



# Quick Reference Information: Medicare Preventive Services

SERVICE	HCPCS/CPT CODES	ICD 9 CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
<b>Initial Preventive Physical Examination (IPPE)</b> <i>Also known as the "Welcome to Medicare Visit" (WMMV)</i>	<b>G0344</b> – IPPE <b>G0366</b> – EKG for IPPE <b>G0367</b> – EKG Tracing for IPPE <b>G0368</b> – EKG Interpret & Report	<b>No specific diagnosis code required for IPPE &amp; corresponding EKG</b> <i>Contact local Medicare Contractor for guidance</i>	<b>All Medicare beneficiaries whose first Part B coverage began on or after January 1, 2005</b>	<b>Once in a lifetime benefit per beneficiary</b> <i>Must be furnished no later than 6 months after the effective date of the first Medicare Part B coverage begins</i>	<b>Copayment/coinsurance Deductible</b>
<b>Abdominal Aortic Aneurysm (AAA) Ultrasound Screening</b>	<b>G0389</b> – Ultrasound exam AAA screen	<b>No specific code</b> <i>Contact local Medicare Contractor for guidance</i>	<b>Medicare beneficiaries with certain risk factors for abdominal aortic aneurysm</b> <i>Important – Eligible beneficiaries must receive a referral for an AAA ultrasound screening as a result of an IPPE</i>	<b>Once in a lifetime benefit per eligible beneficiary, effective January 1, 2007</b>	<b>Copayment/coinsurance No deductible</b>
<b>Cardiovascular Disease Screenings</b>	<b>80061</b> – Lipid Panel <b>82465</b> – Cholesterol <b>83718</b> – Lipoprotein <b>84478</b> – Triglycerides	Report one or more of the following codes: <b>V81.0, V81.1, V81.2</b>	<b>All asymptomatic Medicare beneficiaries</b> <i>12-hour fast is required prior to testing</i>	<b>Every 5 years</b>	<b>No copayment/coinsurance No deductible</b>
<b>Diabetes Screening Tests</b> <i>Requires physician or non-physician referral</i>	<b>82947</b> – Glucose, quantitative, blood (except reagent strip) <b>82950</b> – Glucose, post-glucose dose (includes glucose) <b>82951</b> – Glucose Tolerance Test (GTT), three specimens (includes glucose)	<b>V77.1</b> <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes</i>	<b>Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes</b> <i>Beneficiaries previously diagnosed with diabetes are not eligible for this benefit</i>	<ul style="list-style-type: none"> <li>2 screening tests per year for beneficiaries diagnosed with pre-diabetes</li> <li>1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested</li> </ul>	<b>No copayment/coinsurance No deductible</b>
<b>Diabetes Self-Management Training (DSMT)</b> <i>Physician must certify that DSMT is needed</i>	<b>G0108</b> – DSMT, individual session, per 30 minutes <b>G0109</b> – DSMT, group session (2 or more), per 30 minutes	<b>No specific code</b> <i>Contact local Medicare Contractor for guidance</i>	<b>Medicare beneficiaries at risk for complications from diabetes or recently diagnosed with diabetes</b>	<ul style="list-style-type: none"> <li>Up to 10 hours of initial training within a continuous 12-month period</li> <li>Subsequent years: Up to 2 hours of follow-up training each year</li> </ul>	<b>Copayment/coinsurance Deductible</b>
<b>Medical Nutrition Therapy (MNT)</b> <i>Requires physician referral</i>	<b>97802, 97803, 97804, G0270, G0271</b> <i>Services must be provided by dietitian or nutritionist</i>	<i>Contact local Medicare Contractor for guidance</i>	<b>Medicare beneficiaries diagnosed with diabetes or a renal disease</b>	<ul style="list-style-type: none"> <li>1st year: 3 hours of one-on-one counseling</li> <li>Subsequent years: 2 hours</li> </ul>	<b>Copayment/coinsurance Deductible</b>
<b>Screening Pap Tests</b>	<b>G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</b>	<b>V76.2, V76.47, V76.49, V15.89, V72.31</b>	<b>All female Medicare beneficiaries</b>	<ul style="list-style-type: none"> <li>Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years</li> <li>Every 24 months for all other women</li> </ul>	<b>Copayment/coinsurance for Pap test collection</b> <i>(No copayment/coinsurance for Pap lab test)</i> <b>No deductible</b>
<b>Screening Pelvic Exam</b>	<b>G0101</b> – Cervical or vaginal cancer screening; pelvic and clinical breast examination	<b>V76.2, V76.47, V76.49, V15.89, V72.31</b>	<b>All female Medicare beneficiaries</b>	<ul style="list-style-type: none"> <li>Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years</li> <li>Every 24 months for all other women</li> </ul>	<b>Copayment/coinsurance No deductible</b>
<b>Screening Mammography</b>	<b>77052, 77057, G0202</b>	<b>V76.11 or V76.12</b>	<b>All female Medicare beneficiaries age 40 or older</b>  <b>Female Medicare beneficiaries ages 35 - 39</b>	<b>Annually</b>  <b>One baseline</b>	<b>Copayment/coinsurance No deductible</b>

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<b>Bone Mass Measurements</b>	<b>G0130, 77078, 77079, 77080, 77081, 77083, 76977</b>	Contact local Medicare Contractor for guidance	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months More frequently if medically necessary	Copayment/coinsurance Deductible
<b>Colorectal Cancer Screening</b>	<b>G0104</b> – Flexible Sigmoidoscopy <b>G0105</b> – Colonoscopy (high risk) <b>G0106</b> – Barium Enema (alternative to G0104) <b>G0120</b> – Barium Enema (alternative to G0105) <b>G0121</b> – Colonoscopy (not high risk) <b>G0122</b> – Barium Enema (non-covered) <b>G0328</b> – Fecal Occult Blood Test (alternative to 82270) <b>82270</b> – Fecal Occult Blood Test	Use appropriate code Contact local Medicare Contractor for guidance	<ul style="list-style-type: none"> <li>Medicare beneficiaries age 50 and older</li> <li>For screening colonoscopy: age 50 or older, and others at risk, without regard to age</li> <li>No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk</li> </ul>	<ul style="list-style-type: none"> <li><b>Fecal Occult: Annually</b></li> <li><b>Flexible Sigmoidoscopy:</b> Every 4 years or once every 10 years after having a screening colonoscopy</li> <li><b>Screening Colonoscopy:</b> Every 24 months at high risk; every 10 years not at high risk</li> <li><b>Barium Enema:</b> Every 24 months at high risk; every 4 years not at high risk</li> </ul>	No copayment/coinsurance or deductible for Fecal Occult Blood Tests  For all other tests copayment/coinsurance apply No deductible
<b>Prostate Cancer Screening</b>	<b>G0102</b> – Digital Rectal Exam (DRE)	<b>V76.44</b>	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	Copayment/coinsurance Deductible
	<b>G0103</b> – Prostate Specific Antigen Test (PSA)	<b>V76.44</b>	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	No copayment/coinsurance No deductible
<b>Glaucoma Screening</b>	<b>G0117</b> – By an optometrist or ophthalmologist <b>G0118</b> – Under the direct supervision of an optometrist or ophthalmologist	<b>V80.1</b>	Medicare beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over	Annually for beneficiaries in one of the high risk groups	Copayment/coinsurance Deductible
<b>Influenza (Flu)</b>	<b>90655, 90656, 90657, 90658, 90660</b> – Flu Vaccine <b>G0008</b> – Administration	<b>V04.81</b> <b>V06.6</b> – When purpose of visit was to receive both Flu and PPV vaccines	All Medicare beneficiaries	Once per flu season in the fall or winter Medicare may provide additional flu shots if medically necessary	No copayment/coinsurance No deductible
<b>Pneumococcal</b>	<b>90732</b> – Pneumococcal Polysaccharide Vaccine (PPV) <b>G0009</b> – Administration	<b>V03.82</b> <b>V06.6</b> – When purpose of visit was to receive both PPV and Flu vaccines	All Medicare beneficiaries	Once in a lifetime Medicare may provide additional vaccinations based on risk	No copayment/coinsurance No deductible
<b>Hepatitis B (HBV)</b>	<b>90740, 90743, 90744, 90746, 90747</b> – HBV Vaccine <b>G0010</b> – Administration <b>90471 or 90472</b> – Administration (OPPS hospitals only)	<b>V05.3</b>	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment/coinsurance Deductible
<b>Smoking and Tobacco-Use Cessation Counseling</b>	<b>G0375</b> – counseling visit; intermediate, greater than 3 minutes up to 10 minutes <b>G0376</b> – counseling visit; intensive, greater than 10 minutes	Use appropriate code Contact local Medicare Contractor for guidance	Medicare beneficiaries who use tobacco and have a disease or adverse health effect linked to tobacco use or take certain therapeutic agents whose metabolism or dosage is affected by tobacco use	2 cessation attempts per year; Each attempt includes maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period	Copayment/coinsurance Deductible