at or below 120/80)
- Borderline high (120/80 to 139/89)
- High (140/90 or higher)
- Don’t know/not sure

**Cholesterol**

If your cholesterol was checked *within the past year*, what was your total cholesterol when it was last checked?

- Desirable (below 200)
- Borderline high (200–239)
- High (240 or higher)
- Don’t know/not sure

**Blood Glucose**

If your glucose was checked, what was your fasting blood glucose (blood sugar) level the last time it was checked?

- Desirable (below 100)
- Borderline high (100–125)
- High (126 or higher)
- Don’t know/not sure
If diabetic, and if you have had your hemoglobin A1c level checked in the past year, what was it the last time you had it checked?

☑ Desirable (6 or lower)
☑ Borderline high (7)
☑ High (8 or higher)
☑ Don't know/not sure

**Overweight/Obesity**

What is your height without shoes? (for example, 5 feet and 6 inches = 5’6”)

Feet _____ Inches _____

What is your weight?

Weight in pounds _____
### The ABCs of Providing the Initial Preventive Physical Examination

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

<table>
<thead>
<tr>
<th>ACQUIRE BENEFICIARY HISTORY ELEMENTS</th>
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<tbody>
<tr>
<td><strong>1. Review of beneficiary’s medical and social history</strong></td>
<td>At a minimum, obtain the following:</td>
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<tr>
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<td>- Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments);</td>
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<td>- Current medications and supplements (including calcium and vitamins);</td>
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<td>- Family history (review of medical events in the family, including diseases that may be hereditary or place the beneficiary at risk);</td>
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<td></td>
<td>- History of alcohol, tobacco, and illicit drug use;</td>
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<td>- Diet; and</td>
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<td></td>
<td>- Physical activities.</td>
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<tr>
<td><strong>2. Review of beneficiary’s potential risk factors for depression and other mood disorders</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>3. Review of beneficiary’s functional ability and level of safety</strong></td>
<td>Use any appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:</td>
</tr>
<tr>
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<td>- Hearing impairment;</td>
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<td>- Activities of daily living;</td>
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<td>- Falls risk; and</td>
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<td>- Home safety.</td>
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<tr>
<th>BEGIN EXAMINATION ELEMENTS</th>
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<tr>
<td><strong>4. An examination</strong></td>
<td>Obtain the following:</td>
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<td>- Height, weight, and blood pressure;</td>
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<td>- Visual acuity screen;</td>
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<td>- Measurement of body mass index; and</td>
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<td></td>
<td>- Other factors deemed appropriate based on the beneficiary’s medical and social history and current clinical standards.</td>
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<tr>
<td><strong>5. End-of-life planning</strong></td>
<td>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:</td>
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<td>- 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</td>
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<td></td>
<td>- Whether or not the physician is willing to follow the beneficiary’s wishes as expressed in the advance directive.</td>
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<tr>
<th>COUNSEL BENEFICIARY ELEMENTS</th>
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<tr>
<td><strong>6. Education, counseling, and referral based on the previous five components</strong></td>
<td>Based on the results of the review and evaluation services provided in the previous five components, provide education, counseling, and referral as appropriate.</td>
</tr>
<tr>
<td><strong>7. Education, counseling, and referral for other preventive services</strong></td>
<td>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.)</td>
</tr>
</tbody>
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MEDICARE PART B PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>IPPE HCPCS CODES</th>
<th>BILLING CODE DESCRIPTORS</th>
</tr>
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<tbody>
<tr>
<td>G0402</td>
<td>Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</td>
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<tr>
<td>G0403</td>
<td>Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report</td>
</tr>
<tr>
<td>G0404</td>
<td>Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination</td>
</tr>
<tr>
<td>G0405</td>
<td>Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination</td>
</tr>
</tbody>
</table>

Notes on Medicare Part B Preventive Services


* Effective for dates of service on or after August 25, 2010, Medicare provides coverage of counseling to prevent tobacco use.

* 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.

**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.

Preventing 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)

“Medicare Claims Processing Manual” – Publication 100-04, Chapter 12, Section 30.6.1.1

“Medicare Claims Processing Manual” – Publication 100-04, Chapter 18, Section 80

Change Request 6223/Transmittal 1615 – Update to the Initial Preventive Physical Examination (IPPE) Benefit

Medicare Learning Network® (MLN) Preventive Services Educational Products Website

February 2011 ICN 006904

**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.

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.

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Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.
For dates of service on or after January 1, 2011, the Affordable Care Act allows for coverage of the Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS). All components of the AWV must be provided, or provided and referred, prior to submitting a claim for the AWV. Note that the AWV is a separate service from the Initial Preventive Physical Examination (IPPE), and that the AWV is not covered during the first 12 months of a beneficiary’s initial enrollment into Medicare Part B. This document is divided into two sections: the first explains the elements included in the first AWV a beneficiary receives, and the second explains the elements included in all subsequent AWVs.

### Elements of the FIRST AWV Providing PPPS

<table>
<thead>
<tr>
<th>ACQUIRE BENEFICIARY HISTORY</th>
<th>DESCRIPTION</th>
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| Establishment of the beneficiary’s medical/family history | At a minimum, collect and document the following:
- Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;
- Use or exposure to medications and supplements, including calcium and vitamins; and
- Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk. |

| Review of the beneficiary’s potential risk factors for depression, including current or past experiences with depression or other mood disorders | Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations. |

| Review of the beneficiary’s functional ability and level of safety | Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics:
- Hearing impairment;
- Ability to successfully perform activities of daily living;
- Fall risk; and
- Home safety. |

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<tr>
<th>BEGIN EXAMINATION</th>
<th>DESCRIPTION</th>
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| An examination | Obtain the following:
- Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and
- Other routine measurements as deemed appropriate, based on medical and family history. |

| Establishment of a list of current providers and suppliers | Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary. |

| Detection of any cognitive impairment that the beneficiary may have | Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others. |

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<tr>
<th>COUNSEL BENEFICIARY</th>
<th>DESCRIPTION</th>
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| Establishment of a written screening schedule for the beneficiary, such as a checklist for the next 5-10 years, as appropriate | Base written screening schedule on:
- Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP);
- The beneficiary’s health status and screening history; and
- Age-appropriate preventive services covered by Medicare. |

| Establishment of a list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary | Include the following:
- Any mental health conditions or any such risk factors or conditions that have been identified through an IPPE; and
- A list of treatment options and their associated risks and benefits. |

| Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services | Includes referrals to programs aimed at:
- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;
- Weight loss;
- Physical activity;
- Smoking cessation;
- Fall prevention; and
- Nutrition. |

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Elements of SUBSEQUENT AWVs Providing PPPS

**ACQUIRE BENEFICIARY HISTORY**

- **An update of the beneficiary’s medical/family history**
  - At a minimum, collect and document the following:
    - Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;
    - Use or exposure to medications and supplements, including calcium and vitamins; and
    - Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.

**BEGIN EXAMINATION**

- **An examination**
  - Obtain the following:
    - Weight (or waist circumference, if appropriate) and blood pressure; and
    - Other routine measurements as deemed appropriate, based on medical and family history.

- **An update of the list of current providers and suppliers, as that list was developed for the first AWV providing PPPS**
  - Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.

- **Detection of any cognitive impairment that the beneficiary may have**
  - Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.

**COUNSEL BENEFICIARY**

- **Update the written screening schedule for the beneficiary, as that schedule was developed at the first AWV providing PPPS**
  - Base written screening schedule on:
    - Recommendations from the USPSTF and the ACIP;
    - The beneficiary’s health status and screening history; and
    - Age-appropriate preventive services covered by Medicare.

- **Update to the list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, as that list was developed at the first AWV providing PPPS**
  - Include any such risk factors or conditions that have been identified.

- **Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services**
  - Includes referrals to programs aimed at:
    - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;
    - Weight loss;
    - Physical activity;
    - Smoking cessation;
    - Fall prevention; and
    - Nutrition.

**MEDICARE PART B PREVENTIVE SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Initial Preventive Physical Examination (IPPE)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Human Immunodeficiency Virus (HIV) Screening</td>
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<tr>
<td>Bone Mass Measurements</td>
<td>Medical Nutrition Therapy (MNT)</td>
</tr>
<tr>
<td>Cardiovascular Screening Blood Tests</td>
<td>Prostate Cancer Screening</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration</td>
</tr>
<tr>
<td>Counseling to Prevent Tobacco Use&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Screening Mammography</td>
</tr>
<tr>
<td>Diabetes Screening Tests</td>
<td>Screening Pap Tests and Pelvic Examination</td>
</tr>
<tr>
<td>Diabetes Self-Management Training (DSMT)</td>
<td>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</td>
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<tr>
<td>Glaucoma Screening</td>
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**Notes on Medicare Part B Preventive Services**


<sup>b</sup> Effective for dates of service on or after August 25, 2010, Medicare provides coverage of counseling to prevent tobacco use.

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

<table>
<thead>
<tr>
<th>AWV HCPCS CODES</th>
<th>BILLING CODE DESCRIPTORS</th>
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<tbody>
<tr>
<td>G0438</td>
<td>Annual wellness visit, includes Personalized Prevention Plan of Service (PPPS), first visit</td>
</tr>
<tr>
<td>G0439</td>
<td>Annual wellness visit, includes PPPS, subsequent visit</td>
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</table>
Frequently Asked Questions

Who can perform the AWV?
The AWV must be furnished by a health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.

Is the AWV the same as a beneficiary’s yearly physical?
No, this visit is a preventive wellness visit and not a “routine physical checkup” that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

Are clinical laboratory tests part of the AWV?
No, the AWV does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the AWV.

Is there a deductible or coinsurance/copayment for the AWV?
No, coverage for the AWV is provided as a Medicare Part B benefit, and both the coinsurance or copayment and the Medicare Part B deductible are waived for the AWV.

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

Preparing Eligible Medicare Beneficiaries for the AWV

Who is eligible to receive the AWV?
Effective for dates of service on or after January 1, 2011, Medicare will pay for an AWV for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage and who has not received either an IPPE or an AWV providing PPPS within the past 12 months. Medicare pays for only one first AWV per beneficiary per lifetime, and pays for one subsequent AWV per year thereafter.

Preparation

Providers can help eligible Medicare beneficiaries get ready for their AWV by encouraging them 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; and
- A full list of current providers and suppliers involved in providing care.

Preparing Eligible Medicare Beneficiaries

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Preparing Eligible Medicare Beneficiaries

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Resources

“The Guide to Medicare Preventive Services” (ICN 006439)

Medicare Benefit Policy Manual” – Publication 100-02, Chapter 15

“Medicare Claims Processing Manual” – Publication 100-04, Chapter 12, Section 30.6.1.1

“Medicare Claims Processing Manual” – Publication 100-04, Chapter 18

Change Request 7079/Transmittal 2649CP – Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)

Change Request 7079/Transmittal R138BP – Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)

Medicare Learning Network® (MLN) Preventive Services Educational Products Website

Dictionary

AWV: Annual Wellness Visit
IPPE: Initial Preventive Primary Care Visit