

**Frequently Asked Questions from the March 28, 2012
Medicare Preventive Services National Provider Call:
The Initial Preventive Physical Exam and the Annual Wellness Visit**

Who can perform an Annual Wellness Visit?

Medicare Part B covers the Annual Wellness Visit (AWV) if it is furnished by a:

- Physician (doctor of medicine or osteopathy)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a physician (doctor of medicine or osteopathy)

As discussed in the preamble of the calendar year 2011 Physician Fee Schedule rule, CMS is not assigning particular tasks or restrictions for specific members of the team. We believe it is better for the supervising physician to assign specific tasks to qualified team members (as long as they are licensed in the State and working within their state scope of practice). This approach gives the physician and the team the flexibility needed to address the beneficiary's particular needs on a particular day. It also empowers the physician to determine whether specific medical professionals who will be working on his or her wellness team are needed on a particular day. The physician is able to determine the coordination of various team members during the AWV.

Who can perform an Initial Preventive Physical Exam?

Medicare Part B covers an Initial Preventive Physical Exam if it is furnished by a:

- Physician (doctor of medicine or osteopathy), or
- Other qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)

When is a beneficiary eligible for the Initial Preventive Physical Exam?

Medicare provides coverage of the Initial Preventive Physical Exam (IPPE) for all beneficiaries who receive the IPPE within the first 12 months after the effective date of their first Medicare Part B coverage period. This is a one-time benefit per Medicare Part B enrollee. Additional information regarding Medicare coverage of the IPPE is available in the CMS MLN [Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Exam](#) chart.

When is a beneficiary eligible for the Annual Wellness Visit?

Medicare provides coverage of an Annual Wellness Visit (AWV) for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and who has not received either an Initial Preventive Physical Exam (IPPE) or an AWV within the past 12 months. Medicare pays for only one first AWV per beneficiary per lifetime, and pays for one subsequent AWV per year thereafter. Additional information regarding Medicare coverage of the AWV is available in the CMS MLN [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#) chart.

Is there a way to find out whether a beneficiary previously had an Initial Preventive Physical Exam or Annual Wellness Visit and when these services were performed?

In order to verify whether the coverage requirements concerning time intervals between services have been met, you should contact the local Medicare contractor that has jurisdiction for the beneficiary. If the beneficiary has moved, you should contact the Medicare contractor where you believe the service may have been provided previously. The Provider Call Center Toll Free Number Directory is located in the “Downloads” section of the [MLN General Information webpage](#).

What elements need to be included in the Initial Preventive Physical Exam?

The Initial Preventive Physical Exam (IPPE), also commonly referred to as the “Welcome to Medicare” Preventive Visit includes all of the elements as defined in our regulations at [42 CFR 410.16](#). Additional information regarding the elements included in an IPPE can be found in the CMS MLN [Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Exam](#) chart.

What elements need to be included in the Annual Wellness Visit?

The “first Annual Wellness Visit providing Personalized Prevention Plan Services” and “subsequent Annual Wellness Visits providing Personalized Prevention Plan Services” include all of the elements as defined in our regulations at [42 CFR 410.15](#). Additional information regarding the elements included in first and subsequent annual wellness visits can be found in the CMS MLN [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#) chart and [MLN Matters® Article MM7079](#).

Where can I find more information on the Health Risk Assessment for the Annual Wellness Visit? Are there templates or examples that I can use?

The statute requires that a Health Risk Assessment (HRA) be included and taken into account in the provision of Personalized Prevention Plan Services as part of the Annual Wellness Visit (AWV). The standards outlined for the HRA are those that experts in the field of HRAs report as being scientifically valid and for which there is evidence of effectiveness. CMS believes it is important that health professionals have the flexibility to address additional topics, as appropriate, based on patient needs. Thus, there is not only one type of HRA that will meet the minimum HRA requirements.

The Centers for Disease Control and Prevention (CDC) developed an evidence-informed framework document for health risk assessments, [A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries](#). This framework includes sections on successful implementation of the HRA, use of HRAs, and follow-up interventions that evidence suggests can influence health behaviors, defining the HRA framework and rationale for its use, history of health risk assessments, and a suggested set of HRA questions.

Minimum requirements for the HRA:

- Collects self-reported information about the beneficiary
- Can be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter
- Is appropriately tailored to and takes into account the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs

- Takes no more than 20 minutes to complete

The HRA addresses, at a minimum, the following topics:

- Demographic data, including but not limited to:
 - Age,
 - gender
 - race
 - ethnicity
- Self assessment of:
 - health status,
 - frailty
 - physical functioning
- Psychosocial risks, including but not limited to:
 - depression/life satisfaction
 - stress
 - anger
 - loneliness/social isolation
 - pain
 - fatigue
- Behavioral risks, including but not limited to:
 - tobacco use
 - physical activity
 - nutrition and oral health
 - alcohol consumption
 - sexual health
 - motor vehicle safety (seat belt use)
 - home safety
- Activities of daily living, including but not limited to:
 - dressing
 - feeding
 - toileting
 - grooming
 - physical ambulation (including balance/risk of falls)
 - bathing
- Instrumental activities of daily living (IADLs), including but not limited to:
 - shopping
 - food preparation
 - using the telephone
 - housekeeping
 - laundry
 - mode of transportation
 - responsibility for own medications
 - ability to handle finances

Are the Initial Preventive Physical Exam or Annual Wellness Visit required or mandated?

While CMS encourages health care providers to furnish the Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV) services to Medicare beneficiaries, as appropriate, they are not required to furnish these services. Both the IPPE and AWV are statutorily defined benefits.

The Initial Preventive Physical Exam (IPPE), also commonly referred to as the “Welcome to Medicare” Preventive Visit includes all of the elements as defined in our regulations at [42 CFR 410.16](#). Additional information regarding the elements included in an IPPE can be found in the CMS MLN [Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Exam](#) chart.

The “first annual wellness visit providing personalized prevention plan services” and “subsequent annual wellness visits providing personalized prevention plan services” include all of the elements as defined in our regulations at [42 CFR 410.15](#). Additional information regarding the elements included in first and subsequent annual wellness visits can be found in the CMS MLN [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#) chart and [MLN Matters® Article MM7079](#).

When will the MLN products on the Initial Preventive Physical Exam and the Annual Wellness Visit be updated?

- [Quick Reference Information: Preventive Services](#) (ICN 006559) has been revised and is now available in downloadable format. This educational tool is designed to provide education on the Medicare-covered preventive services. It includes coverage, coding, and payment information — *Updated February, 2012.*
- [Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination](#) (ICN 006904) has been revised and is now available in downloadable format. This educational tool is designed to provide education on the Initial Preventive Physical Examination, also known as the IPPE. It includes a list of the required elements in the IPPE, as well as coverage and coding information — *Updated January, 2012.*
- [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#) (ICN 905706) has been revised and is now available in downloadable format. This educational tool is designed to provide education on the Annual Wellness Visit (AWV). It includes a list of the required elements in the initial and subsequent AWVs, as well as coverage and coding information — *Updated January, 2012.*

Does the supervising physician have to be in the same room with the patient to meet the requirements for Direct Supervision for the Initial Preventive Physical Exam and Annual Wellness Visit?

To meet the Direct Supervision requirement, the physician or non-physician practitioner who is billing Medicare for the service must be present in the office suite and immediately available to provide assistance and direction throughout the time the service is being provided, but they do not have to be in the room where the services are being furnished.

Is an Advanced Beneficiary Notice required for non-covered services?

The Advanced Beneficiary Notice (ABN) is not required for services that are statutorily excluded from coverage, such as preventive exams. Practitioners should alert beneficiaries to financial liabilities and the voluntary ABN is one way of doing so.

Do Medicare Managed Care plans cover the Initial Preventive Physical Exam and the Annual Wellness Visit?

Yes, the Initial Preventive Physical Exam (IPPE) and the Annual Wellness Visit (AWV) must be covered by all Medicare Managed Care plans following CMS coverage requirements and guidelines for these services. Medicare Advantage Organizations (MAOs) are required by statute and regulation to cover (by furnishing, arranging for, or making payment for) all items and services covered under Medicare Parts A & B and that are available to Medicare beneficiaries in the plan's service area. In addition, MAOs must comply with coverage requirements in the *Code of Federal Regulations*, CMS National Coverage Determinations, local coverage determinations from MACs with jurisdiction over the plan's service area, and general coverage guidelines and instructions in Medicare manuals, the *Federal Register* and other instructions, unless superseded by other Medicare Advantage specific requirements and instructions.

Where can I find information on screening mammography, screening pap tests, and screening pelvic examination for women?

Medicare covers pap tests and pelvic exams (includes a clinical breast exam). More information is available in the CMS MLN [Guide to Medicare Preventive Services](#), Chapters 8 through 10.