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**Reminder—Beneficiary Cost-Sharing for Medicare-Covered Preventive Services Under the Affordable Care Act**

**Note:** This article was updated on May 8, 2014 to include links to the most current articles that reflect the changes in Medicare policy that have occurred since SE1129 was published in 2011.

**Provider Types Affected**

This MLN Matters® Special edition Article is informational in nature and of interest to all providers who provide Medicare-covered preventive services to Medicare beneficiaries.

At the time this article was first published in 2011, the information reflected Medicare policy correctly at that time. Since then, more current information is available and new articles have been published. See the Additional Information section for the updated publications detailing what providers need to know in order to remain current.

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## What You Need to Know

Effective for Dates of Service (DOS) on or after January 1, 2011, Medicare provides 100 percent payment (in other words, waives any deductible, coinsurance or copayment) for many Medicare-covered preventive services. This article serves as a reminder and quick reference for the changes to deductibles, copayments, or coinsurances for these services.

## Background

Section 4104 of the Affordable Care Act waived deductibles, copayments, or coinsurance effective for DOS on or after January 1, 2011, for the following Medicare-covered preventive services:

- The Initial Preventive Physical Examination ((IPPE) or “Welcome to Medicare Visit”);
- The Annual Wellness Visit (AWV); and
- Those preventive services that:
  - Are identified with a grade of A or B by the United States Preventive Services Task Force (USPSTF) for any indication or population; and
  - Are appropriate for the beneficiary.

**Note:** To get more information about Medicare coverage, coding, and payment policies for these services, please consult the resources in the “Additional Information” section below.

## Copayment/Coinsurance and Deductibles

The table below provides information for the copayment/coinsurance and deductibles for Medicare-covered preventive services.

**Note:** In some cases, the copayment, coinsurance and deductibles have not changed and will be the same for DOS prior to January 1, 2011, as they are for DOS on or after January 1, 2011.

Preventive Benefit	Copayment/Coinsurance/ Deductible for DOS prior to 1/1/11	Copayment/Coinsurance/ Deductible for DOS on or after 1/1/11
IPPE/“Welcome to Medicare Visit”	For dates of service between January 1, 2009, and January 1, 2011, the deductible for the IPPE only is waived (not the screening electrocardiogram [EKG]). For DOS prior to 1/1/09, the deductible is not	The beneficiary will pay nothing for the IPPE (there is no coinsurance or copayment and no Medicare Part B deductible). Coinsurance or copayment and the Medicare Part B

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<b>Preventive Benefit</b>	<b>Copayment/Coinsurance/ Deductible for DOS prior to 1/1/11</b>	<b>Copayment/Coinsurance/ Deductible for DOS on or after 1/1/11</b>
	waived. Coinsurance or copayment still applies to both the IPPE and the screening EKG.	deductible still apply to the screening electrocardiogram (EKG).
AWV	Medicare did not cover this service prior to 1/1/11	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible). However, if a medically necessary Evaluation and Management service is also furnished with an AWW visit, coinsurance and deductible will apply for the additional services.
Colorectal Cancer Screening	For the Fecal Occult Blood Test (FOBT), the beneficiary will pay the coinsurance or copayment, but Medicare Part B deductible is waived. For the flexible sigmoidoscopy, coinsurance or copayment applies and the Medicare Part B deductible is waived. If you perform the procedure in a hospital outpatient department or ambulatory surgical center, the beneficiary pays 25% of the Medicare-approved amount. For the colonoscopy, coinsurance or copayment and the Medicare Part B deductible are waived. The Medicare law requires that a beneficiary must pay coinsurance, but not the Part B deductible, when a screening colonoscopy results in a biopsy or removal of a lesion or growth. For the barium enema, coinsurance or copayment applies and the Medicare Part B deductible is waived. If you perform the screening in a CAH, the beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	For the Fecal Occult Blood Test (FOBT), flexible sigmoidoscopy, and colonoscopy, the beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible). For the barium enema, coinsurance or copayment applies and the Medicare Part B deductible is waived. If you perform the screening in a Critical Access Hospital (CAH), the beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Bone Mass Measurements	Both the coinsurance or copayment and the Medicare Part B deductible apply.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).

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Cardiovascular Screening Blood Tests	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Diabetes Screening	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Diabetes Self-Management Training (DSMT)	Both the coinsurance or copayment and the Medicare Part B deductible apply.	Both the coinsurance or copayment and the Medicare Part B deductible apply.
Diabetes Supplies	Both the coinsurance or copayment and the Medicare Part B deductible apply.	Both the coinsurance or copayment and the Medicare Part B deductible apply.
Glaucoma Screening	Both the coinsurance or copayment and the Medicare Part B deductible apply.	Both the coinsurance or copayment and the Medicare Part B deductible apply.
Hepatitis B Virus (HBV) Vaccination	Both the coinsurance or copayment and the Medicare Part B deductible apply.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Human Immunodeficiency Virus (HIV) Screening	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Medical Nutrition Therapy (MNT)	Both the coinsurance or copayment and the Medicare Part B deductible apply.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Pneumococcal Vaccination	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).

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Prostate Cancer Screening	For the screening Prostate Specific Antigen (PSA) blood test, the beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible). For the Digital Rectal Examination (DRE), both the coinsurance or copayment and the Medicare Part B deductible apply.	For the screening Prostate Specific Antigen (PSA) blood test, the beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible). For the Digital Rectal Examination (DRE), both the coinsurance or copayment and the Medicare Part B deductible apply.
Screening Mammography	Coinsurance or copayment applies for this benefit. The Medicare Part B deductible is waived.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Screening Pap Test	For screening Pap test services paid under the Medicare Physician Fee Schedule (MPFS), the coinsurance or copayment applies and the Medicare Part B deductible is waived. For screening Pap test services paid under the Clinical Laboratory Fee Schedule, both the coinsurance or copayment and the Medicare Part B deductible are waived.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Screening Pelvic Examination (includes a clinical breast examination)	Coinsurance or copayment applies for this benefit. The Medicare Part B deductible is waived.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Seasonal Influenza Virus Vaccination	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).
Smoking and Tobacco-Use Cessation Counseling Services and	Both the coinsurance or copayment and the Medicare Part B deductible apply	Asymptomatic beneficiaries will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible).

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Preventive Benefit	Copayment/Coinsurance/ Deductible for DOS prior to 1/1/11	Copayment/Coinsurance/ Deductible for DOS on or after 1/1/11
Counseling to Prevent Tobacco Use		
Ultrasound Screening for Abdominal Aortic Aneurysm	Coinsurance or copayment applies for this benefit. The Medicare Part B deductible is waived. Must be referred for this service as a result from an IPPE.	The beneficiary will pay nothing for this benefit (there is no coinsurance or copayment and no Medicare Part B deductible) if the referral for this service resulted from the IPPE.

## Additional Information

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

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

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beginning October 14, 2011, Medicare covers annual depression screening for adults as a new preventive service when furnished in a primary care setting.

- MM7641 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7641.pdf>) to alert providers to a new preventive service for Intensive Behavioral Therapy (IBT) for Obesity under Medicare.
- Change Request 7012, “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare” is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R864OTN.pdf> on the CMS website.
- “The Guide to Medicare Preventive Services,” which contains coverage, coding, and payment information for all the services referenced above, is available at [http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS\\_QuickReferenceChart\\_1.pdf](http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf) on the CMS website.
- A complete listing of MLN products related to Medicare-covered preventive services is available at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/education\\_products\\_prevserv.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/education_products_prevserv.pdf) on the CMS website.
- MM7208; “Waiver of Coinsurance and Deductible for Preventive Services for Rural Health Clinics, Section 4104 of the Affordable Care Act,” is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7208.pdf> on the CMS website.

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