

The goals of the Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare Visit," are health promotion and disease detection. This document explains the components included in the IPPE. All components of the IPPE must be provided, or provided and referred, prior to submitting a claim for the IPPE.

## Components of the IPPE:

ACQUİRE BENEFICIARY HISTORY ELEMENTS	
<input type="checkbox"/> 1. Review of beneficiary's medical and social history	Ask questions, obtain the following: <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 (history of medical problems in the family, including illnesses that may be hereditary or place the beneficiary at risk);</li> <li>History of alcohol, tobacco, and illicit drug use;</li> <li>Diet; and</li> <li>Physical activities.</li> </ul>
<input type="checkbox"/> 2. Review of beneficiary's potential risk factors for depression and other mood disorders	Use any appropriate screening instrument for persons without a current diagnosis of depression—recognized by national professional medical organizations to either current or past experiences with depression or other mood disorders.
<input type="checkbox"/> 3. Review of beneficiary's functional ability and level of safety	Use any appropriate screening questions or standardized questionnaire recognized by national professional medical organizations to obtain, at a minimum, the following areas: <ul style="list-style-type: none"> <li>Walking impairment;</li> <li>Ability of daily living;</li> <li>Falls risk; and</li> <li>Home safety.</li> </ul>
REVIEW EXAMINATION ELEMENTS	
<input type="checkbox"/> 4. An examination	Obtain the following: <ul style="list-style-type: none"> <li>Height, weight, and blood pressure;</li> <li>Visual acuity-screen;</li> <li>Measurement of body mass index; and</li> <li>Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards.</li> </ul>
<input type="checkbox"/> 5. End-of-life planning	End-of-life planning is a required service, upon the beneficiary's consent. End-of-life planning is verbal or written information provided to the beneficiary regarding: <ul style="list-style-type: none"> <li>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</li> <li>Whether or not the physician is willing to follow the beneficiary's wishes as expressed in the advance directive.</li> </ul>
COUNSEL BENEFICIARY ELEMENTS	
<input type="checkbox"/> 6. Education, counseling, and referral based on the previous five components	Based on the results of the review and evaluation services provided in the previous five components, provide education, counseling, and referral as appropriate.
<input type="checkbox"/> 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 a screening mammogram (TDX), as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits. (See below for a list of Medicare covered preventive services.)

# Medicare Quick Reference Guide

**Sue Byers-Connon, Helene Lohman**

## **Medicare Quick Reference Guide:**

*Medicare and Medicaid Guide*, 1969    Federal Register, 2013-07    **The Case Manager's Training Manual** David W. Plocher, Patricia L. Metzger, 2001 Overviews the structure of the field and presents a step by step training manual on daily case management workflow Member risk assessment the role of the community based case manager and disease management are discussed within the context of case management Chapters are in sections on fundamental *National Guide for Eldercare Information and Referral*, 2000    Physicians Fee & Coding Guide, 2007    **ICD-10 Made Easy**, 1998

**The COBRA Guide: Practical Solutions to Administration and Management** Barry Newman, The Alexander Consulting Group, 1996 In an easily referenced format this guide offers human resource professionals and business owners answers to their questions You'll find easy to understand explanations of current regulations and issues you need to know for COBRA compliance This indexed guide summarizes COBRA court decision includes a question and answer section and provides a COBRA checklist Sample notices and letters make communicating with employees easier *Physician Compliance Implementation Manual* Bill Dacey, 2001    **Abstracts of Reports and Testimony**, 1998    *Premier I-9 Express* Ingenix, Inc. Staff, St Anthony, Catherine A Hopkins, Deborah C Hall, 2000-10    **The Physician Compliance Auditing and Monitoring Manual** Bill Dacey, 2001    *HRM Perspective*, 1991    *2002 ICD-9-CM Expert for Hospitals* Anita C. Hart, Catherine A. Hopkins, 2001    **2002 ICD-9-CM Professional for Physicians, Volumes 1 and 2** Catherine A. Hopkins, 2001    **Evaluation and Management Coding and Documentation Guide** Jillian H. Kuruc, 2003

*Occupational Therapy with Elders* Sue Byers-Connon, Helene Lohman, 2004 This unique resource clearly presents a comprehensive range of elder care strategies and insights for the COTA Coverage includes important trends concepts and theories related to aging as well as professional issues for occupational therapy professionals A multi disciplinary approach demonstrates the importance of the collaboration between the Occupational Therapist Registered OTR and COTA Highlights the importance of COTAs to the care of elder patients Key terms chapter objectives and review questions highlight key chapter content Case Studies illustrate important principles and help readers apply what they've learned to actual situations Reduces the stereotypical role of dependent patients and dispels myths about aging Reflects the recently adopted Occupational Therapy Practice Framework and its interpretation when caring for elder patients AARP statistics and AOTA documents have been updated to reflect current information New photos have been added to enhance the material presented The appendix on web resources is now divided by chapter and includes a brief description of each website Features a new Evolve site with review questions and answers web links and much more New cases studies and review questions are included in each chapter Practice settings coverage has been expanded to cover traditional non traditional and assisted living facilities The hospice chapter features new guidelines on effective communication with elders The Aging Trends and Concepts chapter includes a discussion of the growing number of elder Americans living over the age of one hundred The

principle of thriving is introduced and discussed in the Social and Biological Theories of Aging chapter In the chapter on Psychological Aspects of Aging the need for elder social support is introduced and discussed as is the principle of physical illness in relation to coping with a chronic disease or serious illness Features an extended and updated discussion of Medicare Federal Public Policies and other public sources of funding and how they relate to COTA practice Other rehabilitation services and coverage concepts are discussed in relation to Federal Health Care Policy The Occupational Theories with Elders chapter introduces the Occupational Therapy Practice Framework and presents several new scenarios that illustrate the framework in use The chapter on sexuality in elders was expanded to include a specific discussion of elder homosexuals A new section on wheelchair seating and positioning was added to the mobility chapter Discusses decreased acuity and oculomotor dysfunction and includes an in depth presentation of the settings in which visual impairments are addressed Features the latest information on arthritis therapy and total knee replacement

**User's Guide Microsoft Money, Personal Financial Organization Made Easy ,1992** Effective Management of Coding Services Lou Ann Schraffenberger,2002 This is a resource for coding managers across the continuum of health care settings with a special emphasis on acute care and hospital based ambulatory settings Addresses the scope and organization of clinical coding data including standards for electronic record systems coding practice issues recruitment and retention of coding staff chargemaster management quality control issues compliance reporting issues and financial issues Contains numerous examples and case studies to illustrate issues and demonstrate how coding decisions affect other areas in the health care organization Employee Benefits Answer Book Pamela Sande,Joan Vigliotta,1998 Government Information on the Internet Greg R. Notess,2000

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