A Primer on Medicare Preventive Services

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Medicare was originally designed in 1965 to cover acute illness and short-term rehabilitation. Routine physicals and preventive screenings were not covered. The Medicare law *(42 USC 1935y, Sec. 1862)* specifically provided that Medicare would *not* cover items and services *"not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."* [1] Over the years, because of evolving importance and acceptance of preventive medicine, several exceptions providing for specific preventive services were added to the covered benefits of Medicare Part B.

Medicare first began covering preventive services in 1981 with the pneumococcal vaccination. The Balanced Budget Act (BBA) of 1997[2] added cervical, breast, colorectal, and prostate cancer screenings, diabetic supplies, and osteoporosis screening. The Medicare Modernization Act (MMA) of 2003[3] further expanded covered preventive services by including the "Welcome to Medicare" exam and cholesterol and diabetes screenings, effective January 1, 2005. Most recently the Deficit Reduction Act of 2005 added an aortic aneurysm (AAA) screening benefit, effective January 1, 2007.[4] Each of these Medicare-covered preventive services, listed in Table 1, will be discussed in detail.

Cancer Screening

Medicare now pays for most commonly performed cancer screenings in accordance with the recommendations of the American Cancer Society (ACS)[5] and US Preventive Services Task Force (USPSTF).[6]

Colorectal cancer screening has been covered by Medicare since 1998. Tests may include fecal occult blood testing (FOBT), screening sigmoidoscopy, or colonoscopy or barium enema (BE). For beneficiaries over 50, FOBT is covered once per year. Sigmoidoscopy is covered once every 4 years. Colonoscopy is covered once every 10 years for average-risk individuals and once every 2 years for high-risk individuals. Barium enema may be substituted for sigmoidoscopy or colonoscopy if the physician judges it more appropriate; it is covered every 4 years for average-risk individuals and every 2 years for high-risk patients. These recommendations are consistent with ACS and USPSTF guidelines.[5,6]

Breast cancer screening has been covered since 1991. Mammography screening for breast cancer is covered every 12 months for women older than 40. A single baseline examination is permitted for beneficiaries aged 35 to 39. While ACS and USPSTF5[6] recommend mammography every 1 or 2 years after age 40 or 50, it should be noted that *upper* age limits are poorly defined for this and all cancers. In the oldest old with only a few years' life expectancy, it is reasonable to decrease or discontinue routine screenings.[7]

Cervical cancer screening, including Pap smear, pelvic exam, and clinical breast exam has been covered since 1990 for the early detection of cancer. The schedule is every 2 years for average-risk individuals. High-risk women may receive a Pap test and pelvic exam every 12 months. However it should be noted that ACS, USPSTF, and American Geriatrics Society (AGS) guidelines suggest discontinuing screening in women over 65 to 70 if previous tests have been consistently normal.[5-8]

Prostate cancer screening. Consistent with ACS guidelines,[5] a digital rectal exam and PSA blood test are now covered in all men aged 50 and older once every 12 months. There is no Part B coinsurance/deductible for the PSA test. It should be noted that the USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate spe-

Table 1.

Summary of Medicare-covered Preventive Services

Service	Coverage	HCPCS/CPT Billing Code
IPPE ("Welcome to Medicare" exam)	1 time within 6 months of enrollment	G0344 for IPPE; G0366 for ECG, G0367 for tracing, and G0368 for interpretation and report; modifier–25 used for other medically necessary evaluation and management services at time of IPPE
Abdominal aortic aneurysm screening	1 time ultrasound screening for male smokers, ages 65–75 (Must be ordered at IPPE)	AAA: G0389
Cardiovascular screening (lipid profile)	Every 5 y in asymptomatic adults aged >20 years	Lipid profile: 80061; cholesterol: 82465; lipoproteins: 83718; triglycerides: 84478
Breast cancer screening mammography	Yearly for women >40 years Baseline: at ages 35–39	Screening mammography: 77052, 77057, G0202
Cervical cancer screening (Pap smear and pelvic exam)	Average risk: every 2 y; high risk: every year	Screening Pap: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 Screening pelvic exam: G0101
Colorectal cancer screening (FOBT, sigmoidoscopy, colonoscopy or BE)	*FOBT:* yearly for those over 50 *Sigmoidoscopy:* every 4 y *Colonoscopy* (or *BE*): average risk: every 10 y; high risk: every 2 y	Flexible sigmoidoscopy: G0104; colonoscopy (high-risk): G0105; BE (alternative to G0104): G0106; BE (alternative to G0105): G0120; colonoscopy (not high risk): G0121; FOBT: 82270
Prostate cancer screening (DRE and PSA)	Yearly for men aged ≥50 years	DRE: G0102 (when done alone or with another noncovered service) PSA: G0103
Influenza vaccination	Yearly (intranasal not recommended or covered for those aged >49 years)	Billing code 90658 plus G0008 for administration
Pneumococcal vaccination	Once for those >65 years; 1-time booster for high-risk persons if vaccination was >5 y prior	Billing code 90732 plus G0009 for administration
Hepatitis B vaccination	High-risk only (renal disease, hemophilia, homosexual men, injection drug users)	Vaccine: 90740, 90743, 90744, 90746, 90747; G0010 for administration
Bone mass measurements	Every 2 y in estrogen-deficient women at risk	Administration: G0010
Diabetes screening (also covered are supplies and self-management training)	Fasting plasma glucose in adults aged >65 years	Glucose quantitative: 82947; post-glucose test dose: 82950; glucose tolerance test: 82951 Self-management: G0108 (individual); G0109 (group)
Glaucoma tests	Yearly for beneficiaries at high risk and those with diabetes or history of glaucoma	Must be done by or under supervision of optometrist or ophthalmologist: G0117 and G0118
Smoking cessation counseling	At every visit	Counseling (3-10 minutes): G0375; Counseling (>10 minutes): G0376

For additional information, see: www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf

cific antigen (PSA) testing or digital rectal examination (DRE).[6] ACS recommendation specifies that men being considered for prostate cancer screening should have a life expectancy of more than 10 years.[5] Thus much older men may not be appropriate. The healthcare common procedure coding system (HCPCS) Code G0103 should be used when ordering the PSA test for prostate cancer screening. The DRE may be billed separately using HCPSCS Code G0102 but only when it is the only service provided or done along with another noncovered services. It should not be billed when done as part of a medically necessary covered visit.

Medicare now covers screening tests for cardiovascular disease, diabetes, glaucoma, and osteoporosis.

Other Screening Tests

In addition to cancer screenings, Medicare now covers several other screening tests, specifically for cardiovascular disease, diabetes, glaucoma, and osteoporosis.

Cardiovascular disease screening refers to a cholesterol/lipid profile rather than tests for actual cardiovascular disease such as an ECG or stress test. A lipid panel blood test including total cholesterol, high-density lipoproteins (HDL), and triglycerides is covered once every 5 years in accordance with the National Cholesterol Education Program,[9] which recommends a cardiovascular and risk factor evaluation every 5 years in all asymptomatic adults over age 20. Other cardiovascular screening blood tests remain noncovered. It should be noted that the value of cholesterol screening and treatment is controversial in elderly individuals.[7]

Diabetes screening includes fasting plasma glucose for any individual at risk for diabetes (including anyone older than 65). Individuals with prediabetes may be tested twice per year, and those without prediabetes may be tested once per year. Diabetic testing supplies, therapeutic shoes and inserts, and insulin pumps are also now covered, along with diabetes self-management training and medical nutrition therapy. Note that although the American Diabetes Association does recommend routine screening for type 2 diabetes for anyone over 45, particularly if overweight or obese,[10] the USPSTF concluded that the evidence is insufficient to recommend for or against routinely screening asymptomatic adults for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose.[5] Screening is recommended for adults with hypertension or hyperlipidemia, however.[6]

Glaucoma screening, including an eye exam and intraocular pressure measurement, is covered by Medicare once every 12 months for beneficiaries at high risk for glaucoma, people with diabetes, or anyone with a history of glaucoma. This examination must be done under the supervision of an optometrist or ophthalmologist, not by a primary care physician. USPSTF found insufficient evidence to recommend for or against screening adults for glaucoma.[6]

Bone mass measurements covered by Medicare include FDA-approved radiologic procedures (eg, DEXA scan) to evaluate bone density in estrogen-deficient women at clinical risk for osteoporosis (ie, all older women). Other eligible risk groups include any individual with vertebral abnormalities, receiving long-term steroid therapy, or being treated and monitored with an approved osteoporosis drug. Bone density tests are generally covered once every 24 months, more often if medically necessary. USPSTF recommends that all women aged 65 and older be screened routinely for osteoporosis.[6]

Vaccinations

Medicare Part B now covers 3 recommended adult immunizations—influenza, pneumococcal, and hepatitis B. Other vaccinations will be covered under Medicare Part D in 2008 (Table 2). Pneumococcal vaccination has been covered once for all Medicare beneficiaries over 65 since 1981. One pneumococcal vaccination for patients over age 65 is generally considered to provide sufficient coverage for a lifetime, but Medicare will also cover a 1-time booster vaccine for high-risk persons if 5 years have passed since their last vaccination, in accordance with CDC guidelines.[11] The billing code for pneumococcal vaccination is 90732, plus G0009 for administration.

Influenza vaccination has been covered by Medicare since 1993. Vaccination is covered once every year or flu season. Current guidelines recommend immunization of

Table 2.

Vaccination Coverage

Medicare Part B	Medicare Part D*
Influenza	Zostavax (shingles)
Pneumococcal	MMR
Hepatitis B	Tetanus

*Starting in 2008, all non-Medicare Part B–covered vaccines, including medication cost and administration fees, will be covered by Part D.

all persons 50 years and older and healthcare workers. For both influenza and pneumococcal vaccination, there is no deductible, coinsurance, or copayment required, and both the cost of the vaccine and administration by providers is covered. The billing code is 90658 for the vaccine, plus G0008 for administration. Other services and procedures may be provided and billed the same day without any modifiers necessary. Note that the intranasal influenza live-attenuated vaccine is only recommended for persons 49 and younger and so is not appropriate or covered for Medicare beneficiaries.[11]

Since 1984, hepatitis B vaccination has also been covered for Medicare beneficiaries considered to be at high risk for the disease (those with renal disease or hemophilia, homosexual men, and residents of institutions for the mentally handicapped). Neither hepatitis A nor hepatitis B vaccinations are generally recommended for routine use in adults in the absence of high-risk indications.[11]

Somewhat surprisingly, tetanus vaccination was not routinely covered by Medicare even though it has been recommended every 10 years for all persons of all ages and is an appropriate preventive treatment. Starting in 2008, however, tetanus will be covered under Medicare Part D. Combination tetanus-diphtheria (Td) vaccine is recommended for adult booster vaccination and as a primary series for those who have not been previously vaccinated. A newer DTaP vaccine that includes pertussis is not approved for adults over 64 but is recommended for one booster between the ages of 19 and 64.[11] Patients should be made aware that they may have to pay for routine tetanus boosters out of pocket. However, tetanus vaccination or toxoid, when administered as part of treatment for an injury or potential exposure, is covered currently.

In October 2006, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended all adults over 60 receive the new shingles (herpes zoster) vaccine (Zostavax),[12] which is more than 60% effective in preventing shingles and post-herpetic neuralgia. This year, the new vaccine, which costs $150–$200, is *not* covered by Medicare Part B, but in 2008 will be covered under Part D. Currently, physicians may purchase and store the vaccine (which must be frozen until used), and then bill the managed care plan if covered, or bill the patient who can then try to get reimbursed by the Part D plan. Alternatively, physicians may give the patient a prescription to obtain the vaccine from a pharmacy, which itself may then bill the patient or be reimbursed by the Part D plan. The vaccine must then be delivered to the physician's office for administration unless it is able to be given directly by the pharmacist.

The complete current list of recommendations for adult vaccinations may be found on the following Web sites:www.phppo.cdc.gov/nip/recs/adult-schedule.pdf or www.immunize.org/catg.d/p2011b.pdf.

Initial Preventive Physical Examination (IPPE, also known as the "Welcome to Medicare" exam) was established in 2005. This exam, covered only once, must be performed during the first 6 months of Medicare Part B coverage. The exam includes a thorough medical and social history with blood pressure, and weight and height assessment, vision testing, an ECG, depression screening, functional and safety assessment, and education and counseling regarding other available preventive services. The IPPE may be performed by a physician or qualified nonphysician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist). The HCPCS code G0344 is used for the IPPE, code G0367 for the ECG tracing, and G0368 for ECG interpretation and report. Other covered preventive services listed previously, and if appropriate, other medically necessary evaluation and management (E/M) services, may be performed and billed at the same visit using modifier–25. Other than the IPPE, routine or annual physicals are not covered by Medicare Part B, despite the existence of an appropriate CPT code 99397 and the need to see patients

regularly to perform all of the previously mentioned tests. Smoking cessation services are also included in the Medicare-covered preventive services list but are beyond the scope of this discussion.

AAA screening is the most recently covered Medicare prevention benefit. The Deficit Reduction Act of 2005 provided for a 1-time AAA ultrasound screening in beneficiaries who have ever smoked, which must be ordered at the time of the IPPE.[4] Beneficiaries must be men aged 65 to 75 and must have smoked at least 100 cigarettes or manifest other risk factors, as recommended by the USPSTF.[6] This benefit became effective January 1, 2007. The Part B deductible is waived for this screening, but coinsurance may be applicable.

In conclusion, Medicare has appropriately evolved with modern medical practice to include most commonly recommended preventive screenings and vaccinations. Of course, virtually any test or examination may be done and billed to Medicare when medically necessary and accompanied by a relevant diagnosis. However routine physicals or any routine or screening tests other than those specifically listed previously and in Table 1 are *not* covered. Clinicians and patients should take advantage of these new and evolving Medicare-covered benefits to foster preventive health at any age.

Several pages on the Medicare Web site (www.medicare.gov) detail up-to-date information on Medicare's covered preventive services. The official Medicare coverage laws and regulations may be found at the Web sites listed at the beginning of this article and in the online US Code (www.law.cornell.edu/uscode) and Code of Federal Regulations (www.gpoaccess.gov/cfr/index.html). A detailed booklet explaining Medicare preventive benefits, coverage details, and billing procedures for providers can be found at: www.cms.hhs.gov/MLNProducts/downloads/PSGUID.pdf. The American College of Physicians also offers a document detailing coding, billing, and payment information for Medicare-covered preventive services at: www.acponline.org/pmc/pb_coding.pdf. MPM

Provider Action

Impact to You

As Medicare moves to greater emphasis on pay-for-performance, the focus on preventive care will be intensified. Knowing which preventive services are available to Medicare beneficiaries will be increasingly important.

What You Need to Know

Medicare has increased the number and scope of preventive services for beneficiaries. These include screening for colorectal cancer, cervical cancer, cardiovascular disease, diabetes, glaucoma, and bone mass. Increased focus is also being paid to vaccinations: Medicare Part D will cover all vaccinations except influenza, pneumococcal, and hepatitis B, which will remain under Part B.

What You Need to Do

Develop systems within the practice to ensure that all available preventive services are provided to Medicare beneficiaries, starting with the initial preventive physical examination, more commonly referred to as the "Welcome to Medicare" exam. From this starting point, a preventive care plan can be developed for each and every patient to help prevent the progression of cancers and chronic diseases.

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References

1. Social Security Administration. *Social Security Act 42 U.S.C. 1395y, Section 1862.* Available at: www.ssa.gov/OP_Home/ssact/title18/1862.htm. Accessed March 6, 2007.

2. Centers for Medicare and Medicaid Services. Legislative summary: Balanced Budget Act of 1997 Medicare and Medicaid provisions. http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/CC_Section4016_BBA_1997.pdf. Accessed 2/23/07.

3. Emmer S, Allendorf L. The Medicare Prescription Drug Improvement and Modernization Act of 2003. *JAGS.* 2004;52:1013-1015.

4. Centers for Medicare and Medicaid Services (CMS). Implementation of a one-time only ultrasound screening for abdominal aortic aneurysms (AAA) resulting from a referral from an Initial Preventive Physical Examination. Available at: www.cms.hhs.gov/MLNMattersArticles/downloads/MM5235.pdf. Accessed February 23, 2007.

5. Smith RA, Cokkinides V, Eyre HJ. American Cancer Society guidelines for the early detection of cancer, 2006. *CA Cancer J Clin.* 2006;56:11-25. Avaiable at: http://caonline.amcancersoc.org. Accessed March 7, 2007.

6. US Preventive Services Task Force. Guide to clinical preventive services, 2006. Available at: www.ahrq.gov/clinic/pocketgd.htm. Accessed May 20, 2007.

7. Goldberg TH, Chavin SC. Preventive medicine and screening in older adults. *J Am Geriatr Soc.* 1997; 45(3): 344-354. Update: *J Am Geriatr Soc.* 1999; 47(1):122-123. Available at: http://members.aol.com/tgoldberg/prevrecs.htm. Accessed February 23, 2007.

8. American Geriatrics Society. Position statement on cervical cancer screening. Available at: www.americangeriatrics.org/products/positionpapers/cer_carc_2000.shtml. Accessed February 23, 2007.

9. National Cholesterol Education Program. Detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III). Available at: www.nhlbi.nih.gov/guidelines/cholesterol/index.htm. Accessed February 25, 2007.

10. American Diabetes Association. Expert committee panel redefines impaired fasting glucose. Available at: www.diabetes.org/for-media/diabetes-care/10-24-03.jsp. Accessed March 6, 2007.

11. Centers for Disease Control and Prevention. Recommended adult immunization schedule. United States, October 2006–September 2007. Available at: www.cdc.gov/nip/recs/adult-schedule.pdf. Accessed March 6, 2007.

12. Centers for Disease Control and Prevention. CDC's advisory committee recommends shingles vaccination. Available at: www.cdc.gov/od/oc/media/pressrel/r061026.htm. Accessed February 23, 2007.