

## Initial Preventive Physical Examination (IPPE)

The Initial Preventive Physical Examination (IPPE) is also known as the “Welcome to Medicare Preventive Visit.” The goals of the IPPE are health promotion, 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.

You must report a diagnosis code when submitting a claim for the IPPE. Since you are not required to document a specific diagnosis code for the IPPE, you may choose any diagnosis code consistent with the beneficiary’s exam.

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

### Components of IPPE (G0402)

Action	Elements
Review the beneficiary’s medical and social history	<p><b>Document information about one or more of the following:</b></p> <ul style="list-style-type: none"> <li>• Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments)</li> <li>• Current medications and supplements (including calcium and vitamins)</li> <li>• Family history (review of medical events in the beneficiary’s family, including diseases that may be hereditary or place the beneficiary at risk)</li> <li>• History of alcohol, tobacco, and illicit drug use</li> <li>• Diet</li> <li>• Physical activities</li> </ul>
Review the beneficiary’s potential risk factors for depression and other mood disorders	To obtain current or past experiences with depression or other mood disorders, use any appropriate screening instrument for beneficiaries without a current diagnosis of depression from various available standardized screening tests recognized by national professional medical organizations.
Review the beneficiary’s functional ability and level of safety	Use appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas: <ul style="list-style-type: none"> <li>• Activities of daily living</li> <li>• Fall risk</li> <li>• Hearing impairment</li> <li>• Home safety</li> </ul>
Exam	<p><b>Obtain all of the following:</b></p> <ul style="list-style-type: none"> <li>• Height, weight, body mass index, and blood pressure</li> <li>• Visual acuity screen</li> <li>• Other factors deemed appropriate based on the beneficiary’s medical and social history and current clinical standards</li> </ul>
End-of-life planning, on agreement of the beneficiary	End-of-life planning is verbal or written information provided to the beneficiary about: <ul style="list-style-type: none"> <li>• 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</li> <li>• Whether or not you are willing to follow the beneficiary’s wishes as expressed in an advance directive</li> </ul>
Educate, counsel, and refer based on the previous five components	Based on the results of the review and evaluation services in the previous components, provide education, counseling, and referral as appropriate.
Educate, counsel, and refer for other preventive services	Includes a brief written plan, such as a checklist, for the beneficiary to obtain: <ul style="list-style-type: none"> <li>• A once-in-a-lifetime screening electrocardiogram (EKG/ECG), as appropriate</li> <li>• The appropriate screenings and other preventive services that Medicare covers</li> </ul>

## Annual Wellness Visit (AWV)

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS) for beneficiaries who are no longer within 12 months after the effective date of their first Medicare Part B coverage period or have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

You must report a diagnosis code when submitting a claim for the AWV. Since you are not required to document a specific diagnosis code for the AWV, you may choose any diagnosis code consistent with the beneficiary's exam.

The AWV includes a Health Risk Assessment (HRA). Refer to the Centers for Disease Control and Prevention's (CDC's) A Framework for Patient-Centered Health Risk Assessments for more information: <https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf>

AWV HCPCS Codes	Billing Code Descriptors
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit includes a personalized prevention plan of service (PPS), subsequent visit

### Components of Initial AWV (G0438)

Action	Elements
Perform an HRA	<ul style="list-style-type: none"> <li>Get self-reported information from the beneficiary                             <ul style="list-style-type: none"> <li>You or the beneficiary can complete the HRA before or during the AWV encounter; it should take no more than 20 minutes</li> </ul> </li> <li>At a minimum, get information on the following topics:                             <ul style="list-style-type: none"> <li>Demographic data</li> <li>Self-assessment of health status</li> <li>Psychosocial risks</li> <li>Behavioral risks</li> </ul> </li> <li>Activities of Daily Living (ADLs), including but not limited to: dressing, bathing, and walking</li> <li>Instrumental ADLs (IADLs), including but not limited to: shopping, housekeeping, managing own medications, and handling finances</li> </ul>
Establish the beneficiary's medical and family history	<p><b>Document information about one or more of the following:</b></p> <ul style="list-style-type: none"> <li>Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk.</li> <li>Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments</li> <li>Use of, or exposure to, medications and supplements, including calcium and vitamins</li> <li>Medicare encourages providers to pay close attention to opioid use during this part of the AWV, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk</li> </ul>
Establish a list of current providers and suppliers	Include current beneficiary providers and suppliers that regularly provide medical care.
Measure	<p><b>Obtain all of the following:</b></p> <ul style="list-style-type: none"> <li>Height, weight, body mass index (BMI); or waist circumference, if appropriate), and blood pressure</li> <li>Other routine measurements deemed appropriate based on medical and family history</li> </ul>
Detect any cognitive impairment the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, and others. If appropriate, use a brief validated structured cognitive assessment tool.
Review the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders	Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose.



Action	Elements
Review the beneficiary's functional ability and level of safety	Use direct observation of the beneficiary or select appropriate questions from various available screening questionnaires, or use standardized questionnaires recognized by national professional medical organizations to assess, at a minimum, the following topics: <ul style="list-style-type: none"> <li>• Ability to successfully perform ADLs</li> <li>• Fall risk</li> <li>• Hearing impairment</li> <li>• Home safety</li> </ul>
Establish an appropriate written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years	Base written screening schedule on: <ul style="list-style-type: none"> <li>• Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)</li> <li>• The beneficiary's HRA, health status and screening history, and age-appropriate preventive services Medicare covers</li> </ul>
Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway	Include the following: <ul style="list-style-type: none"> <li>• Mental health conditions including depression, substance use disorder, and cognitive impairment</li> <li>• Risk factors or conditions identified through an IPPE</li> <li>• Treatment options and their associated risks and benefits</li> </ul>
Furnish the beneficiary personalized health advice and appropriate referrals to health education or preventive counseling services or programs	Include referrals to educational and counseling services or programs aimed at: <ul style="list-style-type: none"> <li>• Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including: <ul style="list-style-type: none"> <li>○ Fall prevention</li> <li>○ Nutrition</li> <li>○ Physical activity</li> <li>○ Tobacco-use cessation</li> <li>○ Weight loss</li> <li>○ Cognition</li> </ul> </li> </ul>
Furnish, at the beneficiary's discretion, advance care planning services	Include discussion about: <ul style="list-style-type: none"> <li>• Future care decisions that may need to be made</li> <li>• How the beneficiary can let others know about care preferences</li> <li>• Caregiver identification</li> <li>• Explanation of advance directives, which may involve the completion of standard forms</li> </ul>

**Components of Subsequent AWV (G0439)**

Action	Elements
Review and update HRA	<ul style="list-style-type: none"> <li>• Collect beneficiary self-reported information <ul style="list-style-type: none"> <li>○ You or the beneficiary can update the HRA before or during the AWV encounter; it should take no more than 20 minutes</li> </ul> </li> <li>• Document information about one or more of the following: <ul style="list-style-type: none"> <li>○ Demographic data</li> <li>○ Self-assessment of health status</li> <li>○ Psychosocial risks</li> <li>○ Behavioral risks</li> <li>○ ADLs, including but not limited to: dressing, bathing, and walking</li> <li>○ Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finances</li> </ul> </li> </ul>
Update the beneficiary's medical/family history	<p><b>Document information about one or more of the following:</b></p> <ul style="list-style-type: none"> <li>• Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk</li> <li>• Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments</li> <li>• Use of, or exposure to, medications and supplements, including calcium and vitamins</li> </ul>
Update the list of current providers and suppliers	Include current providers and suppliers regularly involved in providing the beneficiary medical care, including any providers and suppliers added as a result of the first AWV providing PPS.
Measure	<p><b>Obtain all of the following:</b></p> <ul style="list-style-type: none"> <li>• Weight (or waist circumference, if appropriate) and blood pressure</li> <li>• Other routine measurements as deemed appropriate based on medical and family history</li> </ul>



Action	Elements
Detect any cognitive impairment the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, or others. If appropriate, use a brief validated structured cognitive assessment tool.
Update the written screening schedule for the beneficiary	Base written screening schedule on: <ul style="list-style-type: none"> <li>• Recommendations from the USPSTF and the ACIP</li> <li>• The beneficiary's HRA, health status and screening history, and age-appropriate preventive services Medicare covers</li> </ul>
Update the beneficiary's list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway	Include the following: <ul style="list-style-type: none"> <li>• Mental health conditions including depression, substance use disorder, and cognitive impairment</li> <li>• Risk factors or conditions identified</li> <li>• Treatment options and their associated risks and benefits</li> </ul>
Furnish and update, as necessary, the beneficiary's PPPS, which includes personalized beneficiary health advice and a referral, as appropriate, to health education or preventive counseling services or programs	Include referrals to educational and counseling services or programs aimed at: <ul style="list-style-type: none"> <li>• Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:               <ul style="list-style-type: none"> <li>○ Fall prevention</li> <li>○ Nutrition</li> <li>○ Physical activity</li> <li>○ Tobacco-use cessation</li> <li>○ Weight loss</li> <li>○ Cognition</li> </ul> </li> </ul>
Furnish, at the beneficiary's discretion, advance care planning services	Include discussion about: <ul style="list-style-type: none"> <li>• Future care decisions that may need to be made</li> <li>• How the beneficiary can let others know about care preferences</li> <li>• Caregiver identification</li> <li>• Explanation of advance directives, which may involve the completion of standard forms</li> </ul>



**UHA HRA FORM**

Link: <https://shcconnect.stanfordmed.org/depts/uha/Documents/uha-policies/Approved%20Forms/AWV%20UHA%20HRA%20090517%20v.k%20%28003%29.pdf>

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HR	Human Resources Benefits Summary, Payroll & Timeoff, ADP Login, and more.	UF	UHA Forms Committee Approved UHA clinical forms

Consent Forms

ABN	ABN - (FOBT)	ABN - (PAP)
ABN - Patient Information	Annual Wellness Visit (AWV)	Disclosure of Information

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    - INITIAL PREVENTIVE EXAM [G0402]
    - ANNUAL WELLNESS VISIT, FIRST [G0438]
    - ANNUAL WELLNESS VISIT CLIP [G0430]

Resources:

<https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18004.pdf>

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