

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2233</b>	<b>Date: May 27, 2011</b>
	<b>Change Request 7423</b>

**SUBJECT: Medicare Preventive and Screening Services**

**I. SUMMARY OF CHANGES:** The CY 2011 Medicare Physician fee Schedule (MPFS) published a table of preventive services that will now be added to Chapter 18 (Preventive and Screening Services). This CR is being implemented via the Recurring Update Notification form as CMS will update the preventive table as new services become available.

**EFFECTIVE DATE: January 1, 2011**

**IMPLEMENTATION DATE: June 28, 2011**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R=REVISED, N=NEW, D=DELETED

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	Table of Contents
<b>N</b>	18/1/Medicare Preventive and Screening Services
<b>N</b>	18/1.1/Definition of Preventive Services
<b>N</b>	18/1.2/Table of Preventive and Screening Services
<b>N</b>	18/1.3/Waiver of Cost Sharing Requirements of Coinsurance, Copayment and Deductible for Furnished Preventive Services Available in Medicare

### **III. FUNDING:**

#### **For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

#### **For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

#### **Manual Instruction**

#### **Recurring Update Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2233	Date: May 27, 2011	Change Request: 7423
-------------	-------------------	--------------------	----------------------

**SUBJECT: Medicare Preventive and Screening Services**

**Effective Date: January 1, 2011**

**Implementation Date: June 28, 2011**

## I. GENERAL INFORMATION

**A. Background:** The Patient Protection and Affordable Care Act (ACA) amended the definition of “Preventive Services” available in Medicare and included two additional preventive physical examination services: the initial preventive physical examination (IPPE) and the annual wellness visit (AWV). The definition of preventive services and the corresponding table of services are reflective of preventive services available in Medicare as of January 1, 2011.

The CY 2011 Medicare Physician fee Schedule (MPFS) published a table of preventive services that will now be added to Chapter 18 (Preventive and Screening Services). This CR is being implemented via the Recurring Update Notification form as CMS will update the preventive table as new services become available.

**NOTE:** This Change Request (CR) is in support of CMS CR 7012, Transmittal 864 (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.

**B. Policy:** Section 4104 of the ACA revised section 1861(ddd) of the Social Security Act (the Act) to add subsection (3), which defines the term “preventive services” as follows:

- The specific services currently listed in section 1861(ww)(2) of the Act with the explicit exclusion of electrocardiograms (as specified in section 1861(ww)(2)(M) of the Act).
- The Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare” Preventive Examination, established by section 611 of the MMA; and
- The Annual Wellness Visit (AWV), including Personalized Prevention Plan Services (PPPS), as specified by section 1861(hhh) of the Act, as added by section 4103 of the ACA.
- Additional preventive services identified for coverage through the national coverage determination (NCD) process.

Refer to the CMS Web site at [http://www.cms.gov/ncd/index\\_list.asp?list\\_type=nca](http://www.cms.gov/ncd/index_list.asp?list_type=nca) for current NCD information).

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I    	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7423.1	Contractors shall be aware of the instructions in Chapter 18, Section 1.	X		X							

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I    	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

## IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

**Section B: For all other recommendations and supporting information, use this space: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** Stephanie Frilling, [Stephanie.Frilling@cms.hhs.gov](mailto:Stephanie.Frilling@cms.hhs.gov), 410-786-4507.

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

# **Medicare Claims Processing Manual**

## **Chapter 18 - Preventive and Screening Services**

### **Table of Contents**

*(Rev2233, Issued: 05-27-11)*

*1 - Medicare Preventive and Screening Services*

*1.1 - Definition of Preventive Services*

*1.2 - Table of Preventive and Screening Services*

*1.3 - Waiver of Cost Sharing Requirements of Coinsurance, Copayment and Deductible for Furnished Preventive Services Available in Medicare*

## ***1 - Medicare Preventive and Screening Services***

***(Rev2233, Issued: 05-27-11, Effective: 01-01-11, Implementation: 06-28-11)***

*The Patient Protection and Affordable Care Act (ACA) amended the definition of “Preventive Services” available in Medicare and included two additional preventive physical examination services: the initial preventive physical examination (IPPE) and the annual wellness visit (AWV).*

*The definition of preventive services and the corresponding table of services are reflective of preventive services available in Medicare as of January 1, 2011.*

### ***1.1 – Definition of Preventive Services***

***(Rev2233, Issued: 05-27-11, Effective: 01-01-11, Implementation: 06-28-11)***

*Section 4104 of the ACA revised section 1861(ddd) of the Social Security Act (the Act) to add subsection (3), which defines the term “preventive services” as follows:*

- *The specific services currently listed in section 1861(ww)(2) of the Act with the explicit exclusion of electrocardiograms (as specified in section 1861(ww)(2)(M) of the Act).*
- *The Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare” Preventive Examination, established by section 611 of the MMA; and*
- *The Annual Wellness Visit (AWV), including Personalized Prevention Plan Services (PPPS), as specified by section 1861(hhh) of the Act, as added by section 4103 of the ACA.*
- *Additional preventive services identified for coverage through the national coverage determination (NCD) process.*

*(Refer to the CMS Web site at [http://www.cms.gov/ncd/index\\_list.asp?list\\_type=nca](http://www.cms.gov/ncd/index_list.asp?list_type=nca) for current NCD information).*

**1.2 – Table of Preventive and Screening Services**  
**(Rev2233, Issued: 05-27-11, Effective: 01-01-11, Implementation: 06-28-11)**

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
<i>Initial Preventive Physical Examination, IPPE</i>	<i>G0402</i>	<i>Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment</i>	<i>*Not Rated</i>	<i>WAIVED</i>
	<i>G0403</i>	<i>Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report</i>		<i>Not Waived</i>
	<i>G0404</i>	<i>Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination</i>		<i>Not Waived</i>
	<i>G0405</i>	<i>Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination</i>		<i>Not Waived</i>
<i>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</i>	<i>G0389</i>	<i>Ultrasound, B-scan and /or real time with image documentation; for abdominal aortic aneurysm (AAA) ultrasound screening</i>	<i>B</i>	<i>WAIVED</i>
<i>Cardiovascular Disease</i>	<i>80061</i>	<i>Lipid panel</i>	<i>A</i>	<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	82465	<i>Cholesterol, serum or whole blood, total</i>		WAIVED
	83718	<i>Lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)</i>		WAIVED
	84478	<i>Triglycerides</i>		WAIVED
<i>Diabetes Screening Tests</i>	82947	<i>Glucose; quantitative, blood (except reagent strip)</i>	<b>B</b>	WAIVED
	82950	<i>Glucose; post glucose dose (includes glucose)</i>		WAIVED
	82951	<i>Glucose; tolerance test (gtt), three specimens (includes glucose)</i>	<b>*Not Rated</b>	WAIVED
<i>Diabetes Self-Management Training Services (DSMT)</i>	G0108	<i>Diabetes outpatient self-management training services, individual, per 30 minutes</i>	<b>*Not Rated</b>	Not Waived
	G0109	<i>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</i>		Not Waived
<i>Medical Nutrition Therapy (MNT) Services</i>	97802	<i>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</i>	<b>B</b>	WAIVED
	97803	<i>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</i>		WAIVED

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	97804	<i>Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes</i>		WAIVED
	G0270	<i>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes</i>	<b>B</b>	WAIVED
	G0271	<i>Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes</i>		WAIVED
<i>Screening Pap Test</i>	G0123	<i>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision</i>		<b>A</b>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	<i>G0124</i>	<i>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician</i>		<i>WAIVED</i>
	<i>G0141</i>	<i>Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0143</i>	<i>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0144</i>	<i>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision</i>	<i>A</i>	<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	<i>G0145</i>	<i>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0147</i>	<i>Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0148</i>	<i>Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening</i>	<i>A</i>	<i>WAIVED</i>
	<i>P3000</i>	<i>Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision</i>		<i>WAIVED</i>
	<i>P3001</i>	<i>Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician</i>		<i>WAIVED</i>
	<i>Q0091</i>	<i>Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</i>		<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
<i>Screening Pelvic Exam</i>	<i>G0101</i>	<i>Cervical or vaginal cancer screening; pelvic and clinical breast examination</i>	<i>A</i>	<i>WAIVED</i>
<i>Screening Mammography</i>	<i>77052</i>	<i>Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)</i>	<i>B</i>	<i>WAIVED</i>
	<i>77057</i>	<i>Screening mammography, bilateral (2-view film study of each breast)</i>		<i>WAIVED</i>
	<i>G0202</i>	<i>Screening mammography, producing direct digital image, bilateral, all views</i>		<i>WAIVED</i>
<i>Bone Mass Measurement</i>	<i>G0130</i>	<i>Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)</i>	<i>B</i>	<i>WAIVED</i>
	<i>77078</i>	<i>Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)</i>		<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	77079	<i>Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)</i>		WAIVED
	77080	<i>Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)</i>		WAIVED
	77081	<i>Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)</i>		WAIVED
	77083	<i>Radiographic absorptiometry (e.g., photo densitometry, radiogrammetry), 1 or more sites</i>		WAIVED
	76977	<i>Ultrasound bone density measurement and interpretation, peripheral site(s), any method</i>		WAIVED
<i>Colorectal Cancer Screening</i>	G0104	<i>Colorectal cancer screening; flexible sigmoidoscopy</i>	<b>A</b>	WAIVED
	G0105	<i>Colorectal cancer screening; colonoscopy on individual at high risk</i>		WAIVED
	G0106	<i>Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema</i>	<b>*Not Rated</b>	<i>Coins. Applies &amp; Ded. is waived</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	<i>G0120</i>	<i>Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.</i>		<i>Coins. Applies &amp; Ded. is waived</i>
	<i>G0121</i>	<i>Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</i>	<b>A</b>	<b>WAIVED</b>
	<i>82270</i>	<i>Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive</i>		<b>WAIVED</b>
	<i>G0328</i>	<i>Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous</i>		<b>WAIVED</b>
<i>Prostate Cancer Screening</i>	<i>G0102</i>	<i>Prostate cancer screening; digital rectal examination</i>	<b>D</b>	<i>Not Waived</i>
	<i>G0103</i>	<i>Prostate cancer screening; prostate specific antigen test (PSA)</i>		<b>WAIVED</b>
<i>Glaucoma Screening</i>	<i>G0117</i>	<i>Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist</i>	<b>I</b>	<i>Not Waived</i>
	<i>G0118</i>	<i>Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist</i>		<i>Not Waived</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
<i>Influenza Virus Vaccine</i>	<i>90655</i>	<i>Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</i>	<b><i>B</i></b>	<i>WAIVED</i>
	<i>90656</i>	<i>Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use</i>		<i>WAIVED</i>
	<i>90657</i>	<i>Influenza virus vaccine, split virus, when administered to children 6- 35 months of age, for intramuscular use</i>		<i>WAIVED</i>
	<i>90660</i>	<i>Influenza virus vaccine, live, for intranasal use</i>		<i>WAIVED</i>
	<i>90662</i>	<i>Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</i>		<i>WAIVED</i>
	<i>Q2035</i>	<i>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)</i>		<i>WAIVED</i>
	<i>Q2036</i>	<i>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)</i>		<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	<i>Q2037</i>	<i>Influenza virus vaccine, split virus when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)</i>		<i>WAIVED</i>
	<i>Q2038</i>	<i>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)</i>		<i>WAIVED</i>
	<i>Q2039</i>	<i>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)</i>		<i>WAIVED</i>
	<i>G0008</i>	<i>Administration of influenza virus vaccine</i>		<i>WAIVED</i>
	<i>G9141</i>	<i>Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)</i>		<i>WAIVED</i>
	<i>G9142</i>	<i>Influenza A (H1N1) Vaccine, any route of administration</i>		<i>WAIVED</i>
<i>Pneumococcal Vaccine</i>	<i>90669</i>	<i>Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use</i>	<i>B</i>	<i>WAIVED</i>
	<i>90670</i>	<i>Pneumococcal conjugate vaccine, 13 valent, for intramuscular use.</i>		<i>WAIVED</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
	90732	<i>Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use</i>		WAIVED
	G0009	<i>Administration of pneumococcal vaccine</i>		WAIVED
<i>Hepatitis B Vaccine</i>	90740	<i>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use</i>	<i>A</i>	WAIVED
	90743	<i>Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use</i>		WAIVED
	90744	<i>Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use</i>		WAIVED
	90746	<i>Hepatitis B vaccine, adult dosage, for intramuscular use</i>		WAIVED
	90747	<i>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use</i>		WAIVED
	G0010	<i>Administration of hepatitis B vaccine</i>		<i>A</i>

<i>Service</i>	<i>CPT/ HCPCS Code</i>	<i>Long Descriptor</i>	<i>USPSTF Rating</i>	<i>Coins. / Deductible</i>
<i>HIV Screening</i>	<i>G0432</i>	<i>Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-qualitative, multiple-step method, HIV-1 or HIV-2, screening</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0433</i>	<i>Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening</i>		<i>WAIVED</i>
	<i>G0435</i>	<i>Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening</i>		<i>WAIVED</i>
<i>Smoking Cessation</i>	<i>G0436</i>	<i>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes</i>	<i>A</i>	<i>WAIVED</i>
	<i>G0437</i>	<i>Smoking and tobacco cessation counseling visit for the asymptomatic patient intensive, greater than 10 minutes</i>		<i>WAIVED</i>
<i>Annual Wellness Visit</i>	<i>G0438</i>	<i>Annual wellness visit, including PPPS, first visit</i>	<i>*Not Rated</i>	<i>WAIVED</i>
	<i>G0439</i>	<i>Annual wellness visit, including PPPS, subsequent visit</i>		<i>WAIVED</i>

### ***1.3 – Waiver of Cost Sharing Requirements of Coinsurance, Copayment and Deductible for Furnished Preventive Services Available in Medicare (Rev2233, Issued: 05-27-11, Effective: 01-01-11, Implementation: 06-28-11)***

*Section 4104(b)(4) of the ACA, amends section 1833(a)(1) of the Act, by requiring 100 percent payment for the IPPE, AWW and for those preventive services recommended by the United States Preventive Services Task Force (USPSTF) with a grade of A or B for any indication or population and that are appropriate for the individual.*

#### ***Waiver of Coinsurance and Copayment for Preventive Services and Screenings***

*This requirement waives any coinsurance or copayment that would otherwise be applicable under section 1833(a)(1) of the Act for those items and services listed in section 1861(w)(2) of the Act (excluding electrocardiograms) to which the USPSTF has given a grade of A or B. In addition, section 4103(c)(1) of the Affordable Care Act waives the coinsurance or copayment for the AWW.*

*The coinsurance or copayment represents the beneficiary's share of the payment to the provider or supplier for furnished services. Coinsurance generally refers to a percentage (for example, 20 percent) of the Medicare payment rate for which the beneficiary is liable and is applicable under the PFS, while copayment generally refers to an established amount that the beneficiary must pay that is not necessarily related to a particular percentage of the Medicare payment, and is applicable under the hospital Outpatient Prospective Payment System (OPPS).*

#### ***Waiver of Deductible for Preventive Services and Screening***

*Section 4104(b) of the Affordable Care Act amends section 1833(b)(1) of the Act to waive the deductible for preventive services described in subparagraph (A) of section 1861(ddd)(3) of the Act that have a grade of A or B from the USPSTF. In addition, section 4103(c)(1) of the Affordable Care Act waives the deductible for the AWW. These provisions are effective for services furnished on and after January 1, 2011. Section 101(b)(2) of the MIPPA amended section 1833(b) of the Act to waive the deductible for the IPPE effective January 1, 2009.*

***NOTE:*** *Not all preventive services allowed in Medicare and recommended by the USPSTF have a Grade of A or B, and therefore, some of the preventive services do not meet the criteria in sections 1833(a)(1) and (b)(1) of the Act for the waiver of deductible and coinsurance. Refer to the Preventive Services Table in section 5.2, of this section, for specific USPSTF ratings for preventive services.*