

# Provider's Guide to Preventive Health Services (Medicare)



## Overview

Preventive care includes routine well exams, screenings, and immunizations intended to prevent or avoid illness or other health problems.

ConnectiCare, together with the Centers for Medicare & Medicaid Services (CMS), encourages the use of preventive health services. For certain basic preventive health services, ConnectiCare Medicare Plan beneficiaries will not be required to pay copayments, deductibles or coinsurance costs if provided by participating in-network health care providers

## Billing Requirements:

In order to receive accurate payments for preventive health services, it's important to use the correct coding. Please make sure to:

- Submit the ICD-10 code that describes the preventive care services. These services cannot be for the treatment of an illness or injury.
- Identify the preventive service as the primary diagnosis code on the claim form.

*If the primary diagnosis code represents the treatment of an illness or injury, the claim **will not be** considered a preventive health service and the claim will be processed according to the patient's Plan benefits.*

Below are the tables addressing Preventive Services and any appropriate ICD-10, frequency and age guidelines:

## [Preventive Services/Screenings](#) [Immunizations](#)

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## Preventive Services/Screenings:

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Advance Care Planning (ACP) <b>Append modifier –33 when submitting claims for Advance Care Planning as part of Annual Wellness Visit</b>	99497, 99498 when billed with Annual Wellness Visit (G0438 or G0439)	<b>No Requirement</b>	<b>Frequency:</b> 1x/year <b>Age Band:</b> All
Alcohol misuse screening and counseling  <i>Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0442 (screening)	<b>No Requirement</b>	<b>Frequency:</b> 1x/ year <b>Age Band:</b> All <b>Gender:</b> M/F
	G0443 (counseling)	<b>Positive screening</b>	<b>Frequency:</b> 4x/ year <b>Age Band:</b> All <b>Gender:</b> M/F
Annual physical exam* <b>*Performed by PCP only</b>	<b>New patient:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387  <b>Established patient:</b> 99391, 99392, 99393, 99394, 99395, 99396, 99397	<b>Performed by PCP only:</b> No Requirement	<b>Frequency:</b> 1x/ year <b>Age Band:</b> All <b>Gender:</b> M/F
			<b>Frequency:</b> 1x/ year <b>Age Band:</b> All <b>Gender:</b> M/F
Annual wellness exam (AWE)	G0438	<b>No Requirement</b>	<b>Frequency:</b> 1x/per lifetime (first AWE) <b>Age Band:</b> All <b>Gender:</b> M/F
	G0439	<b>No Requirement</b>	<b>Frequency:</b> 1x/year (subsequent AWE) <b>Age Band:</b> All <b>Gender:</b> M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
	G0468 – Federally Qualified Health Center (FQHC) Visit	<b>No Requirement</b>	<b>Frequency:</b> 1x/year <b>Age Band:</b> All <b>Gender:</b> M/F
Bone mass measurement	0554T, 0555T, 0556T, 0557T, 0558T, 76977, 77078, 77080, 77081, 77085, G0130	E21.0, E21.3, E23.0, E24.0, E24.2, E24.3, E24.4, E24.8, E24.9, E28.310, E28.319, E28.39, E34.2, E89.40, E89.41, M48.40xA, M48.41xA, M48.42xA, M48.43xA, M48.44xA, M48.45xA, M48.46xA, M48.47xA, M48.48xA, M48.50xA, M48.51xA, M48.52xA, M48.53xA, M48.54xA, M48.55xA, M48.56xA, M48.57xA, M48.58xA, M80.08XA, M80.88XA, M84.58XA, M84.68XA, M81.0, M81.6, M81.8, M85.811, M85.812, M85.821, M85.822, M85.831, M85.832, M85.841, M85.842, M85.851, M85.852, M85.861, M85.862, M85.871, M85.872, M85.88, M85.89, N95.8, N95.9, Q78.0, Q96.0, Q96.1, Q96.2, Q96.3, Q96.4, Q96.8, Q96.9, S12.000A, S12.000B, S12.001A, S12.001B, S12.01xA, S12.01xB, S12.02xA, S12.02xB, S12.030A, S12.030B, S12.031A, S12.031B, S12.040A, S12.040B, S12.041A, S12.041B, S12.090A, S12.090B, S12.091A, S12.091B, S12.100A, S12.100B, S12.101A, S12.101B, S12.110A, S12.110B, S12.111A, S12.111B, S12.112A, S12.112B, S12.120A, S12.120B, S12.121A, S12.121B, S12.130A, S12.130B, S12.131A, S12.131B, S12.14xA, S12.14xB, S12.150A, S12.150B, S12.151A, S12.151B, S12.190A, S12.190B, S12.191A, S12.191B, S12.200A, S12.200B, S12.201A, S12.201B, S12.230A, S12.230B, S12.231A, S12.231B, S12.24xA, S12.24xB, S12.250A, S12.250B, S12.251A, S12.251B, S12.290A, S12.290B, S12.291A, S12.291B, S12.300A, S12.300B, S12.301A, S12.301B, S12.330A, S12.330B, S12.331A, S12.331B, S12.34xA, S12.34xB, S12.350A, S12.350B, S12.351A, S12.351B, S12.390A, S12.390B, S12.391A, S12.391B, S12.400A, S12.400B, S12.401A, S12.401B, S12.430A, S12.430B, S12.431A, S12.431B, S12.44xA, S12.44xB, S12.450A, S12.450B, S12.451A, S12.451B, S12.490A, S12.490B, S12.491A, S12.491B, S12.500A, S12.500B, S12.501A, S12.501B, S12.530A, S12.530B, S12.531A, S12.531B, S12.54xA, S12.54xB, S12.550A, S12.550B, S12.551A, S12.551B, S12.590A, S12.590B, S12.591A, S12.591B, S12.600A, S12.600B, S12.601A, S12.601B,	<b>Frequency:</b> 1x/2 years <b>Age Band:</b> All <b>Gender:</b> M/F

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		S12.630A, S12.630B, S12.631A, S12.631B, S12.64xA, S12.64xB, S12.650A, S12.650B, S12.651A, S12.651B, S12.690A, S12.690B, S12.691A, S12.691B, S12.9XXA, S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.109A, S14.111A, S14.112A, S14.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S22.000A, S22.000B, S22.001A, S22.001B, S22.002A, S22.002B, S22.008A, S22.008B, S22.009A, S22.009B, S22.010A, S22.010B, S22.011A, S22.011B, S22.012A, S22.012B, S22.018A, S22.018B, S22.019A, S22.019B, S22.020A, S22.020B, S22.021A, S22.021B, S22.022A, S22.022B, S22.028A, S22.028B, S22.029A, S22.029B, S22.030A, S22.030B, S22.031A, S22.031B, S22.032A, S22.032B, S22.038A, S22.038B, S22.039A, S22.039B, S22.040A, S22.040B, S22.041A, S22.041B, S22.042A, S22.042B, S22.048A, S22.048B, S22.049A, S22.049B, S22.050A, S22.050B, S22.051A, S22.051B, S22.052A, S22.052B, S22.058A, S22.058B, S22.059A, S22.059B, S22.060A, S22.060B, S22.061A, S22.061B, S22.062A, S22.062B, S22.068A, S22.068B, S22.069A, S22.069B, S22.070A, S22.070B, S22.071A, S22.071B, S22.072A, S22.072B, S22.078A, S22.078B, S22.079A, S22.079B, S22.080A, S22.080B, S22.081A, S22.081B, S22.082A, S22.082B, S22.088A, S22.088B, S22.089A, S22.089B, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, S24.131A, S24.132A, S24.133A, S24.134A, S24.151A, S24.152A, S24.153A, S24.154A, S32.000A, S32.000B, S32.001A, S32.001B, S32.002A, S32.002B, S32.008A, S32.008B, S32.009A, S32.009B, S32.010A, S32.010B, S32.011A, S32.011B, S32.012A, S32.012B, S32.018A, S32.018B, S32.019A, S32.019B, S32.020A, S32.020B, S32.021A, S32.021B, S32.022A, S32.022B, S32.028A, S32.028B, S32.029A, S32.029B, S32.030A, S32.030B, S32.031A, S32.031B, S32.032A, S32.032B, S32.038A, S32.038B,	

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		S32.039A, S32.039B, S32.040A, S32.040B, S32.041A, S32.041B, S32.042A, S32.042B, S32.048A, S32.048B, S32.049A, S32.049B, S32.050A, S32.050B, S32.051A, S32.051B, S32.052A, S32.052B, S32.058A, S32.058B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.110A, S32.110B, S32.111A, S32.111B, S32.112A, S32.112B, S32.119A, S32.119B, S32.120A, S32.120B, S32.121A, S32.121B, S32.122A, S32.122B, S32.129A, S32.129B, S32.130A, S32.130B, S32.131A, S32.131B, S32.132A, S32.132B, S32.139A, S32.139B, S32.14xA, S32.14xB, S32.15xA, S32.15xB, S32.16xA, S32.16xB, S32.17xA, S32.17xB, S32.19xA, S32.19xB, S32.2XXA, S32.2XXB, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA, Z78.0, Z79.3, Z79.51, Z79.52, Z79.811, Z79.818, Z79.83, Z87.310	
Cardiovascular disease screening tests	80061, 82465, 83718, 84478	Z13.6	<b>Frequency:</b> 1x/5 years <b>Age Band:</b> All <b>Gender:</b> M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> <li>• Append modifier –33 (Preventive Service) to the anesthesia CPT code 00812 when you supply a separately payable anesthesia service with a screening colonoscopy (G0105 and G0121) to waive patient copayment/coinsurance and deductible.</li> <li>• When a screening colonoscopy becomes a diagnostic colonoscopy, report anesthesia services with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with only the –PT modifier, and this only waives the deductible. Report this with 00812.</li> <li>• Medicare waives coinsurance and deductible for moderate sedation services (reported with G0500 or 99153) when given with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate sedation services (G0500 or 99153) with only the –PT modifier; Medicare only waives the deductible. <ul style="list-style-type: none"> <li>• G0106 and G0120 Medicare only waives the deductible</li> </ul> </li> </ul>	<p>00812, 81528, 82270, G0104, G0106, G0328</p>	<p>D12.0-D12.9, D13.91, D13.99, K50.0, K50.00, K50.011-K50.014, K50.018, K50.019, K50.10, K50.111-K50.114, K50.118, K50.119, , K50.811-K50.814, K50.818, K50.819, K50.90, K50.911-K50.914, K50.918, K50.919, K51.00, K51.20, K51.211-K51.214, K51.218, K51.219, K51.30, K51.311-K51.314, K51.318, K51.319, K51.80, K51.811-K51.814, K51.818, K51.819, K51.90, K51.911-K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K62.0, K62.1, K63.5, K92.1, K92.2, Z12.11, Z12.12, Z13.9, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.038, Z85.048, Z86.004, Z86.010, Z87.19</p> <p>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12</p> <p><i>ICD-10 Codes deleted effective 10/1/2023: D13.9 &amp; Z83.71</i></p> <p><i>ICD-10 Codes added effective 10/1/2023: D13.91, D13.99, Z83.710, Z83.711, Z83.718 &amp; Z83.719</i></p>	<p><b>Frequency:</b></p> <p><b>Normal Risk:</b></p> <ul style="list-style-type: none"> <li>• Cologuard Multitarget Stool DNA (sDNA) Test: once every 3 years;</li> <li>• Screening FOBT: once every year</li> <li>• Screening flexible sigmoidoscopy: once every 4 years (unless a screening colonoscopy has been performed within the preceding 10 years, in which case a screening flexible sigmoidoscopy may be covered only after at least 119 months have passed following the month the screening colonoscopy was performed);</li> <li>• Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy</li> <li>• Screening barium enema: (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months</li> </ul> <p><b>High Risk:</b></p> <ul style="list-style-type: none"> <li>• Screening FOBT: once every 12 months</li> <li>• Screening flexible sigmoidoscopy: once every 48 months</li> <li>• Screening colonoscopy: once every 24 months (unless a screening flexible sigmoidoscopy has been performed and then a screening colonoscopy may be covered only after at least 47 months)</li> <li>• Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months.</li> </ul> <p><b>Age Band:</b> 50 and older <b>Gender:</b> M/F</p>

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<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> <li>• Append modifier –33 (Preventive Service) to the anesthesia CPT code 00812 when you supply a separately payable anesthesia service with a screening colonoscopy (G0105 and G0121) to waive patient copayment/coinsurance and deductible.</li> <li>• When a screening colonoscopy becomes a diagnostic colonoscopy, report anesthesia services with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with only the –PT modifier, and this only waives the deductible. Report this with 00812.</li> <li>• Medicare waives coinsurance and deductible for moderate sedation services (reported with G0500 or 99153) when given with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate sedation services (G0500 or 99153) with only the –PT modifier; Medicare only waives the deductible.</li> </ul> <p>G0106 and G0120 Medicare only waives the deductible</p>	<p>G0105, G0120, G0121</p>	<p>D12.0-D12.9, D13.91, D13.99, K50.0, K50.00, K50.011-K50.014, K50.018, K50.019, K50.10, K50.111-K50.114, K50.118, K50.119, , K50.811-K50.814, K50.818, K50.819, K50.90, K50.911-K50.914, K50.918, K50.919, K51.00, K51.20, K51.211-K51.214, K51.218, K51.219, K51.30, , , K51.311-K51.314, K51.318, K51.319, K51.80, K51.811-K51.814, K51.818, K51.819, K51.90, K51.911-K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K62.0, K62.1, K63.5, K92.1, K92.2, Z12.11, Z12.12, Z13.9, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.038, Z85.048, Z86.004, Z86.010, Z87.19</p> <p>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12</p> <p><i>ICD-10 Codes deleted effective 10/1/2023: D13.9 &amp; Z83.71</i></p> <p><i>ICD-10 Codes added effective 10/1/2023: D13.91, D13.99, Z83.710, Z83.711, Z83.718 &amp; Z83.719</i></p>	<p><b>Frequency:</b></p> <p><b>Normal Risk:</b></p> <ul style="list-style-type: none"> <li>• Cologuard Multitarget Stool DNA (sDNA) Test: once every 3 years;</li> <li>• Screening FOBT: once every year</li> <li>• Screening flexible sigmoidoscopy: once every 4 years (unless a screening colonoscopy has been performed within the preceding 10 years, in which case a screening flexible sigmoidoscopy may be covered only after at least 119 months have passed following the month the screening colonoscopy was performed);</li> <li>• Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy</li> <li>• Screening barium enema: (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months</li> </ul> <p><b>High Risk:</b></p> <ul style="list-style-type: none"> <li>• Screening FOBT: once every 12 months</li> <li>• Screening flexible sigmoidoscopy: once every 48 months</li> <li>• Screening colonoscopy: once every 24 months (unless a screening flexible sigmoidoscopy has been performed and then a screening colonoscopy may be covered only after at least 47 months)</li> <li>• Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months.</li> </ul> <p><b>Age Band:</b> All</p> <p><b>Gender:</b> M/F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colorectal cancer screening; blood-based biomarker	G0327 (effective 7/01/2021)	Z12.11, Z12.12	<b>Frequency:</b> 1x/3years <b>Age Band:</b> 50 and older
Counseling to prevent tobacco use	99406, 99407	F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z87.891  <i>NOTE: Additional ICD-10 codes may apply</i>	<b>Frequency:</b> Two cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year  <b>Age Band:</b> All <b>Gender:</b> M/F
Depression Screening  <i>Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0444	<b>No Requirement</b>	<b>Frequency:</b> 1x/year <b>Age Band:</b> All <b>Gender:</b> M/F



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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Diabetes Prevention Program (MDPP)	G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891*  <i>*reporting purposes only</i>  <a href="#">Click here for complete code descriptions</a>	<b>No Requirement</b>	<b>Frequency:</b> <ul style="list-style-type: none"> <li>Up to 24 sessions within 2 years</li> <li>Medicare pays each G-code only once in a patient's lifetime, except the bridge payment (paid only once per patient per supplier) and session reporting code</li> <li>A body mass index (BMI) of at least 25 (23 if the patient self-identifies as Asian) on the date of the first core session</li> <li>Met 1 of the 3 blood test requirements within the 12 months before attending the first core session:               <ul style="list-style-type: none"> <li>Hemoglobin A1c test with a value between 5.7% and 6.4%</li> <li>Fasting plasma glucose test of 110–125 mg/dL</li> <li>2-hour plasma glucose test (oral glucose tolerance test) of 140–199 mg/dL</li> </ul> </li> <li>No previous diabetes diagnosis prior to the date of the first core session (except for gestational diabetes)</li> <li>No end-stage renal disease (ESRD)</li> <li>No previous MDPP services</li> </ul> <b>Age Band:</b> All <b>Gender:</b> M/F

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Diabetes screening  <b>Append modifier –TS when submitting claims for members with pre-diabetes</b>	82947, 82950, 82951	Z13.1	<b>Frequency:</b> <ul style="list-style-type: none"> <li>One screening every 6 months for Medicare beneficiaries diagnosed with pre-diabetes; or</li> <li>One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested</li> </ul> <b>Age Band:</b> All <b>Gender:</b> M/F
Glaucoma Screening	G0117 and G0118	Z13.5	<b>Frequency:</b> <ul style="list-style-type: none"> <li>One screening 1x/ year for Medicare beneficiaries diagnosed with Diabetes; or</li> <li>One screening 1x/ year for individuals with glaucoma in family history; or</li> <li>Black or African Americans aged 50 and older; or</li> <li>Hispanics or Latinos aged 65 and older</li> </ul> <b>Age Band:</b> All <b>Gender:</b> M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis B Virus (HBV) screening	<b>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk</b> G0499	<b>For persons with End Stage Renal Disease (ESRD):</b> Z11.59 and N18.6	<b>Frequency:</b> <ul style="list-style-type: none"> <li>One screening for asymptomatic, nonpregnant adolescents and adults who do not meet the high-risk definition</li> <li>Annually only for those with continued high risk who do not receive hepatitis B vaccination</li> <li>One screening for pregnant women at the first prenatal visit for each pregnancy and rescreening at the time of delivery for those with new or continued risk factors.</li> </ul> <p><i>Note: This includes</i> Screening for the first prenatal visit in subsequent pregnancies, regardless of previous HBV vaccination or previous negative hepatitis B surface antigen (HBsAg) results is also covered.</p>
	<b>For pregnant women:</b> 86704, 86706, 87340, 87341	<b>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk:</b> Z11.59 and Z72.89  <b>For Asymptomatic, Nonpregnant Adolescents and Adults, Subsequent Visits:</b> Z11.59 <b>and one of the following:</b> F11.10 F11.11, F11.13 F13.10, F13.11, F13.130, F13.131, F13.132, F14.10, F14.11, F14.13, F14.93, F15.10, F15.11, F15.13, Z20.2, Z20.5, Z72.52, Z72.53  <b>For Pregnant Women:</b> Z11.59 <b>and one of the following:</b> Z34.00, Z34.80, Z34.90, O09.90  <b>For Pregnant Women at High Risk:</b> Z11.59 and Z72.89 <b>and one of the following:</b> Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93	

# Provider's Guide to Preventive Health Services (Medicare)



PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis C Virus (HCV) screening	G0472	Z72.89 and F19.20	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Annually only for high risk beneficiaries with continued illicit injection drug use since the prior negative screening test;</li> <li><b>or</b></li> <li>Once in a lifetime for beneficiaries born between 1945 and 1965 who are not considered high risk (use ICD-10 Z11.59)</li> <li>An initial screening for Medicare beneficiaries, regardless of birth year, who had a blood transfusion before 1992 and beneficiaries with a current or past history of illicit injection drug use.</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
Human Immunodeficiency (HIV) screening	80081, G0432, G0433, G0435, G0475	<p><b>Increased risk factors not reported –</b> Z11.4</p> <p><b>Increased risk factors reported – Z11.4 <u>and at least one of the following:</u></b> Z72.51, Z72.52, Z72.53, or Z72.89</p> <p><b>Pregnant Medicare beneficiaries – Z11.4 <u>and at least one of the following:</u></b> Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, or O09.93</p>	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Annually for Medicare beneficiaries between the ages of 15 and 65 without regard to perceived risk;</li> <li><b>or</b></li> <li>Annually for Medicare beneficiaries younger than 15 and adults older than 65 who are at increased risk for HIV infection</li> </ul> <p><b>For beneficiaries who are pregnant, 3 times per pregnancy:</b></p> <ul style="list-style-type: none"> <li>First, when a woman is diagnosed with pregnancy;</li> <li>Second, during the third trimester; <i>and</i></li> <li>Third, at labor, if ordered by the woman's clinician</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>

# Provider's Guide to Preventive Health Services (Medicare)



PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Initial Preventive Physical Exam (IPPE)	G0402	<b>No Requirement</b>	<p><b>Frequency: 1x/ lifetime</b></p> <ul style="list-style-type: none"> <li>Must furnish no later than 12 months after the effective date of the first Medicare Part B coverage period</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) <i>Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0446	<b>No Requirement</b>	<p><b>Frequency:</b> 1x/ year <b>Age Band:</b> All <b>Gender:</b> M/F</p>
Intensive Behavioral Therapy (IBT) for Obesity  <i>BMI must be equal to/over 30. Counseling must be delivered by a qualified primary care physician or other primary care practitioner in a primary care setting.</i>  <i>Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0447, G0473	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>First month: one face-to-face visit every week;</li> <li>Months 2–6: one face-to-face visit every other week; and</li> <li>Months 7–12: one face-to-face visit every month if certain requirements are met</li> </ul> <p>At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed.</p> <p>To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, beneficiaries must have lost at least 3kg.</p> <p>For beneficiaries who do not achieve a weight loss of at least 3 kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.</p> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography	G0296, 71271	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>First year: Before the first lung cancer LDCT screening, Medicare beneficiaries must receive a counseling and shared decision-making visit;</li> <li>Subsequent years: The Medicare beneficiary must receive a written order furnished during an appropriate visit with a physician or NPP.</li> </ul> <p><b>Age Band:</b> 50 to 77 years <b>Gender:</b> M/F</p>
Medical Nutrition Therapy (MNT)	97802, 97803, 97804, G0270, G0271	<b>No Requirement</b>	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>First year: 3 hours of one-on-one counseling; <b>or</b></li> <li>Subsequent years: 2 hours</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
Prolonged Preventive Services	G0513, G0514	<b>No Requirement</b>	Prolonged preventive services will be payable when billed as an add-on to an applicable preventive service that is payable from the Medicare Physician Fee Schedule
Prostate Cancer Screening	G0103	Z12.5	<p><b>Frequency:</b> 1x/year <b>Age Band:</b> 50 and older <b>Gender:</b> M</p>
Screening for Cervical Cancer with Human Papillomavirus (HPV Tests)	G0476	Z11.51 and either Z01.411 or Z01.419	<p><b>Frequency:</b> 1x/5 years <b>Age Band:</b> 30-65 <b>Gender:</b> F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>Screening for Sexually Transmitted Infections (STIs) – High Intensity Behavioral Counseling (HIBC)</p> <p><i>Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i></p>	G0445	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	<p><b>Frequency:</b> 2x/year</p> <ul style="list-style-type: none"> <li>Up to two 20–30minute, face-to-face HIBC counseling sessions annually</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
<p>Screening for STIs – Chlamydia screening</p>	<p>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87800*, 87810</p> <p><i>* Use 87800 when performing combined chlamydia and gonorrhea testing</i></p>	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>One annual occurrence of screening for chlamydia in women at increased risk who are not pregnant</li> <li>Up to two occurrences per pregnancy of screening for chlamydia in pregnant women who are at increased risk for STIs and continued increased risk for the second screening</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> F</p>
<p>Screening for STIs – Gonorrhea screening</p>	<p>87590, 87591, 87800*, 87850</p> <p><i>* Use 87800 when performing combined chlamydia and gonorrhea testing</i></p>	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Up to two occurrences per pregnancy of screening for gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening</li> <li>One annual occurrence of screening for gonorrhea, in men and women at increased risk</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Screening for STIs – Hepatitis B (Hepatitis B Surface Antigen)	87340, 87341	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>One occurrence per pregnancy of screening for hepatitis B in pregnant women</li> <li>One additional occurrence at delivery if at continued increased risk for STIs</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> F</p>
Screening for STIs – Syphilis screening	86592, 86593, 86780	Z11.3, Z72.89, Z72.51, Z72.52, Z72.53, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, and O09.93	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>One annual occurrence of screening for syphilis in men at increased risk</li> <li>One occurrence per pregnancy of screening for syphilis in pregnant women; <ul style="list-style-type: none"> <li>up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs</li> </ul> </li> <li>One annual occurrence of screening for syphilis in women at increased risk who are not pregnant.</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
Screening mammography	77067	C84.7A, N61.21, N61.22, N61.23, N63.15, N63.25, Z12.31	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Aged 35 through 39: One baseline; <b>or</b></li> <li>Aged 40 and older: Annually</li> </ul> <p><b>Age Band:</b> 35 and older <b>Gender:</b> F</p>
Screening mammography (Tomosynthesis)	77063* <i>* add-on code used in conjunction with 77067</i>		



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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Screening pap tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	<p><b>High risk</b> - Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86 and Z92.89</p> <p><b>Low risk</b> - Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89</p>	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Annually if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years;</li> <li><b>or</b></li> <li>Every 2 years for women at normal risk</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> F</p>
Screening pelvic exam (includes a clinical breast examination)	G0101	<p><b>High risk:</b> Z72.51, Z72.52, and Z72.53 Z77.29, Z77.9, Z91.89, Z92.89,</p> <p><b>Low risk:</b> Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89</p>	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Annually if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years;</li> <li><b>or</b></li> <li>Every 2 years for women at normal risk</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> F</p>
Ultrasound screening for Abdominal Aortic Aneurysm (AAA)	76706	<b>No Requirement</b>	<p><b>Frequency:</b> 1x/ lifetime <b>Age Band:</b> All <b>Gender:</b> M/F</p>

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## IMMUNIZATIONS\*:

\*Note: It is expected that immunizations will be provided in accordance with U.S. Food and Drug Administration licensure and Center for Disease Control and Prevention (CDC) guidelines. Please refer to CDC's [Child Adolescent & "Catch-up" Immunization Schedules](#) and [CDC's Adult Immunization Schedule](#).

IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Hepatitis B Virus (HBV) vaccine and administration	<b>G0010</b> (Admin code)	N/A	Z23	<b>Frequency:</b> Scheduled dosages as required <b>Age Band:</b> All <b>Gender:</b> M/F
	90739 (2 doses)	HEPLISAV-B®		
	90740 (3 doses)	Recombivax HB®		
	90743 (2 doses)	Recombivax HB®		
	90744 (3 doses)	Recombivax HB®		
	90746 (3 doses)	Recombivax HB®, Engerix-B®		
	90747 (4 doses)	Engerix-B®		
Influenza virus vaccine and administration	<b>G0008</b> (Admin code)	N/A	Z23	<b>Frequency:</b> <ul style="list-style-type: none"> <li>Once per influenza season Medicare covers additional flu shots if medically necessary (2 per calendar year)</li> </ul> <b>Age Band:</b> All <b>Gender:</b> M/F
	<b>Effective 08/01/2023-07/31/2024</b>			
	90662	Fluzone High-Dose Quadrivalent® (Pres Free)		
	90672	FluMist Quadrivalent®		
	90674	Flucelvax Quadrivalent® (0.5 mL SDS)		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	90682	Flublok Quadrivalent®		
	90686	Fluzone Quadrivalent® 0.5mL SDS Fluzone Quadrivalent® 0.5 mL SDV Afluria Quadrivalent® 0.5 mL SDS Fluarix Quadrivalent® 0.5 mL SDS Flulaval Quadrivalent® 0.5 mL SDS		
	90687	Afluria Quadrivalent 0.25ml® Fluzone Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® 0.5 mL Afluria Quadrivalent® 0.5 mL		
	90694	Fluad Quadrivalent® 0.5 mL SDS		
	90756	Flucelvax Quadrivalent® 0.5 mL		
	Q2039	Influenza virus vaccine, not otherwise specified		
	<b>Effective 8/01/2022-7/31/2023</b>			
	90662	Fluzone High-Dose Quadrivalent®		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	90672	FluMist Quadrivalent®	Z23	
	90674	Flucelvax Quadrivalent® (Pres Free)		
	90682	Flublok Quadrivalent®		
	90686	Fluzone Quadrivalent 0.25ml® (Pres Free) Fluarix Quadrivalent® (Pres free) Flulaval Quadrivalent® (Pres Free) Afluria Quadrivalent® (Pres Free)		
	90687	Afluria Quadrivalent 0.25ml® Fluzone Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® Afluria Quadrivalent®		
	90694	Fluad Quadrivalent®		
	90756	Flucelvax Quadrivalent®		
	Q2039	Influenza virus vaccine, not otherwise specified		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Pneumococcal vaccine and administration	90670	Prevnar 13® (PCV13)	Z23	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>An initial pneumococcal vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; <b>and</b></li> <li>A different, second pneumococcal vaccine 1 year after the first vaccine was administered</li> </ul> <p><b>Age Band:</b> All <b>Gender:</b> M/F</p>
	90671	Vaxneuvance™ (PCV15)		
	90677	Prevnar 20® (PCV20)		
	90732	Pneumovax®		
	90471 (Admin Code)	N/A		
Respiratory Syncytial Virus (RSV) Vaccine  (Part D Vaccine)	Administration codes: 96380, 96381 <i>Effective 10/6/2023</i>		All	<p><i>Provider must adhere to CDC/ACIP guidelines</i></p>
	90678 <i>Effective 5/3/2023</i>	Abrysvo™		
	90679 <i>Effective 5/3/2023</i>	Arexvy™		

# Provider's Guide to Preventive Health Services (Medicare)



IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Shingles Vaccine <i>(Part D Vaccine)</i>			Z23	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>An initial vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; <b>and</b></li> </ul> <p>A different, second vaccine 1 year after the first vaccine was administered</p>

## Revision history

DATE	REVISION
12/12/2023	<ul style="list-style-type: none"> <li>Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 <b>effective 10/6/2023</b></li> </ul>
10/16/2023	<ul style="list-style-type: none"> <li>Removed age requirements for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines</li> </ul>
9/28/2023	<ul style="list-style-type: none"> <li>Updated to remove deleted ICD-10 codes <b>effective 10/1/2023</b>: D13.9 and Z83.71</li> <li>Added new ICD-10 codes <b>effective 10/1/2023</b>: D13.91, D13.99, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Appendix I – Pregnancy: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release</li> <li>Appendix II – Maternity: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release</li> </ul>
9/2023	<ul style="list-style-type: none"> <li>Updated to include 2023-2024 Influenza Vaccines</li> <li>Updated to include Respiratory Syncytial Virus (RSV) vaccine codes <b>effective 5/3/2023</b>: 90678 &amp; 90679</li> </ul>
4/2023	<ul style="list-style-type: none"> <li>Updated to clarify modifier 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</li> </ul>
11/2022	<ul style="list-style-type: none"> <li>Updated to include 2022-2023 Influenza Vaccines</li> </ul>

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DATE	REVISION
10/2022	<ul style="list-style-type: none"> <li>Updated to include Glaucoma Screening</li> </ul>
8/2022	<ul style="list-style-type: none"> <li>Removed the age limitation on Screening Colonoscopy CPT codes: G0105, G0120, and G0121.</li> </ul>
6/2022	<ul style="list-style-type: none"> <li>Updated Bone Mass Measurement with additional diagnosis codes</li> </ul>
2/2022	<ul style="list-style-type: none"> <li>Added diagnosis code C84.7A to Mammography screening effective 10/01/2021</li> <li>Added diagnosis codes Z92.850, Z92.858 and Z92.86 to Screening Pap Test effective 10/01/2021</li> <li>Added 90671 to Pneumococcal vaccine and administration effective 7/16/2021</li> <li>Added 90677 to Pneumococcal vaccine and administration effective 7/01/2021</li> </ul>
9/2021	<ul style="list-style-type: none"> <li>Updated with 2021-2022 Influenza Vaccines Effective 8/01/2021 – 7/31/2022 (per CMS, 90653 removed from Influenza Vaccines list effective 7/31/2021)</li> <li>Updated Lung Cancer Screening age requirements from 55-77 years to 50-80 years effective 11/16/2021</li> </ul>
7/2021	<ul style="list-style-type: none"> <li>Added G0327 (Colorectal cancer screening; blood-based biomarker) effective 7/01/2021</li> <li>Added dx codes (Screening Mammography) N61.21, N61.22, N61.23 effective 10/1/2020</li> <li>Added Annual Well-Woman Exam (G0101)</li> <li>Updated to include CPT Code 71271 (Lung Cancer with Low Dose Computed Tomography) effective 1/01/2021</li> <li>Updated to include Medicare Diabetes Prevention Program (MDPP)</li> <li>Removed Z13.220 from Cardiovascular disease screening tests</li> <li>Removed G0297 from Lung Cancer Screening; deleted effective 12/31/2020</li> <li>Removed G0403, G0404 and G0405 from Initial Preventive Physical Exam (IPPE)</li> <li>Added dx codes (Hepatitis B Virus (HBV) screening): F11.11, F11.13, F13.11, F13.130, F13.131, F13.132, F14.11, F14.13, F14.93, F15.11, F15.13</li> <li>Removed Z11.59 from Hepatitis C Virus (HCV) screening</li> <li>Removed dx codes (Intensive Behavioral Therapy (IBT) for Obesity): E66.01, E66.09, E66.1, E66.8, E66.9</li> </ul>
3/2021	<ul style="list-style-type: none"> <li>Policy updated to align with CMS 2021 Preventive Services</li> <li>Reformatted and reorganized policy, transferred content to new template</li> </ul>