

Quick Reference Information: Medicare Preventive Services

SERVICE	HCCPS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
Initial Preventive Physical Examination (IPPE)* <i>Also known as the "Welcome to Medicare" Physical Exam</i>	G0344 – IPPE G0366 – EKG for IPPE G0367 – EKG Tracing for IPPE G0368 – EKG Interpret & Report	No specific diagnosis code required for IPPE & corresponding EKG <i>Contact local Medicare Contractor for guidance</i>	All Medicare beneficiaries whose first Part B coverage began on or after January 1, 2005	Once in a lifetime benefit per beneficiary. <i>Must be furnished no later than 6 months after the effective date of the first Medicare Part B coverage begins.</i>	Copayment/coinsurance Deductible
Cardiovascular Disease Screenings*	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	<i>Report one or more of the following codes: V81.0, V81.1, V81.2</i>	All asymptomatic Medicare beneficiaries. <i>12-hour fast is required prior to testing</i>	Every 5 years	No copayment/coinsurance No deductible
Diabetes Screening Tests* <i>Requires physician or non-physician referral</i>	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 <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes.</i>	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes <i>Beneficiaries previously diagnosed with diabetes are not eligible for this benefit.</i>	- 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	No copayment/coinsurance No deductible
Diabetes Self-Management Training (DSMT) <i>Physician must certify that DSMT is needed</i>	G0108 – DSMT, individual session, per 30 minutes G0109 – DSMT, group session (2 or more), per 30 minutes	No specific code <i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries at risk for complications from diabetes or recently diagnosed with diabetes	A plan of care must be written to include: number of sessions, frequency, and duration.	Copayment/coinsurance Deductible
Medical Nutrition Therapy (MNT) <i>Requires physician referral</i>	97802, 97803, 97804, G0270, G0271 <i>Services must be provided by dietitian or nutritionist</i>	<i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries diagnosed with diabetes or a renal disease	1 st year – 3 hours of one-on-one counseling Subsequent years – 2 hours	Copayment/coinsurance Deductible
Screening Pap Tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	- Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years - Every 24 months for all other women	Copayment/coinsurance for Pap test collection <i>(No copayment/coinsurance for Pap lab test)</i> No deductible
Screening Pelvic Exam	G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast examination	V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	- Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years - Every 24 months for all other women	Copayment/coinsurance No deductible
Screening Mammography	76082, 76083, 76090, 76091, 76092, G0202 (these are the codes for Medicare-covered mammography services)	V76.11 or V76.12	All female Medicare beneficiaries age 40 or older Female Medicare beneficiaries ages 35 - 39	Annually One baseline	Copayment/coinsurance No deductible

* Effective for services furnished on or after January 1, 2005, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provides for coverage of the IPPE, cardiovascular disease screening tests, and diabetes screening tests under Part B, subject to certain eligibility and other limitations.

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Colorectal Cancer Screening	G0104 – Flexible Sigmoidoscopy G0105 – Colonoscopy (high risk) G0106 – Barium Enema (alternative to G0104) G0107 – Fecal Occult Blood Test G0120 – Barium Enema (alternative to G0105) G0121 – Colonoscopy (not high risk) G0122 – Barium Enema (non-covered) G0328 – Fecal Occult Blood Test (alternative to G0107)	Use appropriate code <i>Contact local Medicare Contractor for guidance</i>	- Medicare beneficiaries age 50 and older - For screening colonoscopy; age 50 or older, and others at risk, without regard to age - No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk	- Fecal Occult: Annually - Flexible Sigmoidoscopy: Every 4 years or once every 10 years after having a screening colonoscopy - Screening Colonoscopy: Every 24 months at high risk; every 10 years not at high risk - Barium Enema: Every 24 months at high risk; every 4 years not at high risk	No copayment/coinsurance or deductible for Fecal Occult Blood Tests For all other tests copayment/coinsurance and deductible apply
Prostate Cancer Screening	G0102 – Digital Rectal Exam (DRE)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50 th birthday)	Annually	Copayment/coinsurance Deductible
	G0103 – Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50 th birthday)	Annually	No copayment/coinsurance No deductible
Bone Mass Measurements	76070, 76071, 76075, 76076, 76078, 76977, 78350, G0130	<i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months <i>More frequently if medically necessary</i>	Copayment/coinsurance Deductible
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 age 50 and over, or Hispanic-Americans age 65 and over	Annually for beneficiaries in one of the high risk groups	Copayment/coinsurance Deductible
Influenza (Flu)	90655, 90656, 90657, 90658, 90660 – Flu Vaccine G0008 – Administration	V04.81 – <i>For claims with dates of service on or after 10/1/03</i> V06.6 – <i>When purpose of visit was to receive both Flu and PPV vaccines (Eff. 10/1/06)</i>	All Medicare beneficiaries	Once per flu season in the fall or winter	No copayment/coinsurance No deductible
Pneumococcal	90732 – Pneumococcal Polysaccharide Vaccine (PPV) G0009 – Administration	V03.82 V06.6 – <i>When purpose of visit was to receive both PPV and Flu vaccines (Eff. 10/1/06)</i>	All Medicare beneficiaries	Once in a lifetime <i>Medicare may provide additional vaccinations based on risk</i>	No copayment/coinsurance No deductible
Hepatitis B (HBV)	90740, 90743, 90744, 90746, 90747 – HBV Vaccine G0010 – Administration 90471 or 90472 – Administration (OPPS hospitals only) Eff. 7/1/06	V05.3	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment/coinsurance Deductible
Smoking and Tobacco-Use Cessation Counseling	G0375 – counseling visit; intermediate, greater than 3 minutes up to 10 minutes G0376 – counseling visit; intensive, greater than 10 minutes	Use appropriate code <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