


## “WELCOME TO MEDICARE” REFERRAL CHECKLIST

**Patient Name:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Check box for Referred screening	Test	Frequency
	Influenza Vaccine Administration	Once every 12 months
	Pneumonia Vaccine Administration	Once
	Hepatitis B Vaccine Administration	Once
	Screening Mammography	Baseline–Once; Once every 12 mo
	Pap Smear, Pelvic and Breast Exam	Once every 12 months – High risk for cervical CA; Once every 24 months – Low risk
	Prostate Specific Antigen Test	Once every 12 months
	Screening Digital Rectal Exam	Once every 12 months
	Colorectal Cancer Screening:	Age 50 and over
	Fecal Occult Blood	Once every 12 months
	Flexible Sigmoidoscopy	Once every 48 months
	Colonoscopy	Once every 24 months – High risk for colorectal CA; Once every 10 yrs. - not meeting criteria for being at high risk
	Barium Enema	Alternative to Flexible Sigmoidoscopy or Screening Colonoscopy
	Bone Mass Measurement	Once every 24 months
	Screening glaucoma exam by ophthalmologist or optometrist	Once every 12 months
	Screening glaucoma exam under direct supervision of a physician	Once every 12 months
	Cardiovascular Screening blood tests	Once every five years
	Diabetes Screening	Twice per year
	Diabetes outpatient self-management training services	
	Medical nutrition therapy services for individuals with diabetes or renal disease	

 **Copy to patient’s chart**



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale, *Arch Gen Psychiatry*, 1965;12:63-70.

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Research Triangle Park, NC 27709  
Web site: [www.glaxowellcome.com](http://www.glaxowellcome.com)

## KEY TO SCORING THE ZUNG SELF-RATING DEPRESSION SCALE

Consult this key for the value (1-4) that correlates with patients' responses to each statement. Add up the numbers for a total score. Most people with depression score between 50 and 69. The highest possible score is 80<sup>1</sup>.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel the best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel that others would be better off if I were dead	1	2	3	4
20. I still enjoy the things I used to do	4	3	2	1

Adapted from Zung.<sup>2</sup>

**References:** 1. Carroll BJ, Fielding JM, Blashki TG. Depression rating scales: a critical review. *Arch Gen Psychiatry*. 1973; 28:361-366.

2. Zung WWK. A self-rating depression scale. *Arch Gen Psychiatry*. 1965;12:63-70.

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# “WELCOME TO MEDICARE” PATIENT QUESTIONNAIRE



Name: \_\_\_\_\_ MR# \_\_\_\_\_ DOB \_\_\_\_\_

Visit Date: \_\_\_\_\_

## Home Safety and Falls risk Assessment

**Patients:** Falls are often due to hazards that are easy to overlook but easy to fix. This checklist will help you find and fix those hazards in your home. Please review the following information which asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. **Circle Yes or No for every question.**

### Floors

Look at the floor in each room.

**Q. When you walk through a room, do you have to walk around furniture? YES / NO**

↑ Ask someone to move the furniture so your path is clear.

**Q. Do you have throw rugs on the floor? YES / NO**

↑ Remove the rugs or use double-sided tape or a non-slip backing.

**Q. Are papers, magazines, books, shoes, boxes, blankets, towels or other objects on the floor? YES / NO**

↑ Pick up things that are on the floor. Always keep objects off the floor.

**Q. Do you have to walk over or around cords or wires (like cords from lamps, extension cords, or cords?) YES / NO**

↑ Coil or tape cords and wires next to the wall so you can't trip over them. Have an electrician put in another outlet.

### Stairs and Steps

Look at the stairs you use both inside and outside your home.

**Q. Are papers, shoes, books, or other objects on the stairs? YES / NO**

↑ Pick up things on the stairs. Always keep objects off the stairs.

**Q. Are some steps broken or uneven? YES / NO**

↑ Fix loose or uneven steps.

## “WELCOME TO MEDICARE” PATIENT QUESTIONNAIRE



Name: \_\_\_\_\_ MR# \_\_\_\_\_ DOB \_\_\_\_\_

Visit Date: \_\_\_\_\_

**Q. Are you missing a light over the stairway? YES / NO**

↑ Have a handyman or an electrician put in an overhead light at the top and bottom of the stairs.

**Q. Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)? YES / NO**

↑ Have a handyman or an electrician put in a light switch at the top and bottom of the stairs. You can light switches that glow.

**Q. Are the handrails loose or broken? YES / NO**

**Is there a handrail on only one side of the stairs? YES / NO**

↑ Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs?

**Q. Is the carpet on the steps loose or torn? YES / NO**

↑ Make sure the carpet is firmly attached to every step or remove the carpet and attach non-slip rubber treads on the stairs?

### **Kitchen**

Look at your kitchen and eating area.

**Q. Are the things you use often on high shelves? YES / NO**

↑ Move items in your cabinets. Keep things you use often on the lower shelves (about waist high).

**Q. Is your step stool unsteady? YES / NO**

↑ Get a new, steady step stool with a bar to hold on to. Never use a chair as a step stool.

**“WELCOME TO MEDICARE” PATIENT QUESTIONNAIRE**



Name: \_\_\_\_\_ MR# \_\_\_\_\_ DOB \_\_\_\_\_

Visit Date: \_\_\_\_\_

**Bedroom**

Look at all your bedrooms.

**Q. Is the light near the bed hard to reach?      YES / NO**

↑ Place a lamp close to the bed where it is easy to reach.

**Q. Is the path from your bed to the bathroom dark?      YES / NO**

↑ Put in a night-light so you can see where you’re walking. Some nightlights go on by themselves after dark.

**Bathroom**

Look at all your bathrooms.

**Q. Is the tub or shower floor slippery?      YES / NO**

↑ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

**Q. Do you have some support when you get in and out of the tub or up from the toilet?  
YES / NO**

↑ Have a handyman or a carpenter put in grab bars next to and inside the tub and next to the toilet.



\_\_\_\_\_  
Physician Signature & Date

\_\_\_\_\_  
Patient Signature & Date



Dear Patient:

In preparation for your Welcome To Medicare preventive examination scheduled on \_\_\_\_\_ at \_\_\_\_\_ am / pm, please complete the enclosed forms and bring them with you at the time of your visit. It is important that your physician have these completed forms for review during your visit.

Should you have any questions regarding completion of these forms, you may contact our office at \_\_\_\_\_.

Sincerely,

The summary of information presented in this brochure is intended for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefits discussed in this brochure.

## THE INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE)

Over the past 25 years, Congress through legislation has expanded the number of preventive and screening services available to beneficiaries under the voluntary Medicare Part B Program. Section 611 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 added coverage of a one-time initial preventive physical examination (IPPE) (also referred to as the "Welcome to Medicare" physical exam or the "Welcome to Medicare" visit). The goals of this benefit are health promotion and disease detection.

Section 101(b) of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) provides for improvements to the IPPE benefit including the addition of measurement of body mass index and end-of-life-planning, extension of the coverage period, and waiver of the Medicare Part B deductible.

The IPPE is a preventive evaluation and management (E/M) service that includes all of the following components:

1. A review of the individual's medical and social history with attention to modifiable risk factors for disease detection
2. A review of the individual's potential (risk factors) for depression or other mood disorders
3. A review of the individual's functional ability and level of safety
4. An examination to include the individual's height, weight, blood pressure measurement, visual acuity screen, measurement of body mass index (required service effective January 1, 2009), and other factors as deemed appropriate by the examining physician or qualified non-physician practitioner
5. End-of-life-planning. Effective for dates of service on or after January 1, 2009, the IPPE includes end-of-life planning as a required service, upon the beneficiary's consent. End-of-life planning is verbal or written information provided to the beneficiary regarding:
  - 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, and

- Whether or not the physician is willing to follow the beneficiary's wishes as expressed in the advance directive.

6. Education, counseling, and referral based on the results of the review and evaluation services described in the previous five elements
7. Education, counseling, and referral [including a brief written plan such as a checklist provided to the individual for obtaining an electrocardiogram (EKG), as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits]

**IMPORTANT CHANGE: Effective for dates of service on or after January 1, 2009, the screening EKG is no longer a required part of the IPPE. It is optional and may be performed as a result of a referral from an IPPE (as part of the educational, counseling, and referral service the beneficiary is entitled to during the beneficiary's IPPE visit). (See #7 above.) The screening EKG will be allowed only once in a beneficiary's lifetime.**

**NOTE:** The IPPE does not include any clinical laboratory tests. The physician, qualified non-physician practitioner, or hospital may also provide and bill separately for the screening and other preventive services that are currently covered and paid for by Medicare Part B.

### Coverage Information

All Medicare beneficiaries whose first Medicare Part B coverage effective date began on or after January 1, 2005, are covered for a one-time IPPE visit.

- Effective January 1, 2009, the eligibility period for receiving an IPPE has been extended from 6 months to 12 months following a beneficiary's first enrollment in the Medicare Part B Program.
  - Beneficiaries who have not yet had an IPPE and whose initial enrollment in Medicare Part B began in 2008 will be able to have an IPPE in 2009, as long as it is done within 12 months of the beneficiary's initial enrollment effective date.
  - The IPPE must be performed by either a doctor of medicine or osteopathy or by a qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).
- NOTE:** The IPPE is a unique benefit available only for beneficiaries new to the Medicare Program. This exam is a preventive physical exam and is not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. **Medicare does not provide coverage for routine physical exams.**

### Preparing Beneficiaries for the IPPE Visit

Providers can help beneficiaries get ready for the IPPE visit by suggesting they come prepared with the following information:

- Medical records, including immunization records
- Family health history, in as much detail as possible
- A full list of medications and supplements including calcium and vitamins – how often and how much of each is taken

Coverage of the IPPE visit is provided as a Medicare Part B benefit. For dates of service on or after January 1, 2009, the annual Part B deductible is waived for the IPPE but the coinsurance or copayment still applies.

**NOTE:** The MIPPA legislation added a provision of "additional preventive services" under education, counseling, and referral services to allow for future covered preventive services. These preventive services may be added in the future through the National Coverage Determination (NCD) process.

### ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSMS (AAA)

Section 5112 of the Deficit Reduction Act (DRA) of 2005, further expanded the number of preventive benefits to include coverage, under Medicare Part B, of a one-time only preventive ultrasound screening for the early detection of abdominal aortic aneurysms (AAA) for at risk beneficiaries. Eligible beneficiaries must receive a referral for this screening service as a result of their IPPE visit.

### Ultrasound Screening for Abdominal Aortic Aneurysms

The term "ultrasound screening for abdominal aortic aneurysm" is defined as:

- A procedure using sound waves [or other procedures using alternative technologies, of commensurate accuracy and cost, as specified by the Centers for Medicare & Medicaid Services (CMS) through the NCD process] provided for the early detection of AAA; and
- Includes a physician's interpretation of the results of the procedure.

Effective for services furnished on or after January 1, 2007, Medicare will pay for a one-time preventive ultrasound screening for AAA for eligible beneficiaries who meet the following criteria:

- The beneficiary receives a referral for an ultrasound screening as a result of an IPPE;

- The beneficiary receives a referral from a provider or supplier who is authorized to provide covered ultrasound diagnostic services;
- The beneficiary has not been previously furnished an ultrasound screening under the Medicare Program; and
- The beneficiary is included in at least one of the following risk categories:
  - has a family history of abdominal aortic aneurysm
  - a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime
  - a beneficiary who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force (USPSTF) regarding AAA, as specified by the Secretary of Health and Human Services through the NCD process.

**NOTE:** Only Medicare beneficiaries who receive a referral for the AAA ultrasound screening as a result of the IPPE visit will be covered for the AAA benefit. Coverage of the ultrasound screening for AAA is provided as a Medicare Part B benefit. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit.

**CARDIOVASCULAR SCREENING BLOOD TESTS**  
Section 612 of the MMA expanded preventive services to include coverage, under Medicare Part B, of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk.

Effective for services furnished on or after January 1, 2005, Medicare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke.

The cardiovascular screening blood tests covered by Medicare include:

**CARDIOVASCULAR SCREENING BLOOD TESTS**

- Total Cholesterol Test
  - Cholesterol Test for High-Density Lipoproteins
  - Triglycerides Test
- NOTE:** The beneficiary must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.
- Coverage Information**  
Medicare provides coverage of cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years (i.e., at least 59 months after the last covered screening tests).

The cardiovascular screening blood tests covered by Medicare include:

- Total Cholesterol Test
- Cholesterol Test for High-Density Lipoproteins
- Triglycerides Test

**NOTE:** The beneficiary must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.

**Coverage Information**  
Medicare provides coverage of cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years (i.e., at least 59 months after the last covered screening tests).

The screening blood tests must be ordered by the physician or qualified non-physician practitioner treating the beneficiary for the purpose of early detection of cardiovascular disease. The beneficiary must have no apparent signs or symptoms of cardiovascular disease. Coverage of the cardiovascular screening blood tests is provided as a Medicare Part B benefit. There is no coinsurance or copayment and no deductible for this benefit. Reimbursement is provided under the Medicare Clinical Laboratory Fee Schedule.

**IMPORTANT NOTE:** The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the IPPE and **does not** have to be obtained within a certain timeframe following a beneficiary's Medicare Part B enrollment.

**FOR MORE INFORMATION**

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare.

For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit [http://www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.aspx#TopOfPage](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.aspx#TopOfPage) on the CMS website.

**MEDICARE LEARNING NETWORK**

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

**BENEFICIARY-RELATED INFORMATION**

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



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Medicare  
Preventive  
Services

For Physicians, Providers, Suppliers, and Other Health Care Professionals

Expanded Benefits

INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE)

ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSMS (AAA)

CARDIOVASCULAR SCREENING BLOOD TESTS





# Medicare Preventive Services Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination

The Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare Physical Exam" or the "Welcome to Medicare Visit," is a preventive evaluation and management (E/M) service. The goals of the IPPE are health promotion and disease detection. All components of the IPPE must be provided, or provided and referred, prior to submitting claims for the IPPE visit.

## Components of the IPPE (as of January 1, 2009)

### Acquire Patient History

#### Elements

At a minimum, obtain the following:

- Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments)
- Current medications and supplements (including calcium and vitamins)
- Family history (review of medical events in the family, including diseases that may be hereditary or place the individual at risk)
- History of alcohol, tobacco, and illicit drug use
- Diet
- Physical activities

### 1. Review of Individual's Medical and Social History

### 2. Review of Individual's Potential (Risk Factors) for Depression and Other Mood Disorders

Use any appropriate screening instrument recognized by national professional medical organizations to obtain current or past experiences with depression or other mood disorders

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
- Falls risk
- Home safety

### 3. Review of Individual's Functional Ability and Level of Safety

### Begin Physical Examination

#### Elements

Obtain the following:

- Height, weight, and blood pressure
- Visual acuity screen
- Measurement of body mass index (required effective January 1, 2009)
- Other factors deemed appropriate based on the individual's medical and social history and current clinical standards

### 4. A Physical Examination

Effective for dates of service on or after January 1, 2009, the IPPE includes end-of-life planning as a required service, upon the beneficiary's consent. End-of-life planning is verbal or written information provided to the beneficiary regarding:

- 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, and
- Whether or not the physician is willing to follow the beneficiary's wishes as expressed in the advance directive.

### 5. End-of-Life Planning

### Counsel Patient

#### Elements

Based on the results of the review and evaluation services provided in the previous five components, provide education, counseling, and referral. Examples include the following:

- Counseling on diet if the individual is overweight
- Education on prevention of chronic diseases
- Smoking and tobacco-use cessation counseling

### 6. Education, Counseling, and Referral Based on the Previous Five Components

### 7. Education, Counseling, and Referral for Other Preventive Services

Complete a brief written plan, such as a checklist, to be given to the beneficiary for obtaining an electrocardiogram, as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits. (Refer to back page for a list of Medicare-covered preventive services.)

Medicare Part B Preventive Services	Medicare Part B Preventive Services
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)*	Bone Mass Measurements
Cardiovascular Screening Blood Tests	Colorectal Cancer Screening
Diabetes Screening Tests	Prostate Cancer Screening
Diabetes Self-Management Training and Medical Nutrition Therapy	Influenza, Pneumococcal, and Hepatitis B Vaccinations
Screening Pap Tests and Pelvic Examination	Glaucoma Screening
Screening EKG**	Screening Mammography

\* Effective January 1, 2007, a Medicare beneficiary who is at risk for abdominal aortic aneurysms (AAAs) may receive a referral for a **one-time** preventive ultrasound screening for the early detection of AAAs as part of their IPPE.

\*\***NEW:** Effective for dates of service on or after January 1, 2009, the *screening EKG* is no longer a required part of the IPPE. It is optional and may be performed as a result of a referral from an IPPE (as part of the educational, counseling, and referral service the beneficiary is entitled to during the beneficiary's IPPE visit). (See component #7.) The screening EKG will be allowed only once in a beneficiary's lifetime.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes listed in the table below when filing claims for the IPPE for dates of service on or after January 1, 2009:

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

## Frequently Asked Questions

### Is the IPPE the same as a beneficiary's yearly physical?

No, this exam is a preventive physical exam and not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams. For a newly enrolled beneficiary, the IPPE is an introduction to Medicare and covered benefits.

### Who can perform the IPPE?

The IPPE must be furnished by either a physician (a doctor of medicine or osteopathy) or a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist).

### Are clinical laboratory tests part of the IPPE?

No, the IPPE does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the IPPE.

### Is there a deductible or coinsurance/copayment for the IPPE?

Coverage of the IPPE visit is provided as a Medicare Part B benefit. For dates of service on or after January 1, 2009, the annual Part B deductible

## Who Is Eligible to Receive the IPPE?

Effective for dates of service on or after January 1, 2009, Medicare provides coverage of the IPPE for all newly enrolled beneficiaries who receive the IPPE within the first 12 months after the effective date of their Medicare Part B coverage. However, only beneficiaries whose first Part B coverage period began on or after January 1, 2005 are eligible for the IPPE. This is a **one-time** benefit per Medicare Part B enrollee.

## Preparing Eligible Medicare Patients for the IPPE Visit

Providers can help eligible Medicare patients get ready for their IPPE visit by encouraging them to come prepared with the following information:

- Medical records, including immunization records
- Family health history, in as much detail as possible
- A full list of medications and supplements, including calcium and vitamins—how often and how much of each is taken

## Resources

The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals

[http://www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web\\_061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web_061305.pdf)

Medicare Claims Processing Manual – Pub. 100-04, Chapter 12, Section 30.6.1.1

<http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>

Medicare Claims Processing Manual – Pub. 100-04, Chapter 18, Section 80

<http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>

Change Request 6223/Transmittal 1615

– Update to the Initial Preventive Physical Examination (IPPE) Benefit

<http://www.cms.hhs.gov/transmittals/downloads/R1615CP.pdf>