

Medicare Part A Preventive Services: Quick Reference Chart March 2008

SERVICE	HCCPS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS	TYPE OF BILL	REFERENCE
Initial Preventive Physical Examination (IPPE) Also known as the "Welcome To Medicare" Physical Exam	G0344 – IPPE G0366 – EKG for IPPE G0367 – EKG Tracing for IPPE G0368 – EKG Interpret & Report	No specific diagnosis code required for IPPE & corresponding EKG	*All Medicare beneficiaries whose Part B coverage begins on or after January 1, 2005	Once in a lifetime benefit per beneficiary. Must be furnished no later than 6 months after the beneficiary's effective date for Medicare Part B coverage	Deductible Coinsurance	12X, 13X, 22X, 71X, 73X, 85X	MM3638 PUB 100-4, Chapter 18, Section 80
Cardiovascular Disease Screening	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	<i>Report one or more of the following codes:</i> V81.0, V81.1, V81.2	*All asymptomatic Medicare beneficiaries. 12 hour fast is required prior to testing	Every 5 years	No deductible No coinsurance	12X, 13X, 14X*, 22X, 23X, 34X, 71X, 73X, 74X, 75X, 83X, 85X * 4/1/06 non-patient laboratory specimens	MM 3411 PUB 100-4, Chapter 18, Section 100
Diabetes Screening Test	82947 – Glucose, quantitative, blood (except reagent strip) 82950 – Post-glucose dose (includes glucose) 82951 - 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 test 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 deductible No coinsurance	12X, 13X, 14X*, 22X, 23X, 85X * 4/1/06 non-patient laboratory specimens	MM3637 PUB 100-4, Chapter 18, Section 90
Abdominal Aortic Aneurysm (AAA) Screening	G0389 – Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	No specific diagnosis code required for AAA	All Medicare beneficiaries who receives a referral for such an ultrasound screening as a result of an IPPE	Medicare beneficiaries entitled to a "one-time" AAA ultrasound screening	Coinsurance	12X, 13X, 22X, 23X, 71X, 73X, 85X	MM5235 PUB 100-4, Chapter 18, Section 110
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	All individuals who are at risk for complications from diabetes for whom it has been physician ordered. No specific code	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	Deductible Coinsurance	12X, 13X, 22X, 34X, 72X, 74X, 75X, 83X, 85X	PUB 100-2, Chapter 15, Section 300

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Medical Nutrition Therapy (MNT) <i>Requires physician referral</i>	97802, 97803, 97804, G0270, G0271 <i>Services must be provided by dietitian or nutritionist</i>	V42.0, 250.00-250.93, 585, 586, 593.9, 646.2, 648.0	Medicare beneficiaries diagnosed with diabetes or a renal disease	- 1st year – 3 hours of one-on-one counseling - Subsequent years – 2 hours	Deductible Coinsurance	13X, 23X, 32X, 85X	PUB 100-3, Chapter 1, Section 180
Screening Pap Test	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	V15.89, V72.31, V76.2, V76.47, V76.49	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	No deductible Coinsurance for pap test collection. <i>(No coinsurance for pap lab test)</i>	12X, 13X, 22X, 23X, 85X	PUB 100-4, Chapter 18, Section 30
Pelvic Screening Exam	G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination	V15.89, V72.31, V76.2, V76.47, V76.49	All female Medicare beneficiaries	- Annually if high-risk or childbearing age with abnormal Pap test within past 3 years - Every 24 months for all asymptomatic women	No deductible Coinsurance	12X, 13X, 22X, 23X, 85X	PUB 100-4, Chapter 18, Section 40
Mammography Screening	77052, 77057, G0202 <i>New Codes effective January 1, 2007 (CR5327)</i>	V76.11 or V76.12	All female Medicare beneficiaries age 40 or older	Annually	No deductible Coinsurance	12X, 13X, 22X, 23X, 71X, 73X, 85X	PUB 100-4, Chapter 18, Section 20 PUB 100-04, Chapter 6, Section 20.4 Note: Screening mammographies provided to SNF residents are billable by the SNF on a 22X or 23X bill type
			Female Medicare beneficiaries ages 35 - 39	One baseline			
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-American age 50 & over or Effective 1/1/06 Hispanic-American age 65 & over	Annually for beneficiaries in one of the high risk groups.	Deductible Coinsurance	13X, 22X, 23X, 71X, 73X, 75X, 85X	PUB 100-4, Chapter 18, Section 70

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Influenza (Flu)	90655, 90656, 90657, 90658, 90661, 90662 & 90663 – Flu Vaccine 90660 – Intranasal (Effective 10/1/06) G0008 – Administration	V04.81	All Medicare beneficiaries	Once per flu season <i>More frequently if medically necessary</i>	No deductible No coinsurance	12X, 13X, 22X, 23X, 34X, 72X, 75X, 85X	PUB 100-4, Chapter 18, Section 10
Pneumococcal	90732 – Pneumococcal polysaccharide Vaccine (PPV) G0009 – Administration	V03.82	All Medicare beneficiaries	Once in a lifetime <i>Medicare may provide additional vaccinations based on risk.</i>	No deductible No coinsurance	12X, 13X, 22X, 23X, 34X, 72X, 75X, 85X	PUB 100-4, Chapter 18, Section 10
Hepatitis B (HBV)	90740, 90743, 90744, 90746, 90717 - Vaccine G0010 – Administration 90741 or 90742 - Administration for OPPS hospitals-effective 7/1/06	V05.3	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Deductible Coinsurance	12X, 13X, 22X, 23X, 34X, 72X, 75X, 85X	PUB 100-4, Chapter 18, Section 10
Smoking and Tobacco- Use Cessation Counseling	99406 – counseling visit; intermediate; greater than 3 minutes 99407 – counseling visit; intensive, greater than 10 minutes	Use appropriate code	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	Deductible Coinsurance	12X, 13X, 22X, 23X, 34X, 71X, 73X, 74X, 75X, 83X, 85X	PUB 100-3, Chapter 1, Section 210.4
Prostate Cancer Screening	G0102 –Digital Rectal Exam (DRE)	V76.44	All male Medicare beneficiaries 50 or older	Annually	Deductible Coinsurance	12X, 13X, 22X, 23X, 71X, 73X, 75X, 85X	PUB 100-4, Chapter 18, Section 50
	G0103 –Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries 50 or older	Annually	No deductible No coinsurance	12X, 13X, 14X*, 22X, 23X, 71X, 73X, 75X, 85X * 4/1/06 non-patient laboratory specimens	PUB 100-4, Chapter 18, Section 50

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Screening Bone Mass Measurement	76977, 77078, 77079, 77080, 77081, 77083, G0130	241.0, 246.9, 252.00-252.08, 256.2, 256.31, 256.39, 259.3, 627.2, 627.4, 733.11-733.16, 733.19, 733.93, 733.94, 733.95, 781.91, V49.81, V58.65	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months (more frequently if medically necessary)	Deductible Coinsurance	12X, 13X, 22X, 23X, 34X, 71X, 72X, 73X, 83X, 85X	MM5521 PUB 100-4, Chapter 13, Section 140
Colorectal Cancer Screening	G0104 -Flexible Sigmoidoscopy	Use appropriate diagnosis codes	Medicare Beneficiaries age 50 and older	Every 4 years or once every 10 years after having a screening colonoscopy	Effective January 1, 2007 , no deductible for colorectal cancer screening tests. Coinsurance	13X, 14X*, 83X, 85X * 4/1/06 <i>non-patient laboratory specimens</i>	PUB 100-4, Chapter 18, Section 60
	G0105 - Colonoscopy (high risk)	555.0-555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.8, 556.9, 558.2, 558.9, 558.2, 558.9, V10.05, V10.06	Patients who are at high risk for colorectal cancer	Every 24 months			
	G0106 -Barium Enema (alternative to G0104)	Use appropriate diagnosis codes	Medicare beneficiaries age 50 and older who are not at high risk for colorectal cancer	Every 4 years not at high risk			
	82270 -Fecal-Occult Blood Test	Use appropriate diagnosis codes	Medicare Beneficiaries age 50 and older	Annually	No deductible for Fecal-Occult Blood Tests No Coinsurance		
	G0120 -Barium Enema (alternative to G0105)	555.0-555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.8, 556.9, 558.2, 558.9, 558.2, 558.9,	Patients who are at high risk for colorectal cancer	Every 24 months at high risk and at least 23 months since last screening BE or screening colonoscopy	Effective January 1, 2007 no deductible for colorectal cancer screening tests. Coinsurance		
	G0121 -Colonoscopy (not high risk)	Use appropriate diagnosis codes	Individuals not at high risk for developing colorectal cancer	Once every 10 years and not within 48 months of screening sigmoidoscopy			
	G0328 -Fecal-Occult Blood Test (alternative to 82270)	Use appropriate diagnosis codes	Medicare beneficiaries age 50 and older	Annually	No deductible or coinsurance for Fecal-Occult Blood Tests		

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