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CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

May 2017

Number: 01608034 / 80
Claim Received: 06/09/10

DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Are you documenting all the components required under the Initial Preventive Physical Examination?

As a healthcare professional, I'm sure your health system or physician practice provides many annual wellness and preventive visits for Medicare patients. However, are you certain your Initial Preventive Physical Examination (IPPE) documentation meets the necessary requirements?

The IPPE, also known as the "Welcome to Medicare Preventive Visit" is performed once in a lifetime within the 12-month period immediately following a patient's enrollment in Medicare Part B. It can only be performed by a physician or a qualified non-physician practitioner such as a physician assistant, nurse practitioner, or certified clinical nurse specialist. Claims for IPPEs will only be paid provided the requirements for coverage and eligibility are met. Use the quick reference guide below to ensure you comply with documentation requirements for the IPPE.

Required Components Under the Initial Preventive Physical Examination

Review the beneficiary's medical history to include:

- Past medical and surgical history
- Family history
- Diet
- List of current medications and supplements (including vitamins)
- History of alcohol use, tobacco and other drug use
- Physical activities

Review potential risk factors for depression and other mood disorders.

- Use an appropriately recognized screening instrument

from a national professional medical organization to screen beneficiaries without a current diagnosis of depression.

Review the following functional abilities using standardized questionnaires recognized by a national professional medical organization:

- Activities of daily living
- Fall risk
- Hearing impairment
- Home safety

Perform an examination and obtain the following:

- Height, weight, BMI, and blood pressure
- Visual acuity screen
- Any other factors appropriate based on beneficiary's medical and social history

Begin end-of-life planning only if beneficiary agrees. You should document:

- Beneficiary's ability to prepare an advanced directive in case an injury or illness prevents the beneficiary from making healthcare decisions
- Whether you are willing to follow the beneficiary's wishes as expressed in the advanced directive

Educate, counsel and refer the beneficiary.

- Based on results of the review and examination, educate, counsel and make referral as appropriate.
- Provide a written plan and checklist for the beneficiary to obtain a once-in-a-lifetime electrocardiogram (G0403 – EKG for IPPE; G0404 – EKG tracing for IPPE; G0405 – EKG interpret & report the IPPE) as determined appropriate. **Note: Co-insurance and deductible waived for IPPE, but NOT for screening EKG.**
- Refer beneficiary for other appropriate preventive services covered by Medicare.

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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