

Internal Medicine Coding Alert

Expert Guidance Helps You End Your IPPE Confusion

Get the 7 crucial requirements you need to report G0344

By now you know to report G0344 for Medicare's Welcome-to-Medicare benefit, but what you may not know is the seven essential components that your internist must document to receive reimbursement for this code.

"Providers should understand that they are not performing a typical preventive medicine service," says **Betsy Nicoletti, CPC**, a coding, billing and compliance consultant with Medical Practice Consulting in Springfield, Vt.

To help ensure Medicare payers will reimburse you for G0344 (Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment), your visits should include the following:

1. A medical, family and social history: As with regular office visits, your physician or nurse should document the patient's history, Nicoletti says.

At a minimum, the medical history should include the patient's past surgeries, illnesses, hospital stays, allergies, injuries and treatments, current medications and supplements including calcium and vitamins, says **Susan Minchew Pincus, CPC, CHC**, an independent healthcare consultant based in Atlanta. She recently presented the teleconference "Preventive Medicine Coding" for **The Coding Institute** in Naples, Fla.

The family history should document a review of family medical events and hereditary diseases, Pincus says. As for the social history, the record should show any alcohol, tobacco or illicit drug use, and should describe diet and physical activities.

2. Depression screening: The internist must use a screening tool, such as a multiple-choice survey, to assess the patient for depression (311), which a physician wouldn't normally do in a preventive medicine visit, Nicoletti says.

Your internist should use this tool to determine whether the patient has depression or has ever had depression. The patient, however, should not have a current diagnosis of depression, she says.

3. Review of the patient's functional ability and safety level: To satisfy this requirement, your internist should review hearing impairment, activities of daily living, falls risk, and home safety, Pincus says.

4. A physical exam: The physician or other approved practitioner should perform a physical exam, which includes height, weight, blood pressure, visual acuity screen, and other factors as deemed appropriate based on the patient's medical and social history and current medical standards, Nicoletti says.

"This is also quite different from a regular preventive medicine visit because there are no requirements to check the heart and lungs," she says.

5. An EKG: Your internist should either perform an electrocardiogram (EKG) or order the test as a part of the visit, Nicoletti says. Either way, "the EKG must be performed and the results documented on the medical chart" before you can report G0344, she says.

If the internist performs the EKG in his office, you can separately report G0366 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination),

Pincus says.

When the physician performs tracing only, you should use G0367 (Tracing only, without interpretation and report, performed as a component of the initial preventive physical examination). But if he provides an interpretation and report only, use code G0368 (Interpretation and report only, performed as a component of the initial preventive physical examination).

Quick tip: You don't need to add a modifier to the EKG codes when you report them in addition to G0344, Nicoletti says.

6. Education, counseling and referral: Your internist should provide these to the patient based on the results of the exam, Pincus says.

7. A written plan: In addition to the education, counseling and referral, the internist should give the patient a brief written plan or a checklist that recommends other screening and preventive services the patient needs, Pincus says.

For example, the internist's plan may refer the patient for a colonoscopy and a mammogram, Nicoletti says.

You Can Report a Sick Visit, Too

Heads-up: When your internist performs an IPPE, you may be able to report a sick-visit code (99201-99215) in addition to G0344. Just make sure the physician documented a separate visit and that you attach modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code.

Warning: Medicare is scrutinizing claims for high-level E/M codes, such as 99205 or 99214, when reported along with G0344, Nicoletti says.

Initially, Medicare allowed you to report nothing higher than a level-two code with the IPPE visit but later removed this restriction.

Also be careful that your internist doesn't "double-count elements" if he bills for an IPPE and sick visit, Nicoletti says. For instance, the physician cannot document the same medical history for both visits, she says.