

## Initial Preventative Physical Exam (IPPE)

Patient Name:		Date of Entitlement		Date of IPPE Exam	
<b>IPPE (Initial Preventive Physical Exam)</b>					<b>G0402</b>
<b>EKG with interpretation and report.) Bill only if both components performed on-site.</b>					<b>G0403</b>
<b>EKG tracing only, without interpretation and report.) Bill if technical only onsite</b>					<b>G0404</b>
<b>EKG Interpretation only.) Bill only if interpretation only onsite</b>					<b>G0405</b>
<u>Required elements to document.</u>					6. Education, counseling and referral on 1 though 5.
<b>1A. Review of the individual's medical history</b>			<b>Date reviewed</b>	<b>Referral</b>	
Experience with illnesses, hospital stays, operations, allergies, injuries, and treatment.					
Current medications and supplements, including calcium and vitamins.					
Family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk.					
<b>1B. Review of the individual's social history</b>			<b>Date reviewed</b>	<b>Referral</b>	6. Education, counseling and referral on 1 though 5.
History of alcohol, Tobacco, Illicit drug use					
Diet					
Physical activities					
<b>2. Review of the individual's potential (risk factors) for depression and other mood disorders</b> (including past experiences with depression or other mood disorders)			<b>Test used</b>		6. Education, counseling and referral on 1 though 5.
			<b>Date reviewed</b>	<b>Referral</b>	

<b>3. Review of the individual's functional ability and level of safety (at a minimum, a review of the following</b>			<b>Test used</b>	<b>Date reviewed</b>	<b>Referral</b>	<b>6. Education, counseling and referral on 1 through 5.</b>
Hearing						
Activities of daily living						
Fall risk						
Home safety						
<b>4. Physical Exam includes:</b>				<b>Date reviewed</b>	<b>Referral</b>	<b>6. Education, counseling and referral on 1 through 5.</b>
Elements	Record findings	Body Mass Index if calculated:				
Height						
Weight						
Blood pressure		Recheck				
Visual Acuity		Snellen test				
<b>5. Performance of EKG with interpretation and report</b>				<b>Date reviewed</b>	<b>Referral</b>	<b>6. Education, counseling and referral on 1 through 5.</b>
Global EKG	<b>G0403</b>	Interpretation and report must be integrated into medical record				
Tracing only	<b>G0404</b>					
Interpretation only	<b>G0405</b>					
<b>7. End of Life Planning</b> Upon beneficiary consent, verbal or written information provided to the beneficiary regarding:				<b>Date reviewed</b>	<b>Referral</b>	<b>6. Education, counseling and referral on 1 through 5.</b>
A) 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,						
B) Whether or not the physician is willing to follow the beneficiary' wishes as expressed in the advance directive.						
<b>8. Education, counseling*, and referral with respect to screening and other covered preventive benefits separately authorized under Medicare Part B.</b>						
Date of	Required elements to review and	Frequency			Provided	Ordered this

last:	document		this visit	Visit
	<b>Pneumococcal</b>	Once per lifetime. Patients at high risk of pneumococcal disease, or who have not received a vaccination in five years; G0009 Injection only, 90669, 90732 Vaccine only		
	<b>Influenza</b>	Annually G0008 Injection only 90655,90656,90657, 90658, 90660		
	<b>Hepatitis B vaccine</b>	Vaccination for hepatitis B is covered by Medicare only for patients who are at high or intermediate risk, such as, exposure to hepatitis, cirrhosis, chronic hepatitis C, hemophilia, HIV-AIDS, injectable drug abuser, residents of nursing home, group home or mental institution, lives in same household as hepatitis B virus carrier G0010 injection, 90740,90743, 90744, 90746, 90747 vaccine only		
	<b>Screening mammography</b>	One-time baseline for patients age 35-39. every year for patients 40 and over screening applies on a rolling calendar year	Once Annual	
	<b>Screening pap smear and screening pelvic exam services</b>	Non High Risk - Every 2 years. High Risk - Annually G0101, - Pelvic Exam Screening Pap Tests G0123/4 G0141-0148, P3000/3001 Q0091		
	<b>Prostate cancer screening services.</b>	Once every year. Men over 50 years of age. DRE included in E/M service. G0102 = DRE G0103 PSA Test		
	<b>(Colorectal cancer screening tests.</b> There are multiple tests considered as screening. The following is a summary. Refer to specific rules and guidelines in the Preventive Medicine Packet.			
	<b>G0104</b> - Flexible Sigmoidoscopy <b>G0105</b> - Colonoscopy (high risk) <b>G0106</b> - Barium Enema (alternative to G0104) <b>G0120</b> - Barium Enema (alternative to G0105) <b>G0121</b> - Colonoscopy (not high risk) <b>G0122</b> - Barium Enema (non-covered) <b>G0328</b> - Fecal Occult Blood Test (alternative to 82270) <b>82270</b> - Fecal Occult Blood Test	· Fecal Occult: Annually · Flexible Sigmoidoscopy: Every 4 years or once every 10 years after having a screening colonoscopy · Screening Colonoscopy: Every 24 months at high risk; every 10 years not at high risk · Barium Enema: Every 24 months at high risk; every 4 years not at high risk · Medicare beneficiaries age 50 and older · Screening colonoscopy: Individuals at high risk; no minimum age requirement · No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk		
	<b>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</b>	<b>G0389</b> - Ultrasound exam AAA screen		
	<b>Diabetes outpatient self-management training services</b>	Based on time and medical necessity following strict guidelines. Refer to specific rules and guidelines in the Preventive Medicine Packet.		
	<b>Bone mass measurements</b>	DEXA scanning <b>G0130, 77078, 77079, 77080, 77081, 77083,76977</b> Once every two years for screening.		

	<b>Screening for glaucoma - high risk</b>	Annual for high risk patients <sup>1</sup> . <b>G0117</b> - By an optometrist or ophthalmologis <b>G0118</b> - Under the direct supervision of an optometrist or ophthalmologist		
	<b>Medical nutrition therapy services individuals with diabetes or renal disease</b>	Once a year <sup>2</sup> . <b>97802, 97803, 97804, G0270, G0271</b> <i>Services must be provided by registered dietitian or nutrition professional</i>		
	<b>Smoking Tobacco-Use Cessation Counseling</b>	<b>99406</b> - counseling visit; intermediate, greater than 3 minutes up to 10 min <b>99407</b> - counseling visit; intensive, greater than 10 minutes <b>2 cessation attempts per year; Each attempt includes maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period</b>		
	<b>Cardiovascular screening Blood tests</b>	Once every five years for screening. <b>80061</b> - Lipid Panel <b>82465</b> - Cholesterol <b>83718</b> - Lipoprotein <b>84478</b> - Triglycerides		
	<b>(11) Diabetes screening tests</b>	Once per year for patients who do not meet the clinical criteria for twice yearly. <sup>3</sup> Screening 'pre-diabetic' patients allowed no more than twice within a 12-month period. <b>82947</b> - Glucose, quantitative, blood (except reagent strip) <b>82950</b> - Glucose, post-glucose dose (include glucose) <b>82951</b> - Glucose Tolerance Test (GTT), three specimens (includes glucose)		
<sup>1</sup> Eligible beneficiaries include those with diabetes mellitus or a family history of glaucoma, and certain other individuals found to be at high risk for glaucoma				
<sup>2</sup> Diabetes with fasting glucose greater than or equal to 126 mg/dl – Renal disease / Chronic renal insufficiency.				
<sup>3</sup> Pre-diabetes defined as a previous fasting glucose level of 100-125 mg/dL, or a 2-hour post-glucose challenge of 140-199 mg/dL.				
<b>* Counseling includes patient receipt of preventive medicine coverage packet.</b>				
Patient signature to verify receipt of counseling and provision of information on Medicare preventive services:				
Date:				