







- Medicare G codes
 - Initial Preventive Physical Examination (IPPE)
 - Annual Wellness Visit (AWV)
 - Preventive Services





Initial Preventative Physical Examination (IPPE)



Components of the IPPE:

- ✓ Review the medical and social history
- ✓ Review the potential risk factors for depression and other mood disorders
- ✓ Review the functional ability and level of safety
- ✓ Exam: Height, weight, BMI, blood pressure; visual acuity screen; other factors deemed appropriate based on the patients medical and social history and current clinical standards
- ✓ End-of-life planning
- ✓ Educate, counsel, and refer based on the previous five components





Initial Preventative Physical Examination (IPPE)



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







Initial Preventative Physical Examination (IPPE)



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.

- Z00.00 Encounter for general adult medical examination <u>without</u> abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings
 - An examination with abnormal findings refers to a condition/diagnosis that is newly identified or a change in severity of a chronic condition (such as uncontrolled hypertension, or an acute exacerbation of chronic obstructive pulmonary disease) during a routine physical examination

When you provide a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the AWV, 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.





Annual Wellness Visit (initial)



Initial AWV Components:

- Administer HRA
- Establish a list of current providers and suppliers
- Establish the patients medical/family history
- Review potential risk factors for depression
- Review functional ability and level of safety
- Assess: Height, weight, BMI, blood pressure; visual acuity screen; other routine measurements as deemed appropriate based on the medical and family history and current clinical standards
- Detect any cognitive impairment
- Establish a written screening schedule, such as a checklist for the next 5-10 years, as appropriate
- Establish a list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary
- Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs





Annual Wellness Visit (initial)



Health Risk Assessment (HRA)

The AWV includes a Health Risk Assessment (HRA)

- The history of HRAs;
- Definition of the HRA framework and rationale for its use;
- HRA use and follow-up interventions that evidence suggests can influence health behaviors; and
- A suggested set of HRA questions

For more information about HRAs, including a sample HRA, refer to http://www.cdc.gov/policy/hst/hra/frameworkforhra.pdf on the CDC website





Annual Wellness Visit (subsequent)



Subsequent AWV Components:

- ✓ Update HRA
- ✓ Update the current list of providers and suppliers
- ✓ Update the patients medical/family history
- ✓ Assess: weight, blood pressure; other routine measurements as deemed appropriate based on the medical and family history and current clinical standards
- ✓ Detect any cognitive impairment
- ✓ Update the written screening schedule for the beneficiary
- ✓ Update the list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary
- ✓ Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs





Annual Wellness Visit



AWV HCPCS Codes and Descriptors

G0438 Annual wellness visit; includes a

personalized prevention plan of service

(PPPS), initial visit

G0439 Annual wellness visit, includes a

personalized prevention plan of service

(PPPS), subsequent visit

Diagnosis

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







Preventative Services



- **G0442** Annual alcohol misuse screening, 15 minutes
- **G0443** Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- 99406 Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes
- **G0444** Annual depression screening, 15 minutes (modifier –XU)
- **G0446** Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- **G0447** Face-to-face behavioral counseling for obesity, 15 minutes
- **G0473** Face-to-face behavioral counseling for obesity, group (2–10), 30 minute







Preventative Services



- **G0102** Digital Rectal Exam (DRE)
- G0476 Cervical cancer screening, all-inclusive HPV co-test with cytology (Pap smear) to detect HPV DNA or RNA sequences (age 30-65) (once every 5 years)
- **G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148** Screening cytopathology, cervical or vaginal
- **P3000** Screening Pap smear by technician under physician supervision
- **P3001** Screening Pap smear requiring interpretation by physician
- Q0091 Screening Pap smear; obtaining, preparing and conveyance to lab
- **G0101** Cervical or vaginal cancer screening; pelvic and clinical breast examination







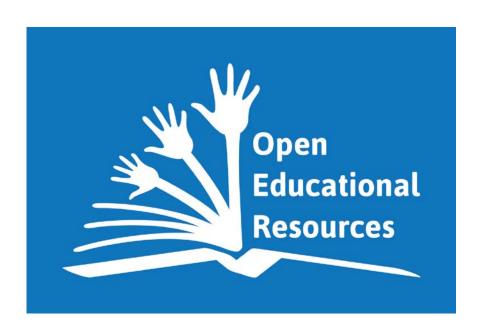
Resources



https://www.medicare.gov/coverage/preventive-and-screening-services.html

<u>https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html</u>

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf









Please submit coding and documentation questions to RAFeducation@cnchealthplan.com

