



As a result of The Affordable Care Act, claims with dates of service on or after January 1, 2010, received later than one calendar year beyond the date of service will be denied by Medicare. For full details, see the MLN Matters® article, MM6960, at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6960.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

**MLN Matters® Number: MM7012**

**Related Change Request (CR) #: 7012**

**Related CR Release Date: March 2, 2011**

**Effective Date: January 1, 2011**

**Related CR Transmittal #: R8640TN**

**Implementation Date: January 3, 2011**

## **Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of The Affordable Care Act, Removal of Barriers to Preventive Services in Medicare**

**Note:** This article was updated on December 5, 2014, to add a link to related article MM8871 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8871.pdf>), which adds screening for Hepatitis C in adults to the list of Medicare Covered preventive services. All other information remains the same.

### **Provider Types Affected**

This article is for physicians, hospitals, and other providers who submit claims to Medicare Fiscal Intermediaries (FI), carriers, or Medicare Administrative Contractors (A/B MAC) for providing preventive services to Medicare beneficiaries.

### **What You Need to Know**

Change Request (CR) 7012, from which this article is taken, implements the changes in Section 4104 of The Affordable Care Act. The CR announces that (effective for dates of service on or after January 1, 2011) Medicare will provide 100 percent payment (in other words, will waive any coinsurance or copayment) for the Initial Preventive Physical Examination (IPPE), the Annual Wellness Visit (AWV), and for those preventive services that: 1) Are identified with a grade of A or

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B by the United States Preventive Services Task Force (USPSTF) for any indication or population; and 2) Are appropriate for the individual.

## Background

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Sections of The Affordable Care Act amend sections of The Social Security Act to require changes in payment (with respect to deductible and coinsurance/copayment) for identified preventive services: In addition, The Affordable Care Act waives the deductible and coinsurance/copayment for the IPPE and the AWW. The changes apply in all settings in which the services are furnished.

The following preventive services are covered by Medicare:

- Pneumococcal, influenza, and hepatitis B vaccine and administration;
- Screening mammography;
- Screening pap smear and screening pelvic examination;
- Prostate cancer screening tests;
- Colorectal cancer screening tests;
- Diabetes Outpatient Self-Management Training (DSMT);
- Bone mass measurement;
- Screening for glaucoma;
- Medical Nutrition Therapy (MNT) services;
- Cardiovascular screening blood test;
- Diabetes screening tests;
- Ultrasound screening for Abdominal Aortic Aneurysm (AAA); and
- Additional preventive services (identified for coverage through the National Coverage Determination (NCD) process. Currently, these are limited to Human Immunodeficiency Virus (HIV) testing).

### ***Preventive Services That Do Not Have a USPSTF Grade A or B***

The Affordable Care Act waives the deductible and coinsurance/copayment for many of the preventive services listed above because those services have a recommendation grade of A or B by the USPSTF. In other cases, the deductible and coinsurance are waived because the preventive services are clinical laboratory tests to which the deductible and coinsurance do not apply according to another section of the statute.

Several preventive services covered by Medicare do not have a USPSTF recommendation grade of A or B. These include digital rectal examinations provided as prostate screening tests; glaucoma screening; DSMT services; and barium enemas provided as colorectal cancer screening tests. In the case of a screening barium enema, the deductible is waived under another section of the statute. The deductible continues to apply to the other services and coinsurance/copayment also continue to apply to all of them.

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The table in CR7012 provides a complete list of the Healthcare Common Procedure Coding System (HCPCS) codes that are defined as preventive services under Medicare and also identifies the HCPCS codes for the IPPE and the AWW. CR7012 is available at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R8640TN.pdf> Centers for Medicare & Medicaid Services (CMS) website.

### ***Extension of Waiver of Deductible to Services Furnished in Connection with or in Relation to a Colorectal Screening Test that Becomes Diagnostic or Therapeutic***

The Affordable Care Act waives the Part B deductible for colorectal cancer screening tests that become diagnostic. The Medicare policy is that the deductible is waived for all surgical procedures (Current Procedural Terminology (CPT) code range of 10000 to 69999) furnished on the same date and in the same encounter as a colonoscopy, flexible sigmoidoscopy, or barium enema that were initiated as colorectal cancer screening services. Modifier "PT" has been created effective January 1, 2011, and providers and practitioners should append the modifier "PT" to a least one CPT code in the surgical range of 10000 to 69999 on a claim for services furnished in this scenario.

## **Additional Information**

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For more information about Medicare-covered preventive services, including coverage and payment policies, you may want to review the following:

- MM7636 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf>) alerts providers that effective beginning November 8, 2011, Medicare covers intensive behavioral therapy (IBT) for cardiovascular disease as a new preventive service, including one face-to-face cardiovascular disease risk reduction visit annually when furnished in a primary care setting.
- MM7633 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7633.pdf>) alerts providers that effective beginning October 4, 2011, Medicare covers annual alcohol screening as a new preventive service and, for those that screen positive, up to four brief face-to-face behavioral counseling interventions annually for beneficiaries when furnished in the primary care setting.
- MM7637 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7637.pdf>) alerts providers that effective beginning October 14, 2011, Medicare covers annual depression screening for adults as a new preventive service when furnished in a primary care setting.

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- MM7610 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7610.pdf>) that alerts providers to a new preventive service for Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs.
- MM7641 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7641.pdf>) that alerts providers to a new preventive service for Intensive Behavioral Therapy (IBT) for Obesity under Medicare

You can find more information about the waiver of coinsurance and deductible for preventive services by going to CR7012, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R864OTN.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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