CMS PREVENTIVE SERVICE

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
ANNUAL WELLNESS VISIT			
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	All Medicare beneficiaries who: • Are not within 12 months after the effective date of their first Medicare Part B coverage period and • Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months	Once in a lifetime for G0438 (first AWV) • Copayment/coinsurance waived • Deductible waived	$164
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	• Copayment/coinsurance waived • Deductible waived	$111.16
Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv	• AWV or IPPE must be provided with a standard bundle of services available to all beneficiaries; for more information about billing for this service, refer to Medicare Claims Processing Manual, Chapter 9, Section 60.2	• Copayment/coinsurance waived • Deductible waived	$164
Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate		• Copayment/coinsurance and deductible waived for Advance Care Planning when furnished as an optional element of an AWV	$76.11
Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)		• Copayment/coinsurance and deductible waived for Advance Care Planning when furnished as an optional element of an AWV	$71.41

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
BONE MASS MEASUREMENT			
	Certain Medicare beneficiaries who fall into at least one of the following categories: • Women determined by their physician or qualified nonphysician practitioner (NPP) to be estrogen deficient and at clinical risk for osteoporosis • Individuals with vertebral abnormalities • Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months • Individuals with primary hyperparathyroidism • Individuals being monitored to assess response to U.S. Food and Drug Administration (FDA)-approved osteoporosis drug therapy	• Every 2 years • More frequently if medically necessary copayment/Coinsurance/deductible waived	
Ultrasound bone density measurement and interpretation, peripheral site(s), any method			$105.18
Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)			$57.08

CMS PREVENTIVE SERVICE

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
BONE MASS MEASUREMENT			
Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)			$105.18
Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)			$57.08
Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment			$105.18
Single energy x-ray absorptiometry (sexa) bone density study, 1 or more sites, appendicular skeleton (peripheral) (eg, radius, wrist, heel)			$105.18

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
CARDIOVASCULAR SCREENING			
Lipid panel: This panel must include the following: • 82465 – Cholesterol, serum, total • 83718 – Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) • 84478 – Triglycerides	All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease	Once every 5 years	$16.53

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
COLORECTAL CANCER SCREENING			
	For colorectal cancer screening using multitarget sDNA test: All Medicare beneficiaries who fall into all of the following categories: • Aged 50 to 85 years • Asymptomatic • At average risk of developing colorectal cancer For screening colonoscopies, fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas: All Medicare beneficiaries who fall into at least one of the following categories: • Aged 50 and older who are at normal risk of developing colorectal cancer • At high risk of developing colorectal cancer	For Beneficiaries Not Meeting Criteria for High Risk: • Multitarget sDNA test: once every 3 years • Screening FOBT: once every 12 months • Screening flexible sigmoidoscopy: once every 48 months (unless the beneficiary does not meet the criteria for high risk of developing colorectal cancer and the beneficiary has had a screening colonoscopy within the preceding 10 years, in which case Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months have passed following the month that the beneficiary received the screening colonoscopy) • Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy • Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months For Beneficiaries at High Risk: • Screening FOBT: once every 12 months • Screening flexible sigmoidoscopy: once every 48 months • Screening colonoscopy: once every 24 months (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months) • Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months	

CMS PREVENTIVE SERVICE

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
COLORECTAL CANCER SCREENING			
Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result		• Copayment/coinsurance waived • Deductible waived	$508.87
Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)		• Copayment/coinsurance waived • Deductible waived	$4.38
Colorectal cancer screening; flexible sigmoidoscopy		• Copayment/coinsurance waived • Deductible waived	$652.43
Colorectal cancer screening; colonoscopy on individual at high risk		• Copayment/coinsurance waived • Deductible waived	$652.43
Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema		• Copayment/coinsurance applies • Deductible waived	$232.25
Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema		• Copayment/coinsurance applies • Deductible waived	$232.25
Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		• Copayment/coinsurance waived • Deductible waived	$652.43
Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous		• Copayment/coinsurance waived • Deductible waived	$19.64
Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy			

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
TOBACCO CESSATION			
	Outpatient and hospitalized Medicare beneficiaries for whom all of the following are true: • Use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease • Competent and alert at the time of counseling • Counseling furnished by a qualified physician or other Medicare-recognized practitioner	Two cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year.	
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes		• Copayment/coinsurance waived • Deductible waived	$11.82 - $27.95
Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		• Copayment/coinsurance waived • Deductible waived	$24.68 - $27.95

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
DEPRESSION SCREENING			
Annual depression screening, 15 minutes	All Medicare beneficiaries	• Copayment/coinsurance waived • Deductible waived	$9.22 - $27.95

CMS PREVENTIVE SERVICE

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
DIABETES SCREENING			
	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes NOTE: Medicare beneficiaries previously diagnosed with diabetes are not eligible for this benefit.	• One screening every 6 months for Medicare beneficiaries diagnosed with pre-diabetes • One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested	
Glucose; quantitative, blood (except reagent strip)		• Copayment/coinsurance waived • Deductible waived	$4.85
Glucose; post glucose dose (includes glucose)		• Copayment/coinsurance waived • Deductible waived	$5.86
Glucose; tolerance test (GTT), 3 specimens (includes glucose)		• Copayment/coinsurance waived • Deductible waived	$15.89

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
INFLUENZA VACCINE			
	All Medicare beneficiaries	• Once per influenza season • Medicare covers additional flu shots if medically necessary Medicare Beneficiary Pays • Copayment/coinsurance waived • Deductible waived	

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
LUNG CANCER SCREENING – LOW-DOSE CT			
	Medicare beneficiaries who meet all of the following categories: • Aged 55 through 77 • Asymptomatic (no signs or symptoms of lung cancer) • Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes) • Current smoker or one who has quit smoking within the last 15 years • Receive a written order for lung cancer screening with LDCT that meets the requirements described in the National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.14	Annually for covered Medicare beneficiaries: • First year: Before the first lung cancer LDCT screening, Medicare beneficiaries must receive a counseling and shared decision making visit • Subsequent years: The Medicare beneficiary must receive a written order furnished during any appropriate visit with a physician or qualified NPP	
Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)		• Copayment/coinsurance waived • Deductible waived	$66.11
Low dose ct scan (ldct) for lung cancer screening		• Copayment/coinsurance waived • Deductible waived	$57.08

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
PNEUMOCOCCAL VACCINE			
	All Medicare beneficiaries	• Copayment/coinsurance waived • Deductible waived	

CMS PREVENTIVE SERVICE

DESCRIPTION	GUIDELINES	SPECIAL INSTRUCTIONS	ESTIMATED MEDICARE PAYMENT
PROSTATE CANCER SCREENING			
	All male Medicare beneficiaries aged 50 and older (coverage begins the day after 50th birthday)	Annually	
Prostate cancer screening; digital rectal examination		• Copayment/coinsurance applies • Deductible applies	$8.53
Prostate cancer screening; prostate specific antigen test (PSA)		• Copayment/coinsurance waived • Deductible waived	$22.71
MAMMO (SCREENING)			
	All female Medicare beneficiaries aged 35 and older	• Aged 35 through 39: One baseline • Aged 40 and older: Annually	
Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)		• Copayment/coinsurance waived • Deductible waived	$23.63 - $29.15
Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		• Copayment/coinsurance waived • Deductible waived	$36.99 - $92.17
ULTRASOUND SCREENING FOR AAA			
	Medicare beneficiaries when all of the following are true: • Certain risk factors for AAA • They received a referral from their physician, physician assistant, nurse practitioner, or clinical	Once in a lifetime	
Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)		• Copayment/coinsurance waived • Deductible waived	$105.18