



# 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> Also known as the "Welcome to Medicare Physical Exam" or "Welcome to Medicare Visit"	<b>Effective January 1, 2009</b> <b>G0402</b> – IPPE <b>G0403</b> – EKG for IPPE <b>G0404</b> – EKG tracing for IPPE <b>G0405</b> – EKG interpret & report <i>Important – Effective for dates of service on or after January 1, 2009, the screening EKG is an optional service that may be performed as a result of a referral from an IPPE</i>	<b>No specific diagnosis code required for IPPE</b>	<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 12 months after the effective date of the first Medicare Part B coverage begins</i>	<b>Copayment/coinsurance</b> <b>No deductible applies for code G0402, effective for dates of service on or after January 1, 2009</b> <b>Deductible still applies for G0403, G0404, and G0405</b>
<b>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</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</b> <b>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</b> <b>No deductible</b>
<b>Diabetes Screening Tests</b>	<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</b> <b>No deductible</b>
<b>Diabetes Self-Management Training (DSMT)</b>	<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, recently diagnosed with diabetes, or previously diagnosed with diabetes</b> <i>Physician must certify that DSMT is needed</i>	<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 after the initial year</li> </ul>	<b>Copayment/coinsurance</b> <b>Deductible</b>
<b>Medical Nutrition Therapy (MNT)</b>	<b>97802, 97803, 97804, G0270, G0271</b> <i>Services must be provided by registered dietitian or nutrition professional</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</b> <b>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</b> <b>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>Annually</b>	<b>Copayment/coinsurance</b> <b>No deductible</b>
<b>Screening Mammography</b>	<b>77052, 77057, G0202</b>	<b>V76.11 or V76.12</b>	<b>Female Medicare beneficiaries ages 35 - 39</b>	<b>One baseline</b>	<b>Copayment/coinsurance</b> <b>No deductible</b>
<b>Bone Mass Measurements</b>	<b>G0130, 77078, 77079, 77080, 77081, 77083, 76977</b>	<i>Contact local Medicare Contractor for guidance</i>	<b>Medicare beneficiaries at risk for developing Osteoporosis</b>	<b>Every 24 months</b> <i>More frequently if medically necessary</i>	<b>Copayment/coinsurance</b> <b>Deductible</b>



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Colorectal Cancer Screening	<b>G0104</b> – Flexible Sigmoidoscopy <b>G0105</b> – Colonoscopy (high risk) <b>G0106</b> – Barium Enema <i>(alternative to G0104)</i> <b>G0120</b> – Barium Enema <i>(alternative to G0105)</i> <b>G0121</b> – Colonoscopy (not high risk) <b>G0122</b> – Barium Enema (non-covered) <b>G0328</b> – Fecal Occult Blood Test <i>(alternative to 82270)</i> <b>82270</b> – Fecal Occult Blood Test	<b>Use appropriate code</b> <i>Contact local Medicare Contractor for guidance</i>	<ul style="list-style-type: none"> <li>Medicare beneficiaries age 50 and older</li> <li>Screening colonoscopy: Individuals at high risk; no minimum age requirement</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>Fecal Occult: Annually</li> <li>Flexible Sigmoidoscopy: Every 4 years or once every 10 years after having a screening colonoscopy</li> <li>Screening Colonoscopy: Every 24 months at high risk; every 10 years not at high risk</li> <li>Barium Enema: 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
Prostate Cancer Screening	<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
Prostate Cancer Screening	<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
Glaucoma Screening	<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
Seasonal Influenza Virus Vaccine	<b>90655, 90656, 90657, 90658, 90660</b> – Influenza Virus Vaccine <b>G0008</b> – Administration	<b>V04.81</b> <b>V06.6</b> – <i>When purpose of visit was to receive both seasonal influenza virus and pneumococcal vaccines</i>	All Medicare beneficiaries	Once per influenza season in the fall or winter <i>Medicare may provide additional flu shots if medically necessary</i>	No copayment/coinsurance No deductible
Pneumococcal Vaccine	<b>90669</b> – Pneumococcal Conjugate Vaccine <b>90732</b> – Pneumococcal Polysaccharide Vaccine <b>G0009</b> – Administration	<b>V03.82</b> <b>V06.6</b> – <i>When purpose of visit was to receive both pneumococcal and seasonal influenza virus vaccines</i>	All Medicare beneficiaries	Once in a lifetime <i>Medicare may provide additional vaccinations based on risk and provided that at least 5 years have passed since receipt of a previous dose</i>	No copayment/coinsurance No deductible
Hepatitis B (HBV) Vaccine	<b>90740, 90743, 90744, 90746, 90747</b> – Hepatitis B Vaccine <b>G0010</b> – Administration <b>90471</b> or <b>90472</b> – Administration (OPPS hospitals only)	<b>V05.3</b>	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment/coinsurance Deductible
Smoking and Tobacco-Use Cessation Counseling	<b>99406</b> – counseling visit; intermediate, greater than 3 minutes up to 10 minutes <b>99407</b> – counseling visit; intensive, greater than 10 minutes	<b>Use appropriate code</b> <i>Contact local Medicare Contractor for guidance</i>	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

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

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