EFFECTIVE DATE: 02|10|2021
POLICY LAST REVIEWED: 02|23|2026

OVERVIEW

Effective January 1, 2011 as part of the Affordable Care Act, Medicare now covers many preventive services without cost share to patients. This policy provides an overview of the preventive services that are covered at no cost share to the member and the coding guidelines for the provider to ensure that the claim is processed at the correct member benefit.

PRIOR AUTHORIZATION

None

POLICY STATEMENT

Medicare Advantage Plans

Preventive services, as defined in the coding section of this policy, are covered at no cost share for the member. There are some services noted on the preventive grid in which per CMS, copays, coinsurances, and deductibles are applied. To ensure correct claims processing, claims must be filed according to the guidelines in the coding section of this policy.

Annual Wellness Visit

Effective January 1, 2026, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will allow reimbursement for a second Annual Wellness Visit (AWV) within the same calendar year at a reduced reimbursement rate. This policy update is intended to promote continued engagement in preventive health services and comprehensive care management. For Medicare members, the subsequent Annual Wellness Visit must be reported using HCPCS code G0439. All Annual Wellness Visits must be performed and documented in accordance with Medicare and BCBSRI preventive care guidelines and documentation standards.

NOTE: If Annual Wellness Visit (G0438, initial or G0439,subsequent) and an Annual Physical Exam* (99385–99387 or 99395-99397) are performed on the same date of service by a Primary Care Provider (PCP), Physician Assistant (PA) or Nurse Practitioner (NP), the documentation in the members medical record must reflect that the requirements for use of both codes are met.

*The Annual Physical Exam is not considered a preventive service. Please refer to the members Evidence of Coverage (EOC) for applicable benefit for this service

Depression Screening (G0444) will not be reimbursed when filed with the Annual Wellness Visit; initial visit (G0438). G0438 includes depression screening by standardized instrument an assessment of functional ability and level of safety.

The Annual Wellness Visit, subsequent visit (G0439) however, does not include the requirements for the depression screen or the assessment of functional ability and level of safety. Therefore, G0444 will be reimbursed if performed and documented with G0439.

For a screening *follow-up* colonoscopy, as set forth in the guidance provided by USPSTF, the follow-up colonoscopy will be considered as a preventive service when the follow-up colonoscopy is performed within six months of the initial screening colonoscopy. Once the follow-up claim is submitted and is applying member cost share you may contact the Call Center 401-274-4848 or Provider Relations at ProviderRelations@bcbsri.org to ensure the claim is identified and processed with no member cost share according to the preventive policy.

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Cost sharing for institutional providers
Cost sharing for facility charges vary when preventive and non-preventive services are performed at the same time. Cost sharing will only be applied to the facility charges when the higher priced procedure is a non-preventive service. Cost sharing will not be applied to a facility fee when the higher priced procedure is considered a preventive service. For example, when a colonoscopy and endoscopy are performed at the same time there will be no cost sharing as the colonoscopy is a preventive service and is the higher priced procedure.

MEDICAL CRITERIA
Not applicable

BACKGROUND
The Affordable Care Act waives the deductible and coinsurance/copayment for many of the preventive services because those services have a recommendation grade of A or B by the USPSTF. In other cases, the deductible and coinsurance are waived because the preventive services are clinical laboratory tests to which the deductible and coinsurance do not apply according to another section of the statute.

Several preventive services covered by Medicare do not have a USPSTF recommendation grade of A or B. These include digital rectal examinations provided as prostate screening tests; glaucoma screening; DSMT services; and barium enemas provided as colorectal cancer screening tests. In the case of a screening barium enema, the deductible is waived under another section of the statute. The deductible continues to apply to the other services and coinsurance/copayment also continues to apply to all of them.

Not all preventive services allowed in Medicare and recommended by the USPSTF have a Grade of A or B, and therefore, some of the preventive services do not meet the criteria in sections 1833(a)(1) and (b)(1) of the Act for the waiver of deductible meet the criteria in sections 1833(a)(1) and (b)(1) of the Act for the waiver of deductible and coinsurance. Please refer to the Quick Reference Guide for more details.

COVERAGE
Benefits may vary between group/contract. Please refer to the Evidence of Coverage for applicable preventive health services coverage/benefits.

CODING
The services noted below are covered with most having no cost share for the member. To ensure correct claims processing of these preventive services, claims must be filed as noted on the attached grid with any diagnosis noted on the grid in the primary position on the claim:

Medicare Advantage Preventive Services Grid

RELATED POLICIES
Medicare Diabetes Prevention Program

PUBLISHED
Provider Update, March 2026
Provider Update, October 2025
Provider Update, May 2025
Provider Update, June 2024
Provider Update, June 2023
Provider Update, April 2023
Provider Update, September 2022
Provider Update, June 2022
Provider Update, January 2020
Provider Update, February 2020
Provider Update, October 2019
Provider Update, July 2019
Provider Update, January 2019

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REFERENCES:

1. Center for Medicare and Medicaid Coverage https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
2. Center for Medicare and Medicaid Coverage http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAAIAAA&
3. Center for Medicare and Medicaid Coverage http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html
4. Center for Medicare and Medicaid Coverage http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network- Center for Medicare and Medicaid Coverage MLN/MLNProducts/downloads/mps_guide_web-061305.pdf
5. Center for Medicare and Medicaid Coverage http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html
6. Center for Medicare and Medicaid Coverage http://www.medicare.gov/coverage/preventive-and-screening-services.html
7. Center for Medicare and Medicaid Coverage http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html
8. Center for Medicare and Medicaid Coverage CMS Quick Reference Chart http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
9. Center for Medicare and Medicaid Coverage NCA - Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439R) - Decision Memo (cms.gov)
10. Centers for Medicare and Medicaid Services; NCD 210.13 https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=361 included in 2023 quarter 1 updates
11. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
12. Anesthesia - NGSMEDICARE
    When a screening colonoscopy becomes a diagnostic colonoscopy, anesthesia services are reported with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscopy introduced distal to duodenum; not otherwise specified) and with the PT modifier. CPT code 00811 will be added as part of the 1/1/2018 HCPCS update. Effective for claims with dates of service on or after 1/1/2018, Medicare will pay claim lines with new CPT code 00811 and waive only the deductible when submitted with the PT modifier.

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CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.