Medicare Preventive Services

Quick Reference Information: Preventive Services

This educational tool provides information on Medicare preventive services. Information provided includes Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes; International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes; coverage requirements; frequency requirements; and beneficiary liability for each Medicare preventive service.

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
Initial Preventive Physical Examination (IPPE) **Also known as the "Welcome to Medicare Visit"**	G0402 – IPPE G0403 – ECG for IPPE G0404 – ECG tracing for IPPE G0405 – ECG interpret & report **Important** – The screening EKG is an optional service that may be performed as a result of a referral from an IPPE	No specific diagnosis code Contact the local Medicare Contractor for guidance	All Medicare beneficiaries whose first Part B coverage began on or after 01/01/05	Once in a lifetime benefit per beneficiary **Must be furnished no later than 12 months after the effective date of the first Medicare Part B coverage**	**G0402 prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **G0402 on or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived **G0403, G0404, G0405:** • Copayment/coinsurance applies • Deductible applies
Annual Wellness Visit (AWV) **This is a new benefit beginning for dates of service on and after 01/01/11**	G0438 – First visit G0439 – Subsequent visit	No specific diagnosis code Contact the local Medicare Contractor for guidance	All Medicare beneficiaries who are no longer within 12 months after the effective date of their first Medicare Part B coverage period and who have not received an IPPE or AWV within the past 12 months	• Once in a lifetime for G0438 • Annually for G0439	**Prior to 01/01/11:** • N/A **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389 – Ultrasound exam AAA screen	No specific diagnosis code Contact the local Medicare Contractor for guidance	Medicare beneficiaries with certain risk factors for abdominal aortic aneurysm **Important** – Eligible beneficiaries must receive a referral for an AAA ultrasound screening as a result of an IPPE	Once in a lifetime benefit per eligible beneficiary	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Cardiovascular Disease Screenings	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	Report one or more of the following codes: V81.0, V81.1, V81.2	All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease **12-hour fast is required prior to testing**	Every 5 years	• Copayment/coinsurance waived • Deductible waived
Diabetes Screening Tests	82947 – Glucose, quantitative, blood (except reagent strip) 82950 – Glucose, post-glucose dose (includes glucose) 82951 – Glucose Tolerance Test (GTT), three specimens (includes glucose)	V77.1	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes **Beneficiaries previously diagnosed with diabetes are not eligible for this benefit**	• 2 screening tests per year for beneficiaries diagnosed with pre-diabetes • 1 screening per year if previously tested, but not diagnosed with pre-diabetes, or if never tested	• Copayment/coinsurance waived • Deductible waived
Diabetes Self-Management Training (DSMT)	G0108 – DSMT, individual session, per 30 minutes G0109 – DSMT, group session (2 or more), per 30 minutes	No specific diagnosis code Contact the local Medicare Contractor for guidance	Medicare beneficiaries diagnosed with diabetes **Must be ordered by the physician or qualified non-physician practitioner treating the beneficiary's diabetes**	• Up to 10 hours of initial training within a continuous 12-month period • Subsequent years: Up to 2 hours of follow-up training each year after the initial year	• Copayment/coinsurance applies • Deductible applies
Medical Nutrition Therapy (MNT)	97802, 97803, 97804, G0270, G0271 **Services must be provided by a registered dietitian or nutrition professional**	No specific diagnosis code Contact the local Medicare Contractor for guidance	Certain Medicare beneficiaries diagnosed with diabetes, renal disease, or who have received a kidney transplant within the last three years	• 1st year: 3 hours of one-on-one counseling • Subsequent years: 2 hours	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible applies **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Screening Pap Tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	Report one of the following codes: V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	• Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years • Every 24 months for all other women	**G0124, G0141, P3001, Q0091 prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **All other codes prior to 01/01/11:** • Copayment/coinsurance waived • Deductible waived **All codes on or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived

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Official CMS Information for Medicare Fee-For-Service Providers

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
Screening Pelvic Exam	G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast examination	Report one of the following codes: V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	• Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years • Every 24 months for all other women	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Screening Mammography	77052, 77057, G0202	Report one of the following codes: V76.11 or V76.12	All female Medicare beneficiaries aged 35 and older	• Aged 35 through 39: One baseline • Aged 40 and older: Annually	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Bone Mass Measurements	76977, 77078, 77079, 77080, 77081, 77083, G0130	Use the appropriate diagnosis code Contact the local Medicare Contractor for guidance	Certain Medicare beneficiaries that fall into at least one of the following categories: • Women determined by their physician or qualified non-physician practitioner to be estrogen deficient and at clinical risk for osteoporosis; • Individuals with vertebral abnormalities; • Individuals receiving (or expecting to receive) glucocorticoid therapy for more than three months; • Individuals with primary hyperparathyroidism; or • Individuals being monitored to assess response to FDA-approved osteoporosis drug therapy.	Every 24 months **More frequently if medically necessary**	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible applies **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Colorectal Cancer Screening	G0104 – Flexible Sigmoidoscopy G0105 – Colonoscopy (high risk) G0106 – Barium Enema (alternative to G0104) G0120 – Barium Enema (alternative to G0105) G0121 – Colonoscopy (not high risk) G0122 – Barium Enema (non-covered) G0328 – Fecal Occult Blood Test (FOBT) (alternative to 82270) 82270 – FOBT	Use appropriate diagnosis code Contact the local Medicare Contractor for guidance	All Medicare beneficiaries aged 50 and older who are: • At normal risk of developing colorectal cancer; or • At high risk of developing colorectal cancer.* * High risk for developing colorectal cancer is defined in 42 CFR 410.37(a)(1). See http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol2/pdf/CFR-2010-title42-vol2-sec410-37.pdf on the Internet.	**Normal risk:** • Fecal Occult Blood Test (FOBT) every year; • Flexible Sigmoidoscopy once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months); • Screening Colonoscopy every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months); and • Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy). **High risk:** • FOBT every year; • Flexible Sigmoidoscopy once every 4 years; • Screening Colonoscopy every 2 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months); and • Barium Enema (as an alternative to a covered screening colonoscopy).	**82270 prior to 01/01/11:** • Copayment/coinsurance waived • Deductible waived **All other codes prior to 01/01/11:** • Copayment/coinsurance applies • Deductible waived **82270, G0104, G0105, G0121, and G0328 on or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived **All other codes on or after 01/01/11:** • Copayment/coinsurance applies • Deductible waived **No deductible for all surgical procedures (CPT code range of 10000 to 69999) furnished on the same date and in the same encounter as a colonoscopy, flexible sigmoidoscopy, or barium enema that were initiated as colorectal cancer screening services. Modifier -PT should be appended to at least one CPT code in the surgical range of 10000 to 69999 on a claim for services furnished in this scenario.**
Prostate Cancer Screening	G0102 – Digital Rectal Exam (DRE) G0103 – Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries aged 50 and older (coverage begins the day after 50th birthday)	Annually	**G0102:** • Copayment/coinsurance applies • Deductible applies **G0103:** • Copayment/coinsurance waived • Deductible waived

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Glaucoma Screening	G0117 – By an optometrist or ophthalmologist G0118 – Under the direct supervision of an optometrist or ophthalmologist	V80.1	Medicare beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans aged 50 and older, or Hispanic-Americans aged 65 and older	Annually for beneficiaries in one of the high risk groups	• Copayment/coinsurance applies • Deductible applies
Seasonal Influenza Virus Vaccine	90655, 90656, 90657, 90660, 90662, Q2035, Q2036, Q2037, Q2038, Q2039 – Influenza Virus Vaccine G0008 – Administration	Report one of the following codes: V04.81 V06.6 – When purpose of visit was to receive both seasonal influenza virus and pneumococcal vaccines	All Medicare beneficiaries	Once per influenza season in the fall or winter **Medicare may provide additional flu shots if medically necessary**	• Copayment/coinsurance waived • Deductible waived
Pneumococcal Vaccine	90669 – Pneumococcal Conjugate Vaccine 90670 – Pneumococcal Conjugate Vaccine, 13 valent, for intramuscular use 90732 – Pneumococcal Polysaccharide Vaccine G0009 – Administration	Report one of the following codes: V03.82 V06.6 – When purpose of visit was to receive both pneumococcal and seasonal influenza virus vaccines	All Medicare beneficiaries	Once in a lifetime **Medicare may provide additional vaccinations based on risk and provided that at least 5 years have passed since receipt of a previous dose**	• Copayment/coinsurance waived • Deductible waived
Hepatitis B (HBV) Vaccine	90740, 90743, 90744, 90746, 90747 – Hepatitis B Vaccine G0010 – Administration	V05.3	Certain Medicare beneficiaries at intermediate or high risk Medicare beneficiaries that are currently positive for antibodies for hepatitis B are not eligible for this benefit.	Scheduled dosages required	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible applies **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Counseling to Prevent Tobacco Use **This is a new benefit beginning for dates of service on and after 08/25/10**	G0436 – Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes G0437 – Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	Report one of the following codes: 305.1 or V15.82	Outpatient and hospitalized beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease; are competent and alert at the time that counseling is provided; and whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner	2 cessation attempts per year; Each attempt includes maximum of 4 intermediate or intensive sessions; up to 8 sessions in a 12-month period	**Prior to 01/01/11:** • Copayment/coinsurance applies • Deductible applies **On or after 01/01/11:** • Copayment/coinsurance waived • Deductible waived
Human Immunodeficiency Virus (HIV) Screening **This is a new benefit beginning for dates of service on and after 12/08/09**	G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening G0435 – Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	Report one of the following codes: V73.89 – Primary V22.0, V22.1, V69.8, or V23.9 – Secondary, as appropriate	Beneficiaries who are at increased risk for HIV infection or pregnant** ** Increased risk for HIV infection is defined in the "National Coverage Determinations (NCD) Manual," Publication 100-03, Sections 190.14 (diagnostic) and 210.7 (screening). See http://www.cms.gov/manuals/downloads/ncd103c1_Part3.pdf and http://www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf on the Internet.	Annually for beneficiaries at increased risk Three times per pregnancy for beneficiaries who are pregnant: a. When woman is diagnosed with pregnancy; b. During the 3rd trimester; and c. At labor, if ordered by the woman's clinician.	• Copayment/coinsurance waived • Deductible waived

Resources

For more information on Medicare preventive services, visit http://www.cms.gov/PrevntionGenInfo on the CMS website.

For more information on Medicare Learning Network® (MLN) preventive services educational products, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

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