



**“Zero” Copayments for Preventive Services – Aetna Medicare OpenSM Plan (PFFS)
A Medicare Advantage Private Fee-for-Service (PFFS) plan – Updated March 2010**

<u>Benefits Category</u>	<u>“Zero” Copayments for Aetna Medicare Open Plan (a PFFS plan)**</u>
Routine Physicals	<ul style="list-style-type: none"> ▪ G0402 (welcome exam) that can be billed along with EKG codes G0403, G0404, G0405 ▪ 99381-99397, 99401-99404 ▪ 99201–99205, 99211-99215 are considered to be preventive if the primary diagnosis code is one of the following: V03.0,-V03.9, V04.0-V04.89, V05.0-V05.9, V06.0-V06.9, V20.0-V20.2, V70.0, V70.3, V70.5
Bone Mass Measurement	<ul style="list-style-type: none"> ▪ 76977, 77078, 77079, 77080, 77081, 77083 and G0310 are considered to be preventive if the primary diagnosis code is one of the following: V70.0, V70.3, V70.5, V72.0, V72.3, V72.31 and V82.81
Colorectal Screening	<ul style="list-style-type: none"> ▪ G0104, G0105, G0106, G0120, G0121, G0122, G0394, S0605 ▪ 45378 – 45386, 45300 – 45320, 45330 – 45334, 45338 – 45340, 74270, 74280, 82270 are considered to be preventive if the primary diagnosis code is one of the following: V70.0, V70.3, V70.5, V76.41, V76.50, V76.51
Prostate Cancer Screening	<ul style="list-style-type: none"> ▪ G0102 and G0103 and 84152-84154 are considered to be preventive if the primary diagnosis code is one of the following: V70.0, V70.3, V70.5, V76.44, V84.03
Hepatitis B Vaccine	<ul style="list-style-type: none"> ▪ 90740, 90746, 90747 and G0010
Flu Immunization	<ul style="list-style-type: none"> ▪ 90470, 90655 – 90658, 90661-90663 and G0008 and G9141
Pneumonia Immunization	<ul style="list-style-type: none"> ▪ 90732, 90669, 90670, G0009 and S0195
Routine GYN	<ul style="list-style-type: none"> ▪ S0610, S0612, S0613, 99381-99397, 99401-99404, 99201–99205, and 99211-99215 are considered to be preventive if the primary diagnosis code is one of the following: V72.3, V72.31, V72.6, V76.2, V76.46, V76.47, V84.02, V84.04
Screening Mammograms	<ul style="list-style-type: none"> ▪ G0202, 77052 and 77057
Pap Smear - Preventive	<ul style="list-style-type: none"> ▪ G0101, G0123-G0124, G0141-G0148 and P3000, P3001, Q0091, 88141-88155, 88164-88167, 88174-88175 are considered to be preventive if the primary diagnosis code is one of the following: V72.3, V72.31, V72.6, V76.2, V76.46, V76.47, V84.02, V84.04
Pelvic Exams	<ul style="list-style-type: none"> ▪ G0101
Routine Hearing Exams	<ul style="list-style-type: none"> ▪ V5008 and 92551 – 92561, 92587 are considered to be preventive if the primary diagnosis code is one of the following: V03.0,-V03.9, V04.0-V04.89, V05.0-V05.9, V06.0-V06.9, V20.0-V20.2, V70.0, V70.3, V70.5, V72.1, V72.3, V72.31
Routine Vision Exams	<ul style="list-style-type: none"> ▪ S0620, S0621 ▪ 92002 – 92015 are considered to be preventive when billed with or without a non-routine diagnosis code, as long as a member has not had a routine eye exam in the last 12 months.

**Beginning January 1, 2009, Aetna may not cover all of the preventative services listed above at 100 percent with zero copayments with respect to all Aetna Medicare Advantage (MA) plans. Some plan sponsors offering Aetna MA plans may elect to require copayments or coinsurance for some of these preventative services, and, under these circumstances, Aetna would not cover those preventative services at 100 percent with a zero copayment. To verify eligibility and whether a member is required to pay cost-sharing amounts for the above-listed services, please visit our secure provider website via NaviNet®, click on “Plan Central,” then “Aetna Health Plan” and then “Eligibility.”