The Initial Preventive Physical Examination (IPPE) is also known as the “Welcome to Medicare Preventive Visit.” The goals of the IPPE are health promotion and disease prevention and detection. Medicare pays for one IPPE per beneficiary per lifetime for beneficiaries within the first 12 months of the effective date of the beneficiary’s first Medicare Part B coverage period.

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


**Components of the IPPE**

**Acquire Beneficiary Information**

<table>
<thead>
<tr>
<th>Acquire Beneficiary Information</th>
<th>Required Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1. Review the beneficiary’s medical and social history</td>
<td>At a minimum, collect information about:</td>
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<tr>
<td>DIRECTORY</td>
<td>▪ Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments);</td>
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<tr>
<td></td>
<td>▪ Current medications and supplements (including calcium and vitamins);</td>
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<tr>
<td></td>
<td>▪ History of alcohol, tobacco, and illicit drug use;</td>
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<td></td>
<td>▪ Physical activities.</td>
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</table>

| □ 2. Review the beneficiary’s potential risk factors for depression and other mood disorders | Use any appropriate screening instrument for beneficiaries without a current diagnosis of depression from various available screening tests recognized by national professional medical organizations to obtain current or past experiences with depression or other mood disorders. |

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Acquire Beneficiary Information (cont.)

<table>
<thead>
<tr>
<th>Acquire Beneficiary Information</th>
<th>Required Elements</th>
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</table>
| □ 3. Review the beneficiary’s functional ability and level of safety | Use any appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:  
  ▪ Hearing impairment;  
  ▪ Activities of daily living;  
  ▪ Fall risk; and  
  ▪ Home safety. |

Begin Examination and Discussion

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<thead>
<tr>
<th>Begin Examination and Discussion</th>
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</table>
| □ 4. Exam | Obtain the following:  
  ▪ Height, weight, body mass index, and blood pressure;  
  ▪ Visual acuity screen; and  
  ▪ Other factors deemed appropriate based on the beneficiary’s medical and social history and current clinical standards. |
| □ 5. End-of-life planning, on agreement of the beneficiary | End-of-life planning is verbal or written information provided to the beneficiary about:  
  ▪ The beneficiary’s ability to prepare an advance directive in case an injury or illness causes the beneficiary to be unable to make health care decisions; and  
  ▪ Whether or not you are willing to follow the beneficiary’s wishes as expressed in the advance directive. |
### Counsel Beneficiary

<table>
<thead>
<tr>
<th>Counsel Beneficiary</th>
<th>Required Elements</th>
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</thead>
<tbody>
<tr>
<td>☐ 6. Educate, counsel, and refer based on the previous five components</td>
<td>Based on the results of the review and evaluation services in the previous five components, provide education, counseling, and referral as appropriate.</td>
</tr>
</tbody>
</table>
| ☐ 7. Educate, counsel, and refer for other preventive services                       | Includes a brief written plan, such as a checklist, for the beneficiary to obtain:  
  - A once-in-a-lifetime screening electrocardiogram (EKG/ECG), as appropriate; and  
  - The appropriate screenings and other preventive services that Medicare covers. See the following list of other Medicare-covered preventive services. |

### Other Medicare Part B Preventive Services

- Alcohol Misuse Screening and Counseling
- AWV
- Bone Mass Measurements
- Cardiovascular Disease Screening Test
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use (for Asymptomatic Beneficiaries)
- 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
- IBT for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

For additional information on Medicare preventive services, visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html) on the CMS website, or scan the Quick Response (QR) code on the right.

**Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography**

### Coding, Diagnosis, and Billing

#### Coding

Use the following Healthcare Common Procedure Coding System (HCPCS) codes when filing claims for the IPPE and screening ECG.

#### IPPE HCPCS Codes and Descriptors

<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>
</tr>
<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>
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</tbody>
</table>
Who Can Get the IPPE?
All new Medicare beneficiaries who are within the first 12 months of their first Medicare Part B coverage period may get an IPPE. This is a one-time benefit.

Diagnosis
Since CMS does not require a specific diagnosis code for the IPPE, you may choose any appropriate diagnosis code. You must report a diagnosis code.

Billing
Medicare covers an IPPE when performed by a:
- Physician (a doctor of medicine or osteopathy); or
- 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 in addition to the IPPE, Medicare may pay for the additional service. Report the Current Procedural Terminology (CPT) code 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.

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Frequently Asked Questions (FAQs)

Is the IPPE the same as a beneficiary’s yearly physical?
No. The IPPE is not a “routine physical checkup” that some seniors may get every year or so 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. Medicare does not cover 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 referrals for such tests as part of the IPPE, if appropriate.

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 enrolled in Medicare in 2014, can he or she have the IPPE in 2015 if it was not performed in 2014?
A beneficiary who has not yet had an IPPE and whose initial enrollment in Medicare Part B began in 2014 is eligible for an IPPE in 2015 as long as it is done within 12 months of the beneficiary’s first Medicare Part B enrollment effective date.

Preparing 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

### IPPE Resources

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<tr>
<th>Resource</th>
<th>Website</th>
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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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