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Getting Paid

How to Conduct a "Welcome to Medicare" Visit

You and your patient have a lot of ground to cover. Here's one way to get it all done.

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Covered in *FPM* Quiz



Tool inside

The new Welcome to Medicare exam revolves around preventive health care, something family physicians have always incorporated into their practice. But as you work out your routine for performing these visits, you might need to reframe your thinking about what constitutes a physical exam.

The new Medicare exam includes seven elements, and they add up to a patient encounter that is as much of a conversation as it is a physical exam. Making sure you cover all of the required elements in the allotted time takes a well-planned routine. If you haven't already developed such a routine, this article suggests some time-saving strategies. It is followed by an [encounter form](#) that will help you to ensure all elements of the initial preventive physical exam are completed. The form also should help you meet evaluation and management (E/M) documentation requirements.

The essential elements

As part of the Medicare Modernization Act (MMA), Medicare beneficiaries whose Part B coverage began after Jan. 1, 2005, and who are within six months of the effective date of their coverage are eligible for one initial preventive physical exam. The exam focuses on identifying modifiable risk factors for medical conditions that frequently affect the elderly, as well as education, counseling and referral for Medicare-covered preventive services.

Here are the seven required elements:

1. Review of comprehensive medical and social history. The purpose of this element is to identify modifiable risk factors for disease.

You might need to reframe your thinking about what constitutes a physical exam.

The medical history component should include illnesses, hospitalizations, surgeries, injuries, allergies, medications, supplements and vitamins. Social issues to address include alcohol,

tobacco and illicit drug use; diet; and physical activities. The family history is performed to identify hereditary diseases or diseases that otherwise place the patient at increased risk for disease.

2. Review of risk factors for depression.

This next element involves identifying depression and other mood disorders. The Centers for Medicare & Medicaid Services (CMS) does not recommend a specific depression screening tool. Instead, CMS states that you "may select from various available standardized screening tests designed for this purpose."¹

Many standardized depression screening tools are too cumbersome to use in a short office visit. One quick technique recommended by the U.S. Preventive Services Task Force (USPSTF) involves asking two questions: "Over the past two weeks, have you felt down, depressed or hopeless?" and "Over the past two weeks, have you felt little interest or pleasure in doing things?" An affirmative answer to either may be as effective as more detailed instruments in identifying a patient who needs further evaluation for depression.²

BILLING FOR A WELCOME TO MEDICARE VISIT

Along with settling on a new routine for the Welcome to Medicare exam, you'll also want to make sure you understand its billing requirements.

For a complete overview, see "[New Year, New Medicare Benefits](#)," *FPM*, February 2005, page 15.

3. Review of functional ability and level of safety. You have a lot of leeway with this element, which requires you to evaluate your patient's hearing, activities of daily living, functional ability and level of safety. As with the depression screening, CMS accepts any appropriate screening test that is recognized by national medical professional groups.

PREVENTIVE SERVICES BY MEDICARE PART B

- Pneumococcal, influenza and hepatitis B vaccines
- Screening mammography
- Screening Pap smear/pelvic exam
- Prostate cancer screening
- Colorectal cancer screening
- Diabetes outpatient self-management training services
- Bone mass measurements
- Screening for glaucoma
- Medical nutritional therapy for individuals with diabetes or renal disease
- Cardiovascular screening blood tests
- Diabetes screening tests

For determining fall risk, I recommend following the American Geriatrics Society's (AGS) clinical guidelines. According to the AGS, there are two tests that should trigger further patient evaluation: if your patient previously has received treatment for a fall, or if your patient takes longer than 30 seconds for an "Up & Go" test.³

The timed Up & Go test involves having the patient stand up from a chair, walk three meters, turn around, walk back to the chair and sit back down. If the patient takes longer than 30 seconds or seems unsteady, the test is considered positive for increased fall risk.

To identify functional challenges, the CDC advises screening your patients by inquiring about their instrumental activities of daily living (IADLs). This involves asking patients about troubles using a phone, using transportation, grocery shopping, preparing meals, doing housework, doing laundry, taking medications and managing money. Any limitation to their IADLs that you identify as being caused by a chronic condition warrants further evaluation.

You should refine how your office handles this new Medicare benefit before patients are even in the exam room.

While functional assessments have been researched extensively, less evidence exists for home safety screening. The CDC recommends that elderly patients improve home safety by removing tripping hazards in walkways, using non-slip mats in bathtubs and showers, placing grab bars next to the toilet and shower, placing handrails on both sides of a stairway and improving home lighting. It seems reasonable to question patients about these items during the initial preventive physical exam.

For the hearing evaluation, I plan to follow the USPSTF's recommendation to simply question patients about their hearing function. There are, of course, more elaborate testing methods, but the USPSTF found insufficient evidence to recommend for or against them.⁴

Your screening for depression risk, functional ability and level of safety should be accompanied by further evaluation, including a full diagnostic workup, for any patients with positive responses. The workup can be performed in conjunction with the initial preventive physical exam, or the patient can be further evaluated later. CMS will allow a level-one or level-two E/M code with a -25 modifier attached to be billed with the initial preventive physical exam. If you conclude that the depression or fall risk does not warrant immediate care but will require a level-three or higher E/M service, it might be prudent to perform the full workup at a later date.

4. A focused physical exam. This should be an extremely focused physical exam. Height, weight, blood pressure and visual acuity are the only required components. No specific vision tests are mandated, but using the Snellen chart is appropriate.

5. Performance and interpretation of an electrocardiogram. Some offices have the capacity to handle this, and others will need to send the patient to another facility. Either way, the ECG results need to be incorporated into your patient's medical record to complete the initial preventive physical exam.

If the patient is sent to another facility for the ECG, the order must read "ECG as part of the Welcome to Medicare Physical, codes G0366-G0368." Medicare has instructed that physicians

must order the ECG in a manner that helps to prevent use of codes for ECGs not related to the initial preventive physical exam.

6. Brief education, counseling and referral to address any pertinent health issues identified during the first five elements of the exam. CMS expects the amount of time required for this step to vary depending on the problems that you discovered in the first five elements.

7. Brief education, counseling and referral, with maintenance of a written plan (such as a checklist), regarding separate preventive care services covered by Medicare Part B. There are now 11 preventive services authorized under Medicare Part B. Coverage for the two newest ones, cardiovascular disease screening and diabetes screening, became effective on Jan. 1, 2005. For the full list, see "Preventive services covered by Medicare Part B" [above](#).

It is important that you thoroughly understand Medicare's policy on these services before counseling your patient. Some services are covered at 100 percent of the Medicare allowable charge, and some services are covered at 80 percent of the Medicare allowable charge. In addition, some of the services are covered only if medically indicated.

Kent J. Moore, AAFP's manager for health care and delivery systems, has written two *FPM* articles that cover these Part B services. "[Another Ounce of Prevention](#)" (November/December 2002, page 25) covers most of the benefits, and "[New Year, New Medicare Benefits](#)" (February 2005, page 15) summarizes the two new ones. (These articles are available online at <http://www.aafp.org/fpm>.)

Put it in writing

A checklist or another method of documentation indicating that the seven elements of the initial preventive physical exam have been addressed must be maintained in the patient record. The form [below](#) has been designed to do that.

In addition, you are required to give your patient a written plan for obtaining the appropriate preventive services. I suggest that you make a copy of the form's second page to give to the patient at the exam's conclusion. If you want to get fancy, you could design a similar form with a duplicate page two, allowing you to keep the original and give the carbon copy to the patient.

PREPRINTED HANDOUTS

Familydoctor.org has patient education materials regarding many of the preventive health issues covered in an initial preventive physical exam.

Breast cancer screening

<http://familydoctor.org/018.xml>

Cardiovascular blood tests

<http://familydoctor.org/029.xml>

Colon cancer screening

<http://familydoctor.org/556.xml>

Diabetes screening

<http://familydoctor.org/327.xml>

Glaucoma

<http://familydoctor.org/216.xml>

Osteoporosis

<http://familydoctor.org/136.xml>

Prostate cancer screening

<http://familydoctor.org/361.xml>

Screening Pap/pelvic

<http://familydoctor.org/138.xml>

A timed exchange

Over time, you will become more adept at completing the initial preventive physical exam in a reasonable period. CMS considers the physician/non-physician provider time component of the initial preventive physical exam to be equivalent to a 30-minute 99203 (new patient, level-three E/M code).

To speed the process along, you could use preprinted patient education materials to counsel your patient. For some specific examples available on Familydoctor.org, AAFP's patient education Web site, see "Preprinted handouts." It would also be helpful to ask your patients to bring to the visit the "Guide to Medicare's Preventive Services," which each new beneficiary is receiving in their Welcome to Medicare package. It can be viewed or downloaded at <http://www.medicare.gov/publications/pubs/pdf/10110.pdf>.

As you perfect your Welcome to Medicare exam routine, you should also refine how your office handles this new Medicare benefit before patients are even in the exam room. Identify new Medicare-eligible patients. Schedule the patients in a timely manner. Perform some of the screening before the face-to-face encounter.

MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM

This form was updated in 2007 to reflect changes to Medicare's covered services. You can download the [updated encounter form as a PDF here](#).

Patient's name: _____ Date of birth: _____ Medical record #: _____
 Medicare B eligibility date: _____ Date of exam: _____ Date of last exam: _____

MEDICAL/SOCIAL HISTORY

Past personal illnesses or injuries:

Injury or illness	Date	Hospitalized?	Drug allergies:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications, supplements and vitamins: _____

Alcohol use: _____
Drug use: _____

Social history notes (including diet and physical activities):

Family history notes:

DEPRESSION SCREEN

- 1. Over the past two weeks, have you felt down, depressed or hopeless? Yes No
- 2. Over the past two weeks, have you felt little interest or pleasure in doing things? Yes No

FUNCTIONAL ABILITY/SAFETY SCREEN

- 1. Was the patient's timed Up & Go test unsteady or longer than 30 seconds? Yes No
- 2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money? Yes No
- 3. Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting? Yes No

Hearing evaluation: _____

A "yes" response to any of the questions regarding depression or function/safety should trigger further evaluation.

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood pressure: _____
 Visual acuity: L _____ R _____

ELECTROCARDIOGRAM

Result: _____

Evaluations/referrals based on history, exam and screening:


Create two copies of this page: one for your charts and one to give to your patient.

COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES

Service	Limitations	Recommendation	Scheduled
Vaccines <ul style="list-style-type: none"> • Pneumococcal • Influenza • Hepatitis B (if medium/high risk) 	No deductible/no co-pay Medium/high risk factors: <ul style="list-style-type: none"> • End-stage renal disease • Hemophiliacs who received Factor VIII or IX concentrates • Clients of institutions for the mentally retarded • Persons who live in the same house as a HepB virus carrier • Homosexual men • Illicit injectable drug abusers 		
Mammogram			
Pap and pelvic exams			
Prostate cancer screening <ul style="list-style-type: none"> • Digital rectal exam (DRE) • Prostate specific antigen (PSA) 			
Colorectal cancer screening <ul style="list-style-type: none"> • Fecal occult blood test • Flexible sigmoidoscopy • Screening colonoscopy • Barium enema 			
Diabetes self-management training	Requires referral by treating physician for patient with diabetes or renal disease.		
Bone mass measurements	Requires diagnosis related to osteoporosis or estrogen deficiency.		
Glaucoma screening			
Medical nutrition therapy for diabetes or renal disease	Requires referral by treating physician for patient with diabetes or renal disease.		
Cardiovascular screening blood tests <ul style="list-style-type: none"> • Total cholesterol • High-density lipoproteins • Triglycerides 	Order as a panel if possible.		
Diabetes screening tests <ul style="list-style-type: none"> • Fasting blood sugar (FBS) or glucose tolerance test (GTT) 	Patient must be diagnosed with one of the following: <ul style="list-style-type: none"> • Hypertension • Dyslipidemia • Obesity (BMI ≥ 30 kg/m²) • Previous ID of elevated impaired FBS or GTT ... or any two of the following: <ul style="list-style-type: none"> • Overweight (BMI ≥ 25 but < 30) • Family history of diabetes • Age 65 years or older • History of gestational diabetes or birth to baby weighing more than 9 pounds 		

PHYSICIAN'S SIGNATURE: _____ DATE: _____

Developed by Randall O. Card, MD, FAFP, Marquette General Hospital, Marquette, Mich., and Cindy Hughes, CPC, AAFP Coding & Compliance Specialist. Copyright © 2005 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Card RO. How to conduct a "Welcome to Medicare" visit. *Fam Pract Manag.* April 2005;27-32; <http://www.aafp.org/fpm/20050400/27howt.html>.

The initial preventive physical exam is an opportunity for you and your newly enrolled Medicare patients to start thinking about Medicare-covered preventive services. Effective, efficient use of the initial preventive physical exam requires physicians and non-physician providers to understand the specific components of the initial preventive physical exam. A systems approach to identifying, educating and counseling patients regarding Medicare-covered preventive services may improve patient health and help physicians deliver the initial preventive physical exam in a financially sound manner. 

Send comments to fpmedit@aafp.org.

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2. U.S. Preventive Services Task Force. Screening for depression: recommendations and rationale. *Ann Intern Med*. 2002;136:760-764.
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4. U.S. Preventive Services Task Force. Screening for hearing impairment. In: Guide to clinical preventive services: a report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore: Williams & Wilkins; 1996:393-405.

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