

Medicare-Covered Preventive Services

Preventive Service	Details of Benefit	Covered Population	Frequency of Coverage
Hepatitis B vaccine		People at medium to high risk for Hepatitis B	series of 3
Influenza vaccination		All	Once every flu season
Pneumococcal vaccination		All	Once (additional shots covered based on risk)
Bone mass measurements	Contact your local carrier for approved measurements	People at risk for osteoporosis	q 24 m or more frequently if medically necessary
Cardiovascular screening blood tests	Measurement of total cholesterol, HDL cholesterol and triglyceride	Ordered by clinician for asymptomatic beneficiaries	q 5 y
Diabetes screening tests	Fasting glucose or post-glucose challenge test	People at risk for diabetes or people who have been diagnosed with pre-diabetes	q 12 m for individuals who have never been tested or were previously tested and were not diagnosed with pre-diabetes or q 6 m for individuals diagnosed with pre-diabetes
Diabetes outpatient self-management training	Educational or training services offered in an outpatient setting	People at risk for complications from diabetes	As medically necessary
Colorectal cancer screening tests	Fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema	All age 50 and older No minimum age for colonoscopy	fetal occult blood test q 12 m flexible sigmoidoscopy q 4 y colonoscopy q 10 y (q 2 y for those at high risk for colorectal cancer) barium enema q 4 y as a substitute for the flex sig or q 2 y as a substitute for colonoscopy for those at high-risk for colorectal cancer
Prostate cancer screening tests	Digital rectal examination or prostate-specific antigen blood test	Men over age 50	q 12 m
Screening mammography		Women age 40 and older	q 12 m (women between ages 35-39 are eligible for one baseline mammogram)
Screening pap smear and pelvic examinations	Pelvic exam includes clinical breast examination	Women	q 24 m (q 12 m for women at high risk for cervical or vaginal cancer)
Screening for glaucoma	Dilated eye examination with intraocular pressure measurement and a direct ophthalmoscopic examination or slit-lamp biomicroscopic examination	People at high risk for glaucoma	q 12 m

WELCOME TO MEDICARE VISIT

Objective: The “Welcome to Medicare” visit is intended to help physicians and qualified non-physician practitioners (QNPPs) and their patients develop a plan to obtain recommended screening tests and immunizations and to get counseling about how to stay healthy. The law was enacted in December 2003 and took effect January 1, 2005. Physicians and QNPPs cannot be reimbursed for the visit unless they perform all of the 7 elements listed below, including developing a written plan (or checklist) patients may use to obtain the preventive services they need.

Patient eligibility: Patients are eligible for the Welcome to Medicare visit if their Medicare Part B coverage began on or after January 1, 2005. Only one visit is covered and it must occur **within the first 6 months that the patient has been enrolled in Part B.**

Reimbursement for the Welcome to Medicare visit

- Must be performed by: A physician (doctor of medicine or osteopathy) or qualified non-physician practitioner (physician’s assistant, nurse practitioner, or clinical nurse specialist).
- EKG: Reimbursement for the Welcome to Medicare visit requires inclusion of the EKG, regardless of whether an EKG was performed recently. Physicians and QNPPs may bill separately for the EKG, in addition to the payment for the examination portion, but both the Welcome to Medicare Physical (WMP) and the EKG must be performed for either of the components to be paid. The EKG may be referred to another physician/QNPP or entity if the primary physician/QNPP performs only the examination and not the EKG or interpretation. The physician/QNPP/entity performing the EKG or any portion of it should bill the service directly to the carrier.
- Coding: CMS has created new HCPCS codes for both components as outlined in Table 2. Physicians or QNPPs performing the complete service should report both G0344 and G0366. In terms of RVUs, G0344 crosswalks from CPT code 99203 (Office or other outpatient visit), G0366 crosswalks from CPT code 93000 (Electrocardiogram, routine ECG with at least 12 leads with interpretation and report), G0367 crosswalks from CPT code 93005 (Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report), and G0368 crosswalks from CPT code 93010 (Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only).

Table 2. Billing Codes for the Welcome to Medicare Physical (WMP)

HCPCS codes	CMS definition
G0344	Initial physical examination: face-to-face visit services limited to new beneficiary during the first six months of Medicare Part B enrollment
G0366	Electrocardiogram, routine ECG with at least 12 leads with interpretation and report, performed as a component of the initial preventive physical examination
G0367	Tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
G0368	Interpretation and report only, performed as a component of the WMP

• Other services: The physician or QNPP may bill for a more extensive office visit when performed at the same time as the physical, as long as the services are medically necessary. CMS will not place restrictions on the level of visit. A medically necessary E/M service may be reported (with modifier -25) at the same visit as the WMP. The physician or QNPP may also bill for the screening and other preventive services currently covered under Medicare Part B (Table 1) if provided during the Welcome to Medicare visit.

Note: Medicare coinsurance and the Part B deductible are not waived for the Welcome to Medicare visit. For patients who have not yet met their deductible, payment for the visit would be applied to the required deductible, which is \$110 for 2005, and the usual coinsurance provisions apply.

Further questions

Preventive Services Educational Resources Web page: www.cms.hhs.gov/medlearn/preventiveservices.asp

Official instructions from CMS: www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp. From that web page, look for CR 3638 in the CR NUM column on the right, and click on the file for that CR. You can also contact your carrier or intermediary at their toll-free number, which may be found at: <http://www.cms.hhs.gov/medlearn/tollnums.asp>