This educational tool provides information on Medicare preventive services. Information provided includes Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes; International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes; coverage requirements; frequency requirements; and beneficiary liability for each Medicare preventive service.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>HCPCS/CPT CODES</th>
<th>ICD-9-CM CODES</th>
<th>WHO IS COVERED</th>
<th>FREQUENCY</th>
<th>BENEFICIARY PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Preventive Physical Examination (IPPE) Also known as the &quot;Welcome to Medicare Visit&quot;</td>
<td>G0402 – IPPE G0403 – ECG for IPPE G0404 – ECG tracing for IPPE G0405 – ECG interpret &amp; report Important – The screening EKG is an optional service that may be performed as a result of a referral from an IPPE</td>
<td>No specific diagnosis code Contact the local Medicare Contractor for guidance</td>
<td>All Medicare beneficiaries whose first Part B coverage began on or after 01/01/05</td>
<td>Once in a lifetime benefit per beneficiary Must be furnished no later than 12 months after the effective date of the first Medicare Part B coverage</td>
<td>G0402 prior to 01/01/11: • Copayment/coinsurance applies • Deductible waived G0402 on or after 01/01/11: • Copayment/coinsurance waived • Deductible waived G0403, G0404, G0405: • Copayment/coinsurance applies • Deductible applies</td>
</tr>
<tr>
<td>Annual Wellness Visit (AWV) This is a new benefit beginning for dates of service on and after 01/01/11</td>
<td>G0438 – First visit G0439 – Subsequent visit</td>
<td>No specific diagnosis code Contact the local Medicare Contractor for guidance</td>
<td>All Medicare beneficiaries who are no longer within 12 months after the effective date of their first Medicare Part B coverage period and who have not received an IPPE or AWV within the past 12 months</td>
<td>• Once in a lifetime for G0438 • Annually for G0439</td>
<td>Prior to 01/01/11: • N/A On or after 01/01/11: • Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</td>
<td>G0389 – Ultrasound exam AAA screen</td>
<td>No specific diagnosis code Contact the local Medicare Contractor for guidance</td>
<td>Medicare beneficiaries with certain risk factors for abdominal aortic aneurysm Important – Eligible beneficiaries must receive a referral for an AAA ultrasound screening as a result of an IPPE</td>
<td>Once in a lifetime benefit per eligible beneficiary</td>
<td>Prior to 01/01/11: • Copayment/coinsurance applies • Deductible waived On or after 01/01/11: • Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>Cardiovascular Disease Screenings</td>
<td>80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides</td>
<td>Report one or more of the following codes: V81.0, V81.1, V81.2</td>
<td>All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease 12-hour fast is required prior to testing</td>
<td>Every 5 years</td>
<td>• Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>Diabetes Screening Tests</td>
<td>82847 – Glucose, quantitative, blood (except reagent strip) 82950 – Glucose, post-glucose dose (includes glucose) 82951 – Glucose Tolerance Test (GTT), three specimens (includes glucose)</td>
<td>V77.1</td>
<td>Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes Beneficiaries previously diagnosed with diabetes are not eligible for this benefit</td>
<td>• 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</td>
<td>• Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>Diabetes Self-Management Training (DSMT)</td>
<td>G0108 – DSMT, individual session, per 30 minutes G0109 – DSMT, group session (2 or more), per 30 minutes</td>
<td>No specific diagnosis code Contact the local Medicare Contractor for guidance</td>
<td>Medicare beneficiaries diagnosed with diabetes Must be ordered by the physician or qualified non-physician practitioner treating the beneficiary’s diabetes</td>
<td>• 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 after the initial year</td>
<td>• Copayment/coinsurance applies • Deductible applies</td>
</tr>
<tr>
<td>Medical Nutrition Therapy (MNT)</td>
<td>97802, 97803, 97804, G0270, G0271 Services must be provided by a registered dietician or nutrition professional</td>
<td>No specific diagnosis code Contact the local Medicare Contractor for guidance</td>
<td>Certain Medicare beneficiaries diagnosed with diabetes, renal disease, or who have received a kidney transplant within the last three years</td>
<td>• 1st year: 3 hours of one-on-one counseling • Subsequent years: 2 hours</td>
<td>• Copayment/coinsurance applies • Deductible applies On or after 01/01/11: • Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>Screening Pap Tests</td>
<td>G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</td>
<td>Report one of the following codes: V76.2, V76.47, V76.49, V15.89, V72.31</td>
<td>All female Medicare beneficiaries</td>
<td>• Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years • Every 24 months for all other women</td>
<td>G0124, G0141, P3001, Q0091 prior to 01/01/11: • Copayment/coinsurance applies • Deductible waived All other codes prior to 01/01/11: • Copayment/coinsurance waived • Deductible waived All codes on or after 01/01/11: • Copayment/coinsurance waived • Deductible waived</td>
</tr>
<tr>
<td>SERVICE</td>
<td>HCPCS/CPT CODES</td>
<td>ICD-9-CM CODES</td>
<td>WHO IS COVERED</td>
<td>FREQUENCY</td>
<td>BENEFICIARY PAYS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 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 at high-risk for developing cervical or vaginal cancer, orchild bearing age with abnormal Pap test within past 3 years | Prior to 01/01/11:  
- Copayment/coinsurance applies  
- Deductible waived  
On or after 01/01/11:  
- Copayment/coinsurance waived  
- Deductible waived |
| Screening Mammography         | 77052, 77057, G0202                                     | V76.11 or V76.12                     | All female Medicare beneficiaries aged 35 and older | - Aged 35 through 39: One baseline  
- Aged 40 and older: Annually | Prior to 01/01/11:  
- Copayment/coinsurance applies  
- Deductible waived  
On or after 01/01/11:  
- Copayment/coinsurance waived  
- Deductible waived |
| Bone Mass Measurements        | 76977, 77078, 77079, 77080, 77081, 77083, G0130       |                                      | Use the appropriate diagnosis code          | Certain Medicare beneficiaries that fall into at least one of the following categories:  
- Women determined by their physician or qualified non-physician practitioner to be estrogen deficient and at clinical risk for osteoporosis;  
- Individuals with vertebral abnormalities;  
- Individuals receiving (or expecting to receive) glucocorticoid therapy for more than three months;  
- Individuals with primary hyperparathyroidism; or  
- Individuals being monitored to assess response to FDA-approved osteoporosis drug therapy. | Every 24 months  
More frequently if medically necessary |
| 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 (FOBT) (alternative to 82270)  
82270 – FOBT |                                  | All Medicare beneficiaries aged 50 and older who are:  
- At normal risk of developing colorectal cancer; or  
- At high risk of developing colorectal cancer.*  
* High risk for developing colorectal cancer is defined in 42 CFR 410.37(a)(1). See http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vo2/pdf/CFR-2010-title42-vo2-sec410-37.pdf on the Internet. | Flexible Sigmoidoscopy once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months);  
Flexible Sigmoidoscopy every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months); and  
Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy). | 82270 prior to 01/01/11:  
- Copayment/coinsurance waived  
All other codes prior to 01/01/11:  
- Copayment/coinsurance applies  
- Deductible waived  
82270, G0104, G0105, G0121, and G0328 on or after 01/01/11:  
- Copayment/coinsurance waived  
- Deductible waived |
| Prostate Cancer Screening     | G0102 – Digital Rectal Exam (DRE)  
G0103 – Prostate Specific Antigen Test (PSA) | V76.44                               | All male Medicare beneficiaries aged 50 and older (coverage begins the day after 50th birthday) | Annually | G0102:  
- Copayment/coinsurance applies  
- Deductible applies  
G0103:  
- Copayment/coinsurance waived  
- Deductible waived |
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>HCPCS/CPT CODES</th>
<th>ICD-9-CM CODES</th>
<th>WHO IS COVERED</th>
<th>FREQUENCY</th>
<th>BENEFICIARY PAYS</th>
</tr>
</thead>
</table>
| Glaucoma Screening | G0117 – By an optometrist or ophthalmologist | V80.1 | Medicare beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans aged 50 and older, or Hispanic-Americans aged 65 and older | Annually for beneficiaries in one of the high risk groups | - Copayment/coinsurance applies  
- Deductible applies |
| | G0118 – Under the direct supervision of an optometrist or ophthalmologist | | | | |
| Seasonal Influenza Virus Vaccine | 90665, 90665, 90667, 90669, 90662, Q2035, Q2036, Q2037, Q2038, Q2039 – Influenza Virus Vaccine | Report one of the following codes: V04.81  
V06.6 – When purpose of visit was to receive both seasonal 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 | - Copayment/coinsurance waived  
- Deductible waived |
| | G0008 – Administration | | | | |
| Pneumococcal Vaccine | 90669 – Pneumococcal Conjugate Vaccine | Report one of the following codes: V03.82  
V06.6 – When purpose of visit was to receive both pneumococcal and seasonal 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 | - Copayment/coinsurance waived  
- Deductible waived |
| | 90670 – Pneumococcal Conjugate Vaccine, 13 valent, for intramuscular use | | | | |
| | 90732 – Pneumococcal Polysaccharide Vaccine | | | | |
| | G0009 – Administration | | | | |
| Hepatitis B (HBV) Vaccine | 90740, 90743, 90744, 90746, 90747 – Hepatitis B Vaccine | V05.3 | Certain Medicare beneficiaries at intermediate or high risk Medicare beneficiaries that are currently positive for antibodies for hepatitis B are not eligible for this benefit. | Scheduled dosages required | Prior to 01/01/11:  
- Copayment/coinsurance applies  
- Deductible applies  
On or after 01/01/11:  
- Copayment/coinsurance waived  
- Deductible waived |
| Counseling to Prevent Tobacco Use | G0436 – Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes | Report one of the following codes: 305.1 or V15.82 | Outpatient and hospitalized beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease; are competent and alert at the time that counseling is provided; and whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner | 2 cessation attempts per year; Each attempt includes maximum of 4 intermediate or intensive sessions; up to 8 sessions in a 12-month period | Prior to 01/01/11:  
- Copayment/coinsurermist applies  
- Deductible applies  
On or after 01/01/11:  
- Copayment/coinsurance waived  
- Deductible waived |
| This is a new benefit beginning for dates of service on after 08/25/10 | G0437 – Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes | | | | |
| Human Immunodeficiency Virus (HIV) Screening | G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening | V73.89 – Primary  
V22.0, V22.1, V69.8, or V23.9 – Secondary, as appropriate | Beneficiaries who are at increased risk for HIV infection or pregnant** | Annually for beneficiaries at increased risk Three times per pregnancy for beneficiaries who are pregnant:  
a. When woman is diagnosed with pregnancy;  
b. During the 3rd trimester; and  
c. At labor, if ordered by the woman’s clinician. | - Copayment/coinsurance waived  
- Deductible waived |
| This is a new benefit beginning for dates of service on after 10/08/09 | G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | Report one of the following codes: V73.89 – Primary  
V22.0, V22.1, V69.8, or V23.9 – Secondary, as appropriate | | | |
| | G0434 – Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening | Report one of the following codes: V73.89 – Primary  
V22.0, V22.1, V69.8, or V23.9 – Secondary, as appropriate | | | |


Resources  
For more information on Medicare preventive services, visit http://www.cms.gov/PrevnetGenInfo on the CMS website.  
For more information on Medicare Learning Network® (MLN) preventive services educational products, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

Quick Reference Information: Preventive Services

This educational tool was prepared as a service to the public and is not intended to grant rights or impose obligations. This educational tool was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.