

**2011 MEDICARE PREVENTIVE SERVICES GUIDE**

CPT/HCPCS code	Coinsurance/ Deductible	Frequency	USPSTF rating <sup>1</sup>	Payment method
<b>Initial preventive physical examination (IPPE), face-to-face visit G0402</b>	Waived*	Once within first 12 months of coverage	Not rated	Physician fee schedule (PFS)
<b>Electrocardiogram in conjunction with IPPE G0403-G0405</b>	Not waived	Once within first 12 months of coverage	Not rated	PFS
Ultrasound, B-scan and/or real time with image documentation; for <b>abdominal aortic aneurysm (AAA) ultrasound screening</b> as a result of the IPPE for beneficiaries with family history of AAA or males age 65 or older who have smoked at least 100 cigarettes in lifetime <b>G0389</b>	Waived*	Once within first 12 months of coverage	B	PFS
<b>Cardiovascular disease screening</b> Lipid panel <b>80061</b> Cholesterol, serum or whole blood, total <b>82465</b> Lipoprotein, direct measurement; high density cholesterol (hdl cholesterol) <b>83718</b> Triglycerides <b>84478</b>	Waived	Every 5 years for all asymptomatic beneficiaries	A	Lab fee schedule (LFS)
<b>Diabetes screening tests</b> Glucose; quantitative, blood (except reagent strip) <b>82947</b> Glucose; post glucose dose (includes glucose) <b>82950</b> Glucose; tolerance test (gtt), three specimens (includes glucose) <b>82951</b>	Waived	2 screening tests per year for patients diagnosed with prediabetes; 1 screening per year if previously tested but not diagnosed as prediabetic or if never tested	B for 82947 and 82950 82951 is not rated	LFS
<b>Diabetes outpatient self-management training</b> for beneficiaries at risk for diabetes complications <b>G0108, G0109</b> (requires physician order)	Not waived	Up to 10 hours initial training within continuous 12-month period; subsequent years, up to 2 hours follow-up training per year	Not rated	PFS
<b>Medical nutrition therapy</b> to patients with diabetes or renal disease (must be provided by registered dietician or nutrition professional) <b>97802, 97803, 97804, G0270, G0271</b>	Waived*	1st year 3 hours of one-on-one counseling; subsequent years 2 hours per year	B	PFS
<b>Screening Pap test (lab test) G0123, G0143, G0144, G0145, G0147, G0148, P3000</b>	Waived	Annually if high risk, or childbearing age with abnormal Pap in last 3 years; every 24 months for all other women	A	LFS
<b>Screening Pap test (collection) G0124, G0141, P3001, Q0091</b>	Waived*	Annually if high risk, or childbearing age with abnormal Pap in last 3 years; every 24 months for all other women	A	PFS
Cervical or vaginal cancer screening; <b>pelvic and clinical breast examination G0101</b>	Waived*	Annually if high risk, or childbearing age with abnormal Pap in last 3 years; every 24 months for all other women	A	PFS
<b>Screening mammography 77052, 77057, G0202</b>	Waived*	Annually age 40 and over, with one baseline age 35-39	B	PFS
<b>Bone mass measurement</b> if at risk for developing osteoporosis <b>G0130, 77078-77081, 77083, 76977</b>	Waived*	Every 24 months	B	PFS
<b>Colorectal cancer screening</b> for beneficiaries age 50 or over (younger if at high risk); <b>fecal occult blood 82270, G0328</b>	Waived	Annually	A	LFS
<b>Colorectal cancer screening</b> for beneficiaries age 50 or over (younger if at high risk); <b>barium enema</b> as alternative to screening flexible sigmoidoscopy or colonoscopy <b>G0106, G0120</b>	Coinsurance applies & deductible is waived	Every 24 months at high risk; every 4 years if not at high risk	Not rated	PFS
<b>Colorectal cancer screening</b> for beneficiaries age 50 or over (younger if at high risk); <b>flexible sigmoidoscopy G0104</b>	Waived*	Every 4 years or once every 10 years after having a screening colonoscopy	A	PFS
<b>Colorectal cancer screening</b> for beneficiaries age 50 or over (younger if at high risk); <b>colonoscopy G0105, G0121</b>	Waived*	Every 24 months at high risk; every 10 years if not at high risk	A	PFS
Prostate cancer screening for males age 50 and over; <b>digital rectal exam G0102</b>	Not waived	Annually	D	PFS
Prostate cancer screening for males age 50 and over; <b>prostate-specific antigen test (PSA) G0103</b>	Waived	Annually	D	LFS
<b>Glaucoma screening</b> for beneficiaries with diabetes, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over <b>G0117, G0118</b>	Not waived	Annually	I	PFS
<b>Influenza virus vaccine G0008, 90655-90657, 90660, 90662, Q2035-Q2039</b>	Waived	Annually	B	Drug Pricing File (G0008 is PFS)
<b>Pneumococcal vaccine 90669, 90670, 90732, G0009</b>	Waived	Once in a lifetime (may cover additional based on risk and 5 or more years since last administration)	B	Drug Pricing File (G0009 is PFS)
<b>Hepatitis B vaccine</b> for beneficiaries at medium to high risk <b>90740, 90743, 90744, 90746, 90747, G0010</b>	Waived*	Per scheduled dosages	A	Drug Pricing File (G0010 is PFS)
<b>HIV screening</b> lab tests for beneficiaries at increased risk for HIV infection per USPSTF guidelines or who are pregnant <b>G0432, G0433, G0435</b>	Waived	Annually for increased risk patients; up to 3 tests in pregnancy	A	LFS
<b>Smoking and tobacco cessation counseling</b> to beneficiaries asymptomatic of tobacco-related conditions <b>G0436, G0437</b>	Waived**	Two individual counseling attempts per year (maximum of 4 sessions per attempt, with a total benefit covering up to 8 sessions per year)	A	PFS
<b>Annual wellness visit G0438, G0439</b>	Waived**	Initial AWV once 12 months after eligibility for Part B and 12 months after IPPE; subsequent AWVs no more frequently than 12 months	Not rated	PFS

Source: Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011. *Federal Register*. Nov. 29, 2010. <http://edocket.access.gpo.gov/2010/pdf/2010-27969.pdf>. Accessed Dec. 21, 2010.

\* Coverage increased from CY 2010. \*\* Not covered in CY 2010.

1. U.S. Preventive Services Task Force Recommendations: A -- The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B -- The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C -- The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. D -- The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I -- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.