

Improved access to Medicare preventive services

Access to preventive services by Medicare beneficiaries improved dramatically in 2011. That year, the Centers for Medicare & Medicaid Services (CMS) eliminated the deductible and coinsurance for most preventive services—including the initial preventive physician examination (IPPE)—and waived deductibles for tests that began as colorectal cancer screening tests, but during which become diagnostic or therapeutic.

CMS also covers an annual wellness visit (AWV), a service that augments the one-time IPPE service, which includes personalized prevention plan services. The AWV, as determined by law, may include at least the following 6 elements:

- Establish or update the individual's current medical and family history
- List the individual's current medical providers and suppliers and all prescribed medications
- Record measurements of height, weight, body mass index, blood pressure and other routine measurements
- Detect any cognitive impairment
- Establish or update a screening schedule for the next 5 to 10 years including screenings appropriate for the general population and any additional screenings that may be appropriate because of the individual
- Furnish personalized health advice and appropriate referrals to health education or preventative services

For 2012, CMS required physicians to incorporate the use and results of a health-risk assessment in the personalized prevention plan during the annual wellness visit. Recognizing the additional resources associated with adding a health-risk assessment to the requirements, CMS increased the total RVUs for codes G0438 and G0439 for CY 2012.

For 2014, CMS modified coverage of colorectal cancer screening. Specifically, coverage for “screening fecal occult blood test (FOBT)” was revised to allow an attending physician, physician assistant, nurse practitioner or clinical nurse specialist to furnish written orders for the screening. These modifications allow for expanded coverage and access to screening FOBT, particularly in rural areas. In addition, coverage for abdominal aortic aneurysms (AAA) was revised to allow a one-time AAA screening without receiving a referral, as part of the IPPE for beneficiaries meeting certain criteria (e.g., a family history of AAA, or for men aged 65-75, a history of smoking).

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- Medicare physician payment schedules - Update payment policies and rates as well as

other provisions for services offered.