

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"> Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments); Current medications and supplements (including calcium and vitamins); Family history (history of medical problems in the family, including illnesses that may be hereditary or place the beneficiary at risk); History of alcohol, tobacco, and illicit drug use; Diet; and Physical activities.
<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"> Walking impairment; Ability of daily living; Falls risk; and Home safety.
REVIEW EXAMINATION ELEMENTS	
<input type="checkbox"/> 4. An examination	Obtain the following: <ul style="list-style-type: none"> Height, weight, and blood pressure; Visual acuity-screen; Measurement of body mass index; and Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards.
<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"> 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.
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

David Baud

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