

# Medicare Prevention Benefits \*

COVERAGE DESCRIPTION	WHO IS COVERED	CO-PAY DEDUCTIBLE	CPT CODE	ICD-9 CODE
<b>Bone Mass Measurement</b>				
<ul style="list-style-type: none"> <li>• Every 2 years</li> </ul>	<ul style="list-style-type: none"> <li>• Patients at high risk</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts.</li> </ul>	<ul style="list-style-type: none"> <li>• G0130</li> <li>• 76070</li> <li>• 76071</li> <li>• 76075</li> <li>• 76076</li> <li>• 76078</li> <li>• 76977</li> <li>• 78350</li> </ul>	<ul style="list-style-type: none"> <li>• Determined by local medical review policies (www.lmrp.net)</li> </ul>
<b>Colorectal Cancer Screening</b>				
<ul style="list-style-type: none"> <li>• <b>Colonoscopy:</b> <ul style="list-style-type: none"> <li>- Once every 24 months</li> <li>- Once every 10 years, but not within 48 months of a screening sigmoidoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Patients at high risk age 50 and older</li> <li>• Patients not at high risk age 50 and older</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts.</li> <li>• 25% of Medicare-approved amounts if test done in hospital outpatient department.</li> </ul>	<ul style="list-style-type: none"> <li>• G0105</li> <li>• G0121</li> </ul>	<ul style="list-style-type: none"> <li>• High risk ICD-9 codes</li> <li>• V76.51</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Flexible Sigmoidoscopy:</b> Once every 48 months, but not within 10 years of a screening colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Patients age 50 and older</li> </ul>		<ul style="list-style-type: none"> <li>• G0104</li> </ul>	<ul style="list-style-type: none"> <li>• V76.41</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Barium Enema:</b> Instead of flexible sigmoidoscopy or colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Patients age 50 and older</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts</li> </ul>	<ul style="list-style-type: none"> <li>• G0106 or</li> <li>• G0120</li> </ul>	<ul style="list-style-type: none"> <li>• V76.41 or</li> <li>• V76.51 or</li> <li>• High risk ICD-9 codes</li> <li>• V76.41</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Fecal Occult Blood Test:</b> Once every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Patients age 50 and older</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	<ul style="list-style-type: none"> <li>• G0107</li> </ul>	<ul style="list-style-type: none"> <li>• V76.41</li> </ul>
<b>Diabetes Services</b>				
<ul style="list-style-type: none"> <li>• <b>Self-Management Training **</b></li> </ul>	<ul style="list-style-type: none"> <li>• Patients newly diagnosed</li> <li>• Patients newly eligible for Medicare</li> <li>• Patients at risk for complications</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts for outpatient facility charges or doctors services</li> </ul>	<ul style="list-style-type: none"> <li>• G0108</li> <li>• G0109</li> </ul>	<ul style="list-style-type: none"> <li>• 250.XX</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Medical Nutrition Therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Patients with diabetes or kidney disease</li> </ul>		<ul style="list-style-type: none"> <li>• 97802</li> <li>• 97803</li> <li>• 97804</li> <li>• G0270</li> <li>• G0271</li> </ul>	<ul style="list-style-type: none"> <li>• 250.XX</li> <li>• 585</li> <li>• V42.0</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Glucose monitors, test strips, and lancets</b></li> </ul>	<ul style="list-style-type: none"> <li>• All patients (insulin users and non-users)</li> </ul>			
<b>Glaucoma Screening</b>				
<ul style="list-style-type: none"> <li>• Once every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Patients at high risk</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts</li> </ul>	<ul style="list-style-type: none"> <li>• G0117</li> <li>• G0118</li> </ul>	<ul style="list-style-type: none"> <li>• V80.1</li> </ul>
<b>Mammogram Screening</b>				
<ul style="list-style-type: none"> <li>• One baseline mammogram</li> <li>• Once every 12 months</li> <li>• Once every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Patients between age 35-39</li> <li>• Patients age 40 and older</li> <li>• Patients at high risk</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts</li> </ul>	<ul style="list-style-type: none"> <li>• 76092</li> <li>• 76092</li> <li>• 76092</li> </ul>	<ul style="list-style-type: none"> <li>• V76.12</li> <li>• V76.12</li> <li>• V76.11</li> <li>Plus 1 of                             <ul style="list-style-type: none"> <li>- V10.3</li> <li>- V15.89</li> <li>- V16.3</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• New digital technologies</li> </ul>			<ul style="list-style-type: none"> <li>• + 76085</li> <li>• G0202</li> </ul>	
<b>Pap Test and Pelvic Examination (Including Clinical Breast Exam)</b>				
<ul style="list-style-type: none"> <li>• Once every 24 months:                             <ul style="list-style-type: none"> <li>- Pap smear collection</li> <li>- Pelvic exam</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• All patients</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for lab Pap Test</li> <li>• 20% of Medicare-approved amounts (or a co-payment) for smear collection, pelvic and breast exam.</li> </ul>	<ul style="list-style-type: none"> <li>• Q0091</li> <li>• G0101</li> <li>• Q0091</li> </ul>	<ul style="list-style-type: none"> <li>• V76.2</li> <li>• V76.47</li> <li>• V76.49</li> <li>• V15.89</li> </ul>
<ul style="list-style-type: none"> <li>• Once every 12 months:                             <ul style="list-style-type: none"> <li>- Pap smear collection</li> <li>- Pelvic exam</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Patients at high risk</li> </ul>		<ul style="list-style-type: none"> <li>• G0101</li> </ul>	
<b>Prostate Cancer Screening</b>				
<ul style="list-style-type: none"> <li>• <b>Digital Rectal Exam:</b> Once every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Patients age 50 and older</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts</li> </ul>	<ul style="list-style-type: none"> <li>• G0102</li> </ul>	<ul style="list-style-type: none"> <li>• V76.44</li> </ul>
<ul style="list-style-type: none"> <li>• <b>PSA:</b> Once every 12 months</li> </ul>		<ul style="list-style-type: none"> <li>• \$0 for PSA Test</li> </ul>	<ul style="list-style-type: none"> <li>• G0103</li> </ul>	<ul style="list-style-type: none"> <li>• V76.44</li> </ul>
<b>Vaccinations</b>				
<ul style="list-style-type: none"> <li>• <b>Flu Shot:</b> Once a year in the fall or winter.</li> </ul>	<ul style="list-style-type: none"> <li>• All patients</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 if doctor or health care provider accepts assignment</li> </ul>	<ul style="list-style-type: none"> <li>• 90657-90659</li> <li>• Admin: G0008</li> <li>• 90732</li> </ul>	<ul style="list-style-type: none"> <li>• V04.8</li> <li>• V03.82</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Pneumococcal Pneumonia Shot:</b> One shot per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• Patients age 65 and older unless at high risk</li> </ul>		<ul style="list-style-type: none"> <li>• Admin: G0009</li> <li>• 90744-90748</li> </ul>	<ul style="list-style-type: none"> <li>• V05.3</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Hepatitis B Shot</b></li> </ul>	<ul style="list-style-type: none"> <li>• Patients with ESRD or hemophilia</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of Medicare-approved amounts (or a co-payment amount).</li> </ul>	<ul style="list-style-type: none"> <li>• 90744-90748</li> <li>• Admin: G0010</li> </ul>	

# Medicare Prevention Benefits \*

## HIGH RISK CRITERIA

### Bone Mass Measurement

- Patients being estrogen-deficient and at clinical risk for osteoporosis based on medical history or other findings.
- Patients having vertebral abnormality (shown by X-ray) indicative of osteoporosis, osteopenia or vertebral fracture.
- Patients receiving (or expecting to receive) glucocorticoid therapy:  $\geq 7.5\text{mg}$  of prednisone per day for more than 3 months
- Patients having primary hyperparathyroidism
- Patients being monitored to assess an FDA-approved osteoporosis drug therapy

### Colorectal Cancer Screening

- Patients with a close relative who has had colorectal cancer or an adenomatous polyposis
- Patients with a family history of familial adenomatous polyposis
- Patients with a history of hereditary nonpolyposis colorectal cancer
- Patients with a personal history of adenomatous polyps
- Patients with a personal history of colorectal cancer
- Patients with an inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis

### Diabetes Self Management Training (Patients at risk for complications) \*\*

- Patients with inadequate glycemic control (HBA1c  $\geq 8.5\%$  on 2 consecutive determinations 3 or more months apart)
- Patients with a change in treatment regimen (diet to oral meds; oral meds to insulin)
- Patients with acute episode of severe hypoglycemia or hyperglycemia within last year requiring ER visit or hospitalization
- Patients with one of the following:
  - Peripheral neuropathy or other foot complication (foot ulcers, deformities, amputation)
  - Pre-proliferative or proliferative retinopathy or prior laser treatment
  - Kidney complications (Albuminuria, elevated creatinine)

### Glaucoma Screening

- Patients with diabetes
- Patients with a family history of glaucoma
- African-American patients age 50 and older

### Mammogram Screening

- Patients with personal history of breast cancer
- Patients with personal history of biopsy proven benign breast disease
- Patients with a close relative who has had breast cancer
- Patients not having given birth prior to age 30

### Pap Test and Pelvic Examination (Including Clinical Breast Exam)

- Patients at childbearing age AND cervical or vaginal cancer is or was present
- Patients with abnormal pap test within the last 36 months
- Patients with one or more of the following high risk factors for either cervical or vaginal cancer
  - Onset of sexual activity under 16 year of age
  - Five or more sexual partners in a lifetime
  - History of sexual transmitted disease
  - History of HIV infection
  - Absence of 3 negative pap smears within the previous 7 years
  - Absence of any pap smears within the previous 7 years
  - Prenatal exposure to DES

### Pneumococcal Pneumonia Shot

- Patients with chronic illness such as diabetes and cardiovascular
- Patients with compromised immune system

\* **Contact local Medicare carrier for detailed coverage information**

\*\* **Definition change possible beginning Jan. 1, 2004**