

We are proposing to add the definition of “preventive services” in §410.2 to implement the provisions of section 1861(ddd)(3) of the Act (as amended by section 4104 of the ACA).

2. Deductible and Coinsurance for Preventive Services

Section 4104(b)(4) of the ACA amends section 1833(a)(1) of the Act by requiring 100 percent Medicare payment for the IPPE and for those preventive services recommended by the United States Preventive Services Task Force (USPSTF) with a grade of A or B for any indication or population and that are appropriate for the individual. This provision waives any coinsurance that would otherwise be applicable under section 1833(a)(1) of the Act for those items and services listed in section 1861(ww)(2) of the Act (excluding electrocardiograms) to which the USPSTF has given a grade of A or B. In addition, section 4103(c)(1) of the ACA amends section 1833(c)(1) of the Act to waive the coinsurance for the annual wellness visit. The coinsurance represents the beneficiary’s share of the payment to the provider or supplier for furnished services. Coinsurance generally refers to a percentage (for example, 20 percent) of the Medicare payment rate for which the beneficiary is liable and is applicable under the PFS, while copayment generally refers to an established amount that the beneficiary must pay that is not necessarily related to a particular percentage of the Medicare payment, and is applicable under the hospital Outpatient Prospective Payment System (OPPS). We refer readers to the CY 2011 OPPS/ASC proposed rule for proposed provisions related to payment for preventive services, including waiver of the deductible and copayment, under the OPPS.

Section 4104(c) of the ACA amends section 1833(b)(1) of the Act to waive the Part B deductible for preventive services described in subparagraph (A) of section

1861(ddd)(3) of the Act that have a grade of A or B from the USPSTF. In addition, section 1833(b)(1) of the Act (as amended by section 4103(c)(4) of the ACA) waives the Part B deductible for the annual wellness visit. These provisions are effective for services furnished on and after January 1, 2011. Section 101(b)(2) of the MIPPA amended section 1833(b) of the Act to waive the deductible for the IPPE effective January 1, 2009.

Not all preventive services described in subparagraph (A) of section 1861(ddd)(3) are recommended by the USPSTF with 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 the deductible and coinsurance. However, with certain exceptions noted below, the changes made by section 4104 of the ACA do not affect most of the preexisting specific provisions in sections 1833(a) and 1833(b) of the Act (that are codified in regulations in §410.160(b) and §410.152) that waive the deductible and coinsurance for specific services. For example, section 1833(a)(1)(D) of the Act already waives the coinsurance and section 1833(b)(3) of the Act waives the deductible for clinical laboratory tests (including tests furnished for screening purposes). Section 4104 of the ACA does not change this provision and, therefore, the waiver of both the deductible and coinsurance remains in place for all laboratory tests, regardless of whether the particular clinical laboratory test meets the USPSTF grading criteria specified in sections 1833(a)(1) and 1833(b)(1) of the Act (as amended by section 4104 of the ACA) for waiver of the deductible and coinsurance as a preventive service.

The following preventive services listed in section 1833(ddd)(3)(A) of the Act are not recommended by the USPSTF with a grade of A or B for any indication or population: digital rectal examination furnished as a prostate cancer screening service;

glaucoma screening; DSMT services; and barium enema furnished as a colorectal cancer screening service.

Specifically, HCPCS code G0102 (Prostate cancer screening; digital rectal exam), which does not have a grade of A or B from the USPSTF for any indication or population, will continue to be subject to the deductible and coinsurance as there is no statutory provision to the contrary. However, the deductible and coinsurance for HCPCS code G0103 (Prostate cancer screening; prostate specific antigen test (PSA)) will continue to be waived in accordance with section 1833(a)(1)(D) of the Act, even though this service also does not have a grade of A or B from the USPSTF.

Glaucoma screening services, described by HCPCS codes G0117 (Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist) and G0118 (Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist), will continue to be subject to the deductible and coinsurance because these services are not recommended with a grade of A or B by the USPSTF for any indication or population and there is no other statutory provision to except them. Similarly, DSMT services are currently not rated by the USPSTF, and there is no other statutory provision to except them from applicability of the deductible and coinsurance. Therefore the deductible and coinsurance requirements will continue to apply.

Barium enemas furnished as colorectal cancer screening tests, described by HCPCS codes G0106 (Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema) and G0120 (Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema), do not have a grade of A or B from the USPSTF for any indication or population. However, the deductible does not apply to

barium enemas furnished as colorectal cancer screening tests, because colorectal cancer screening tests are explicitly excluded from the deductible in section 1833(b)(8) of the Act. However, there is no specific exclusion of barium enemas from the coinsurance requirement in section 1833(b)(1) of the Act and, therefore, this requirement, as applicable, continues to apply to barium enemas. We note that the USPSTF has given a grade of A to screening colonoscopy, screening flexible sigmoidoscopy, and fecal occult blood screening tests, and that, as a result, these colorectal cancer screening tests are subject to the statutory waiver of both the deductible and coinsurance.

We note also that the USPSTF ceased to make recommendations with regard to vaccines and vaccine administration after CY 1996, so as not to conflict with the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. However, the USPSTF's most recent vaccine recommendations gave a grade of B to influenza and pneumococcal vaccines and their administration and a grade of A to hepatitis B vaccine and its administration. While sections 1833(a)(1) and 1833(b)(1) of the Act require that the preventive services receive a grade of A or B from the USPSTF for the coinsurance and deductible to be waived, the statute does not specify that the recommended grade must be furnished by the USPSTF within any given timeframe. The USPSTF grades for these preventive services are the most current USPSTF grade and have never been withdrawn. Therefore, we believe that these preventive services meet the requirements of the statute for the waiver of the deductible and coinsurance. We also note that the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices currently recommends influenza, pneumococcal, and hepatitis B vaccines.

We are proposing to update §410.160(b), which lists the services for which expenses incurred are not subject to the Part B annual deductible and do not count toward meeting that deductible. Specifically, we are proposing to revise §410.160(b)(2) to include influenza and hepatitis B vaccines and their administration, in addition to pneumococcal vaccine and its administration. In addition, in §410.160(b), we are also proposing to add exceptions for bone mass measurement, MNT services, and the annual wellness visit.

In §410.152, we are proposing to revise paragraph (l) to establish the amount of payment under the applicable payment system for providers and suppliers of the services listed in the paragraph and displayed in Table 38. Table 38 displays the HCPCS codes that we are proposing as “preventive services” under section 1861(ddd)(3)(A) of the Act and identifies the HCPCS codes for the IPPE and the annual wellness visit. Table 38 also indicates the most recent USPSTF grade, if any, that is the basis for our proposed policy with regard to waiver of the deductible and coinsurance, as applicable, and the Medicare payment system under which the HCPCS code would be paid when furnished outside of the facility setting. We note that the changes made by section 4104 of the ACA with respect to the deductible and coinsurance apply in all settings in which the services are furnished.

In developing recommendations regarding preventive services, we recognize that the USPSTF may make recommendations that are specific to an indication or population, at times including characteristics such as gender and age in its recommendations. While we are proposing to waive the deductible and coinsurance for any Medicare covered preventive service recommended with a grade of A or B for any indication or population, with no limits on the indication or population as long as the USPSTF has recommended

the preventive service for at least one indication and/or population with a grade of A or B, we note that all existing Medicare coverage policies for such services, including any limitations based on indication or population, continue to apply. In some cases, national coverage policies may currently limit Medicare coverage based on the indication or population, consistent with the USPSTF recommendations with a grade of A or B for the indication or population. In other cases where Medicare does not explicitly noncover preventive services for a specific population or indication, we would expect that, particularly in those cases where the USPSTF recommendation grade is a D (that is, the USPSTF recommends against the service because there is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits), practitioners would only order those preventive services that are clinically appropriate for the beneficiary. If we have concerns in the future about the appropriateness of preventive services for an indication or population in light of the USPSTF's recommendations, we may consider using our authority under section 1834(n)(1) of the Act (as added by section 4105 of the ACA) to modify Medicare coverage of any preventive service to be consistent with the recommendations of the USPSTF.

Section 10501(i)(2) of the ACA amended the definition of Federally Qualified Health Center (FQHC) services as defined in section 1861(aa)(3)(A) of the Act by replacing the specific references to services provided under section 1861(qq) and (vv) of the Act (diabetes outpatient self-management training services and medical nutrition therapy services, respectively) with preventive services as defined in section 1861(ddd)(3) of the Act, as established by section 4014(a)(3) of the ACA. These changes are effective for services provided on or after January 1, 2011. Accordingly, we are proposing to conform the regulations to the new statutory requirement by adding a new

section §405.2449 which would add the new preventive services definition to the definition of FQHC services effective for services provided on or after January 1, 2011.

Section 1861(ddd)(3) of the Act defines “preventive services” as consisting of the following three components:

- Screening and preventive services described in section 1861(ww)(2) of the Act (other than electrocardiograms described in subparagraph (M) of that same subsection).
- An initial preventive physical examination, as defined in section 1861(ww) of the Act.
- Personalized prevention plan services as defined in section 1861(hhh)(1) of the Act.

We are proposing to add each of these three components into the new Medicare FQHC preventive services definition in a new §405.2449.

Section 4104(b)(1) of the ACA, as amended by section 10406 of the same Act, waives coinsurance for preventive services by adding section 1833(a)(1)(Y) to the Act to require, essentially, waiver of coinsurance for preventive services that are recommended with a grade of A or B by the USPSTF for any indication or population. This provision is specifically designed to remove barriers to affording and obtaining such preventive services under Medicare.

In addition, section 10501(i)(3)(B)(ii) of the ACA added section 1833(a)(1)(Z) to the Act to require a 20-percent copay on all FQHC services after implementation of the FQHC prospective payment system. We believe we can give both section 1833(a)(1)(Y) and (Z) of the Act, and the definition of FQHC services (revised to include the broader scope of preventive services) their best effect by permitting a 100 percent reimbursement

rate for preventive services as defined at section 1861 (ddd)(3) of Act, effective January 1, 2011.

Section 1833(b)(4) of the Act stipulates that the Medicare Part B deductible shall not apply to Federally qualified health center services. The ACA makes no change to this provision, therefore Medicare shall continue to waive the Part B deductible for all Federally qualified health center services, including preventive services added by the ACA.

TABLE 38: Proposed CY 2011 Deductible and Coinsurance for Preventive Services Under Section 1861(ddd)(3)(A) of the Act (Includes the IPPE and the Annual Wellness Visit)

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
Initial Preventive Physical Examination, IPPE	G0402	Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment	*Not Rated	PFS	Coins. applies & ded. is waived	WAIVED
	G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report		PFS	Not Waived	Not Waived
	G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination		PFS	Not Waived	Not Waived

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination		PFS	Not Waived	Not Waived
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389	Ultrasound, B-scan and /or real time with image documentation; for abdominal aortic aneurysm (AAA) ultrasound screening	B	PFS	Coins. applies & ded. is waived	WAIVED
Cardio-vascular Disease Screening	80061	Lipid panel	A	CLFS	WAIVED	WAIVED
	82465	Cholesterol, serum or whole blood, total		CLFS	WAIVED	WAIVED
	83718	Lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)		CLFS	WAIVED	WAIVED
	84478	Triglycerides		CLFS	WAIVED	WAIVED
Diabetes Screening Tests	82947	Glucose; quantitative, blood (except reagent strip)	B	CLFS	WAIVED	WAIVED
	82950	Glucose; post glucose dose (includes glucose)		CLFS	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	82951	Glucose; tolerance test (gtt), three specimens (includes glucose)	*Not Rated	CLFS	WAIVED	WAIVED
Diabetes Self-Management Training Services (DSMT)	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	*Not Rated	PFS	Not Waived	Not Waived
	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		PFS	Not Waived	Not Waived
Medical Nutrition Therapy (MNT) Services	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	B	PFS	Not Waived	WAIVED
	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		PFS	Not Waived	WAIVED
	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes		PFS	Not Waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	B	PFS	Not Waived	WAIVED
	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes		PFS	Not Waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
Screening Pap Test	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	A	CLFS	WAIVED	WAIVED
	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		PFS	Coins. applies & ded. is waived	WAIVED
	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	A	PFS	Coins. applies & ded. is waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	A	CLFS	WAIVED	WAIVED
	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	A	CLFS	WAIVED	WAIVED
	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	A	CLFS	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	A	CLFS	WAIVED	WAIVED
	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	A	CLFS	WAIVED	WAIVED
	P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	A	CLFS	WAIVED	WAIVED
	P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	A	PFS	Coins. applies & ded. is waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		PFS	Coins. applies & ded. is waived	WAIVED
Screening Pelvic Exam	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	A	PFS	Coins. applies & ded. is waived	WAIVED
Screening Mammography	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)	B	PFS	Coins. applies & ded. is waived	WAIVED
	77057	Screening mammography, bilateral (2-view film study of each breast)	B	PFS	Coins. applies & ded. is waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0202	Screening mammography, producing direct digital image, bilateral, all views		PFS	Coins. applies & ded. is waived	WAIVED
Bone Mass Measurement	G0130	Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	B	PFS	Not Waived	WAIVED
	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		PFS	Not Waived	WAIVED
	77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		PFS	Not Waived	WAIVED
	77080	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		PFS	Not Waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		PFS	Not Waived	WAIVED
	77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites		PFS	Not Waived	WAIVED
	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	B	PFS	Not Waived	WAIVED
Colorectal Cancer Screening	G0104	Colorectal cancer screening; flexible sigmoidoscopy	A	PFS	Coins. applies & ded. Is waived	WAIVED
	G0105	Colorectal cancer screening; colonoscopy on individual at high risk		PFS	Coins. applies & ded. is waived	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	*Not Rated	PFS	Coins. applies & ded. is waived	Coins. applies & ded. is waived
	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.		PFS	Coins. applies & ded. is waived	Coins. applies & ded. is waived
	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	A	PFS	Coins. applies & ded. Is waived	WAIVED
	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive		CLFS	WAIVED	WAIVED
	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous		CLFS	Coins. applies & ded. Is waived	WAIVED
Prostate Cancer Screening	G0102	Prostate cancer screening; digital rectal examination	D	PFS	Not Waived	Not Waived

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0103	Prostate cancer screening; prostate specific antigen test (PSA)		CLFS	WAIVED	WAIVED
Glaucoma Screening	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	I	PFS	Not Waived	Not Waived
	G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist		PFS	Not Waived	Not Waived
Influenza Virus Vaccine	90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	B	Drug Pricing File	WAIVED	WAIVED
	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use		Drug Pricing File	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use		Drug Pricing File	WAIVED	WAIVED
	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use		Drug Pricing File	WAIVED	WAIVED
	90660	Influenza virus vaccine, live, for intranasal use		Drug Pricing File	WAIVED	WAIVED
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use		Drug Pricing File	WAIVED	WAIVED
	G0008	Administration of influenza virus vaccine		PFS	WAIVED	WAIVED
	G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)		PFS	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G9142	Influenza A (H1N1) vaccine, any route of administration		Drug Pricing File (if not supplied at no cost)	WAIVED	WAIVED
Pneumo- coccal Vaccine	90669	Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use	B	Drug Pricing File	WAIVED	WAIVED
	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use.		Drug Pricing File	WAIVED	WAIVED
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use		Drug Pricing File	WAIVED	WAIVED
	G0009	Administration of pneumococcal vaccine		PFS	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
Hepatitis B Vaccine	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	A	Drug Pricing File	Not Waived	WAIVED
	90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use		Drug Pricing File	Not Waived	WAIVED
	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use		Drug Pricing File	Not Waived	WAIVED
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use		Drug Pricing File	Not Waived	WAIVED
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use		Drug Pricing File	Not Waived	WAIVED
	G0010	Administration of hepatitis B vaccine	A	PFS	Not Waived	WAIVED
HIV Screening	86689	HTLV or HIV antibody, confirmatory test (eg, Western Blot)	A	CLFS	WAIVED	WAIVED

Preventive Service	CPT/ HCPCS Code	Long Descriptor	USPSTF Rating ¹	Payment Method	CY 2010 Coins. / Deductible	CY 2011 Coins. / Deductible
	G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-qualitative, multiple-step method, HIV-1 or HIV-2, screening		CLFS	WAIVED	WAIVED
	G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening		CLFS	WAIVED	WAIVED
	G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2 , screening		CLFS	WAIVED	WAIVED
Annual Wellness Visit	GXXXXA	Annual wellness visit, including PPPS, first visit	*Not Rated	PFS	N/A	WAIVED
	GXXXXB	Annual wellness visit, including PPPS, subsequent visit		PFS	N/A	WAIVED

¹ U.S. Preventive Services Task Force Recommendations

A -- The USPSTF strongly recommends that clinicians routinely provide [the service] to eligible patients. (The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.)

B -- The USPSTF recommends that clinicians routinely provide [the service] to eligible patients. (The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.)

C -- The USPSTF makes no recommendation for or against routine provision of [the service]. (The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.)

D -- The USPSTF recommends against routinely providing [the service] to asymptomatic patients. (The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.)

I -- The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. (Evidence that [the service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.)