Medicare PREVENTIVE SERVICES

Medicare Learning Network®
Official CMS Information for Medicare Fee-For-Service Providers

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 Preventive Visit"**	G0402 – IPPE G0403 – EKG for IPPE G0404 – EKG tracing for IPPE G0405 – EKG interpret & report for 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 **Important** – The screening EKG is an optional service that may be performed as a result of a referral from an IPPE	Once in a lifetime Must furnish no later than 12 months after the effective date of the first Medicare Part B coverage	**G0402:** • Copayment/coinsurance waived • Deductible waived **G0403, G0404, and G0405:** • Copayment/coinsurance applies • Deductible applies
Annual Wellness Visit (AWV)	G0438 – Initial 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	• Copayment/coinsurance waived • Deductible waived
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389 – Ultrasound exam AAA screening	No specific diagnosis code Contact the local Medicare Contractor for guidance	Medicare beneficiaries with certain risk factors for AAA **Important** – Eligible beneficiaries must receive a referral for an ultrasound screening for AAA as a result of an IPPE	Once in a lifetime	• Copayment/coinsurance waived • Deductible waived
Cardiovascular Screening Blood Tests	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	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), 3 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	• Two screening tests per year for beneficiaries diagnosed with pre-diabetes • One 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, per 30 minutes G0109 – DSMT, group (2 or more), per 30 minutes	No specific diagnosis code Contact the local Medicare Contractor for guidance	Medicare beneficiaries diagnosed with diabetes Physician or qualified non-physician practitioner treating the beneficiary's diabetes must order DSMT	• 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

ICN 006559 May 2012

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Medical Nutrition Therapy (MNT)	97802 – MNT; initial assessment, individual, each 15 minutes 97803 – MNT; re-assessment, individual, each 15 minutes 97804 – MNT; group (2 or more), each 30 minutes G0270 – MNT reassessment and subsequent intervention(s) for change in diagnosis, individual, each 15 minutes G0271 – MNT reassessment and subsequent intervention(s) for change in diagnosis, group (2 or more), each 30 minutes	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 3 years A registered dietitian or nutrition professional must provide the services	• First year: 3 hours of one-on-one counseling • Subsequent years: 2 hours	• Copayment/coinsurance waived • Deductible waived
Screening Pap Tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148 – Screening cytopathology, cervical or vaginal P3000 – Screening Pap smear by technician under physician supervision P3001 – Screening Pap smear requiring interpretation by physician Q0091 – Screening Pap smear; obtaining, preparing and conveyance to lab	Report one of the following codes: Low Risk – V72.31, V76.2, V76.47, V76.49 High Risk – V15.89	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	• Copayment/coinsurance waived • Deductible waived
Screening Pelvic Examinations	G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast examination	Report one of the following codes: Low Risk – V72.31, V76.2, V76.47, V76.49 High Risk – V15.89	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	• Copayment/coinsurance waived • Deductible waived
Screening Mammography	77052 – Computer-aided detection; screening mammography 77057 – Screening mammography, bilateral G0202 – Screening mammography, digital	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	• Copayment/coinsurance waived • Deductible waived

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Bone Mass Measurements	76977 – Ultrasound bone density measurement and interpretation; peripheral site(s), any method 77078 – Computed tomography, bone mineral density study, 1 or more sites; axial skeleton 77079 – Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) 77080 – Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton 77081 – DXA, bone density study, 1 or more sites; appendicular skeleton 77083 – Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), 1 or more sites G0130 – Single energy X-ray study	No specific 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 3 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	• 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) G0328 – Fecal Occult Blood Test (FOBT), immunoassay, 1-3 simultaneous 82270 – FOBT (blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)	No specific 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)(3) Refer to http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec410-37.pdf on the Internet	• FOBT every year • Flexible Sigmoidoscopy once every 4 years, or 120 months after a previous Screening Colonoscopy for people not at high risk • Screening Colonoscopy every 10 years (every 24 months for high risk), or 48 months after a previous Flexible Sigmoidoscopy • Barium Enema (as an alternative to a covered Flexible Sigmoidoscopy) every 48 months, and every 24 months for high risk	**G0104, G0105, G0121, G0328, and 82270:** • Copayment/coinsurance waived • Deductible waived **G0106 and G0120:** • 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

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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 for covered beneficiaries	**G0102:** • Copayment/coinsurance applies • Deductible applies **G0103:** • Copayment/coinsurance waived • Deductible waived
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 covered beneficiaries	• Copayment/coinsurance applies • Deductible applies
Seasonal Influenza Virus Vaccine and Administration	90654, 90655, 90656, 90657, 90660, 90662, Q2034 **(effective for dates of service on or after 07/01/12, and claims processed on or after 10/01/12)**, Q2035, Q2036, Q2037, Q2038, Q2039 – Influenza Virus Vaccine G0008 – Administration	Report one of the following codes: V04.81 – Influenza V06.6 – Pneumococcus and Influenza	All Medicare beneficiaries	Once per influenza season Medicare may provide additional flu shots if medically necessary	• Copayment/coinsurance waived • Deductible waived
Pneumococcal Vaccine and Administration	90669, 90670 – Pneumococcal Conjugate Vaccine 90732 – Pneumococcal Polysaccharide Vaccine G0009 – Administration	Report one of the following codes: V03.82 – Pneumococcus V06.6 – Pneumococcus and Influenza	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 and Administration	90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule) 90743 – Hepatitis B vaccine, adolescent dosage (2 dose schedule) 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule) 90746 – Hepatitis B vaccine, adult dosage 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) G0010 – Administration	V05.3	Certain Medicare beneficiaries at intermediate or high risk for contracting hepatitis B Medicare beneficiaries that are currently positive for antibodies for hepatitis B are not eligible for this benefit	Scheduled dosages required	• Copayment/coinsurance waived • Deductible waived

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Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries	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; who 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	Two cessation attempts per year; each attempt includes a maximum of four intermediate or intensive sessions, up to eight sessions in a 12-month period	• Copayment/coinsurance waived • Deductible waived
Human Immunodeficiency Virus (HIV) Screening	G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique G0435 – Infectious agent antibody detection by rapid antibody test	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 Publication 100-03, Sections 190.14 (diagnostic) and 210.7 (screening) Refer to http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf and http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf on the CMS website	Annually for beneficiaries at increased risk Three times per pregnancy for beneficiaries who are pregnant: • First, when a woman is diagnosed with pregnancy; • Second, during the third trimester; and • Third, at labor, if ordered by the woman's clinician	• Copayment/coinsurance waived • Deductible waived
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease **This is a new benefit beginning for dates of service on or after 11/08/11**	G0446 – Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, bi-annual, 15 minutes	No specific diagnosis code Contact the local Medicare Contractor for guidance	• Men aged 45 through 79 and women aged 55 through 79: Encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks • Adults aged 18 and older: Screening for high blood pressure • Adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular- and diet-related chronic disease: Intensive behavioral counseling to promote a healthy diet Must be furnished by a qualified primary care physician or other primary care practitioner in a primary care setting	Annually for covered beneficiaries	• Copayment/coinsurance waived • Deductible waived
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse **This is a new benefit beginning for dates of service on or after 10/14/11**	G0442 – Annual alcohol misuse screening, 15 minutes G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	No specific diagnosis code Contact the local Medicare Contractor for guidance	All Medicare beneficiaries are eligible for alcohol screening Medicare beneficiaries who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, are eligible for counseling if they are competent and alert at the time that counseling is provided and counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting	• Annually for G0442 • Four times per year for G0443	• Copayment/coinsurance waived • Deductible waived

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Screening for Depression **This is a new benefit beginning for dates of service on or after 10/14/11**	G0444 – Annual depression screening, 15 minutes	No specific diagnosis code Contact the local Medicare Contractor for guidance	All Medicare beneficiaries Must be furnished by a qualified primary care physician or other primary care practitioner in a primary care setting that has staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up	Annually	• Copayment/coinsurance waived • Deductible waived
Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs **This is a new benefit beginning for dates of service on or after 11/08/11**	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810 – Chlamydia 87590, 87591, 87850 – Gonorrhea 87800 – Combined chlamydia and gonorrhea testing 86592, 86593, 86780 – Syphilis 87340, 87341 – Hepatitis B (hepatitis B surface antigen) G0445 – High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	For screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant report V74.5 and V69.8 For screening for syphilis in men at increased risk report V74.5 and V69.8 For screening for chlamydia and gonorrhea in pregnant women at increased risk for STIs report: • V74.5 and V69.8, and • V22.0, V22.1, or V23.9 For screening for syphilis in pregnant women report V74.5 and V22.0, V22.1, or V23.9 For screening for syphilis in pregnant women at increased risk for STIs report: • V74.5 and V69.8, and • V22.0, V22.1, or V23.9 For screening for hepatitis B in pregnant women report V73.89 and V22.0, V22.1, or V23.9 For screening for hepatitis B in pregnant women at increased risk for STIs report: • V73.89 and V69.8, and • V22.0, V22.1, or V23.9	Sexually active adolescents and adults at increased risk for STIs: HIBC consisting of individual, 20 to 30 minute, face-to-face counseling sessions, if referred for this service by a primary care provider and provided by a Medicare eligible primary care provider in a primary care setting Increased risk for STIs is defined in Publication 100-03, Section 210.10 Refer to http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R141NCD.pdf on the CMS website	• One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant • One annual occurrence of screening for syphilis in men at increased risk • Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening • One occurrence per pregnancy of screening for syphilis in pregnant women; up to two additional occurrences per pregnancy if at continued increased risk for STIs • One occurrence per pregnancy of screening for hepatitis B in pregnant women; one additional occurrence per pregnancy if at continued increased risk for STIs • Up to two HIBC counseling sessions annually	• Copayment/coinsurance waived • Deductible waived

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Intensive Behavioral Therapy (IBT) for Obesity **This is a new benefit beginning for dates of service on or after 11/29/11**	G0447 – Face-to-face behavioral counseling for obesity, 15 minutes	Report one of the following codes: V85.30 – V85.39, V85.41 – V85.45	Medicare beneficiaries with obesity (BMI ≥ 30 kg/m^2) who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting	• One visit every week for the first month; • One visit every other week for months 2 – 6; and • One visit every month for months 7 – 12 At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, beneficiaries must have lost at least 3kg For beneficiaries who do not achieve a weight loss of at least 3kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period	• Copayment/coinsurance waived • Deductible waived

Frequently Asked Questions

Why is CMS adding new preventive services as Medicare benefits?

Under Section 4105 of the Affordable Care Act, CMS may add coverage of "additional preventive services" through the National Coverage Determination (NCD) process if the service meets all of the following criteria. They must be: 1) reasonable and necessary for the prevention or early detection of illness or disability, 2) recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF), and 3) appropriate for individuals entitled to benefits under Part A or enrolled under Part B of the Medicare Program. For more information on USPSTF recommendations, visit http://www.uspreventiveservicestaskforce.org/recommendations.htm on the Internet. Watch for announcements of additional new preventive benefits and educational materials at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html on the CMS website, or refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNProducts_listserv.pdf to sign up to receive news of new Medicare Learning Network® (MLN) products by e-mail. For the latest information on Medicare preventive services, visit http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/News_and_Announcements.html on the CMS website.

Some services must be performed in a primary care setting. What is that?

A primary care setting is one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. We do not consider Ambulatory Surgical Centers (ASCs), emergency departments, hospices, independent diagnostic testing facilities, inpatient hospital settings, Inpatient Rehabilitation Facilities (IRFs), and Skilled Nursing Facilities (SNFs) to be primary care settings under this definition.

How do I determine the last date a beneficiary received a preventive service, so that I know the beneficiary is eligible to receive the next service and the service will not be denied due to frequency edits?

Your options for accessing eligibility information depend on the Medicare Administrative Contractor (MAC) jurisdiction in which your practice or facility is located. For example, MACs who have Internet portals provide the information through the eligibility screens of the portals. You may also be able to access the information through the HIPAA Eligibility Transaction System (HETS), as well as HETS User Interface, through the provider call center Interactive Voice Responses (IVRs). CMS suggests that providers check with their MAC to see what options are available to check eligibility.

My patients do not follow up on routine preventive care. How can I help them remember when they are due for their next preventive service?

Medicare.gov provides a "Preventive Screening Checklist" that you can give to your patients. They can use the checklist to track their preventive services. For the checklist, visit http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-checklist.aspx on the Internet.

Resources

RESOURCE	WEBSITE
Medicare Preventive Services General Information	http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
MLN Guided Pathways to Medicare Resources	The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the "Coverage of Preventive Services" section in the "MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
Preventive Services MLN Page	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html
"Publications for Your Medicare Beneficiaries"	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BenePubFS-ICN905183.pdf