

- The beneficiary has not been previously furnished an ultrasound screening under the Medicare Program; and
- The beneficiary is included in at least one of the following risk categories:
 - has a family history of AAAs,
 - is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime, or
 - is a beneficiary who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force (USPSTF) regarding AAA, as specified by the Secretary of Health and Human Services through the national coverage determination process.

NOTE: Only Medicare beneficiaries who receive a referral for the AAA ultrasound screening as a result of the IPPE visit will be covered for the AAA benefit.

Medicare provides coverage of the ultrasound screening for AAA as a Medicare Part B benefit. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit.

CARDIOVASCULAR SCREENING BLOOD TESTS

Effective for services furnished on or after January 1, 2005, Medicare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke.

The cardiovascular screening blood tests covered by Medicare include:

- Total Cholesterol Test,
- Cholesterol Test for High-Density Lipoproteins, and
- Triglycerides Test.

NOTE: The beneficiary must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.

Coverage Information

Medicare provides coverage of cardiovascular screening blood tests for all asymptomatic beneficiaries every 5 years (i.e., at least 59 months after the last covered screening tests).

The physician or qualified non-physician practitioner treating the beneficiary must order the screening blood test for the purpose of early detection

of cardiovascular disease. The beneficiary must have no apparent signs or symptoms of cardiovascular disease.

Medicare provides coverage of the cardiovascular screening blood tests as a Medicare Part B benefit. There is no coinsurance or copayment and no deductible for this benefit. Reimbursement is provided under the Medicare Clinical Laboratory Fee Schedule.

IMPORTANT NOTE: The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the IPPE and does not have to be obtained within a certain timeframe following the beneficiary's Medicare Part B enrollment.

FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare.

For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MEDICARE LEARNING NETWORK (MLN)

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Medicare Preventive Services

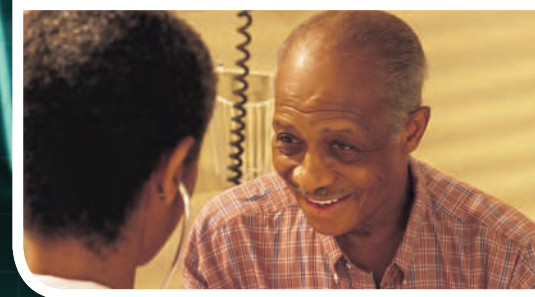


Expanded Benefits

Initial Preventive Physical Examination (IPPE)

Ultrasound Screening for Abdominal Aortic Aneurysms (AAA)

Cardiovascular Screening Blood Tests



For Physicians, Providers, Suppliers, and Other Health Care Professionals



The summary of information presented in this brochure is intended for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefit discussed in this brochure.

THE INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE)

Section 611 of The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 expanded preventive services to include coverage, under Medicare Part B, of a one-time IPPE (also referred to as the "Welcome to Medicare" physical exam or the "Welcome to Medicare" visit), for all Medicare beneficiaries whose Medicare Part B effective date began on or after January 1, 2005. Section 101 (b) of the Medicare Improvements for Patients and Providers Act of 2008 made improvements to the IPPE benefit, including:

- Measurement of body mass index (BMI),
- End-of-life planning (upon an individual's consent),
- Extension of the coverage period from 6 to 12 months,
- Waiver of the Medicare Part B deductible for an IPPE performed on or after January 1, 2009, and
- Removal of the mandatory requirement of the screening electrocardiogram (EKG). The screening EKG is optional and permitted as a one-time screening service as a result of a referral resulting from the IPPE visit.

The IPPE is a preventive evaluation and management (E/M) service that includes all of the following components:

1. A review of the individual's medical and social history with attention to modifiable risk factors for disease detection.

2. A review of the individual's potential (risk factors) for depression or other mood disorders.
3. A review of the individual's functional ability and level of safety.
4. An examination to include the individual's height, weight, blood pressure measurement, and visual acuity screen, BMI (required effective January 1, 2009), and other factors as deemed appropriate by the examiner.
5. End-of-life planning (upon an individual's consent) effective for dates of service on and after January 1, 2009.
6. Education, counseling, and referral based on the results of the review and evaluation services described in the previous five elements.
7. Education, counseling, and referral for other preventive services (including a brief written plan such as a checklist provided to the individual for obtaining an EKG, as appropriate, and the appropriate screenings and other preventive services that are covered as separate Medicare Part B benefits).

NOTE: The IPPE does not include any clinical laboratory tests. The physician, qualified non-physician practitioner, or hospital may also provide and bill separately for the screening and other preventive services that are currently covered and paid for by Medicare Part B.

COVERAGE INFORMATION

Medicare provides coverage of the IPPE for all newly enrolled beneficiaries who receive the IPPE within the first 12 months after the effective date of their Medicare Part B coverage. However, only beneficiaries whose first Part B coverage period began on or after January 1, 2005 are eligible for the IPPE. The IPPE is covered only as a one-time benefit per Medicare Part B enrollee.

- The IPPE must be performed by either a doctor of medicine or osteopathy or by a qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).

NOTE: The IPPE is a preventive physical exam and is not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

Preparing Beneficiaries for the IPPE Visit

Providers can help beneficiaries get ready for the IPPE visit by suggesting they come prepared with the following information:

- Medical records, including immunization records
- Family health history, in as much detail as possible
- A full list of medications and supplements including calcium and vitamins—how often and how much of each is taken

Medicare provides coverage of the IPPE visit as a Medicare Part B benefit. The coinsurance or copayment applies. For dates of service on or after January 1, 2009, the Part B deductible is waived for the IPPE.

ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSMS (AAA)

Medicare Part B covers a one-time only preventive ultrasound screening for the early detection of abdominal aortic aneurysms (AAA) for at-risk beneficiaries. Eligible beneficiaries must receive a referral for this screening service as a result of their IPPE visit.

Ultrasound Screening for Abdominal Aortic Aneurysms

The term "ultrasound screening for abdominal aortic aneurysm" is defined as:

- A procedure using sound waves (or other procedures using alternative technologies, of commensurate accuracy and cost, as specified by CMS through the national coverage determination process) provided for the early detection of AAA; and
- Includes a physician's interpretation of the results of the procedure.

Effective for services furnished on or after January 1, 2007, Medicare will pay for a one-time preventive ultrasound screening for AAA for eligible beneficiaries who meet the following criteria:

- The beneficiary receives a referral for an ultrasound screening as a result of an IPPE;
- The beneficiary receives a referral from a provider or supplier who is authorized to provide covered ultrasound diagnostic services;