



Quick Reference Information: Medicare Preventive Services

SERVICE	HCPCS/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" or "Welcome to Medicare Visit"</i>	Effective January 1, 2009 G0402 – IPPE G0403 – EKG for IPPE G0404 – EKG tracing for IPPE G0405 – 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>	No specific diagnosis code required for IPPE	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 12 months after the effective date of the first Medicare Part B coverage begins</i>	Copayment/coinsurance Deductible applies prior to January 1, 2009 No deductible applies for code G0402, effective for dates of service on or after January 1, 2009 Deductible still applies for G0403, G0404, and G0405
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389 – Ultrasound exam AAA screen	No specific code <i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries with certain risk factors for abdominal aortic aneurysm <i>Important – Eligible beneficiaries must receive a referral for an AAA ultrasound screening as a result of an IPPE</i>	Once in a lifetime benefit per eligible beneficiary, effective January 1, 2007	Copayment/coinsurance No deductible
Cardiovascular Disease Screenings	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	Report one or more of the following codes: V81.0, V81.1, V81.2	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	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>	<ul style="list-style-type: none"> • 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)	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, recently diagnosed with diabetes, or previously diagnosed with diabetes <i>Physician must certify that DSMT is needed</i>	<ul style="list-style-type: none"> • 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 	Copayment/coinsurance Deductible
Medical Nutrition Therapy (MNT)	97802, 97803, 97804, G0270, G0271 <i>Services must be provided by registered dietitian or nutrition professional</i>	<i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries diagnosed with diabetes or a renal disease	<ul style="list-style-type: none"> • 1st 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	77052, 77057, G0202	V76.11 or V76.12	All female Medicare beneficiaries age 40 or older	Annually	Copayment/coinsurance No deductible
Screening Mammography	77052, 77057, G0202	V76.11 or V76.12	Female Medicare beneficiaries ages 35 - 39	One baseline	Copayment/coinsurance No deductible



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Bone Mass Measurements	G0130, 77078, 77079, 77080, 77081, 77083, 76977	Contact local Medicare Contractor for guidance	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months More frequently if medically necessary	Copayment/coinsurance Deductible
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) G0122 – Barium Enema (non-covered) G0328 – Fecal Occult Blood Test (alternative to 82270) 82270 – Fecal Occult Blood Test	Use appropriate code Contact local Medicare Contractor for guidance	<ul style="list-style-type: none"> Medicare beneficiaries age 50 and older Screening colonoscopy: Individuals at high risk; no minimum age requirement No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk 	<ul style="list-style-type: none"> 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 	<p>No copayment/coinsurance or deductible for Fecal Occult Blood Tests</p> <p>For all other tests copayment/coinsurance apply No deductible</p>
Prostate Cancer Screening	G0102 – Digital Rectal Exam (DRE)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	Copayment/coinsurance Deductible
Prostate Cancer Screening	G0103 – Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	No copayment/coinsurance No 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 Virus Vaccine	90655, 90656, 90657, 90658, 90660 – Influenza Virus Vaccine G0008 – Administration	V04.81 V06.6 – When purpose of visit was to receive both influenza virus and pneumococcal vaccines	All Medicare beneficiaries	Once per influenza season in the fall or winter Medicare may provide additional flu shots if medically necessary	No copayment/coinsurance No deductible
Pneumococcal Vaccine	90669 – Pneumococcal Conjugate Vaccine 90732 – Pneumococcal Polysaccharide Vaccine G0009 – Administration	V03.82 V06.6 – When purpose of visit was to receive both pneumococcal and influenza virus vaccines	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	No copayment/coinsurance No deductible
Hepatitis B (HBV) Vaccine	90740, 90743, 90744, 90746, 90747 – Hepatitis B Vaccine G0010 – Administration 90471 or 90472 – Administration (OPPS hospitals only)	V05.3	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment/coinsurance Deductible
Smoking and Tobacco-Use Cessation Counseling	99406 – counseling visit; intermediate, greater than 3 minutes up to 10 minutes 99407 – 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

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