

ConnectiCare, together with the Centers for Medicare & Medicaid Services, 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.

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

If you have questions about your patient's health plan, call ConnectiCare's Medicare Provider Services at 1-877-224-8230 for assistance.

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.

### Preventive Services

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| <ul style="list-style-type: none"> <li>• <a href="#">Advance Care Planning (ACP)</a></li> <li>• <a href="#">Alcohol misuse screening and counseling</a></li> <li>• <a href="#">Annual physical exam</a></li> <li>• <a href="#">Annual wellness exam</a></li> <li>• <a href="#">Bone mass measurement</a></li> <li>• <a href="#">Cardiovascular disease screening tests</a></li> <li>• <a href="#">Colorectal cancer screening</a></li> <li>• <a href="#">Counseling to prevent tobacco use</a></li> <li>• <a href="#">Depression screening</a></li> <li>• <a href="#">Diabetes screening</a></li> <li>• <a href="#">Diabetes Self-Management Training (DSMT)</a></li> <li>• <a href="#">Glaucoma screening</a></li> <li>• <a href="#">Hepatitis C Virus (HCV) screening</a></li> </ul> | <ul style="list-style-type: none"> <li>• <a href="#">Human Immunodeficiency Virus (HIV) screening</a></li> <li>• <a href="#">Initial Preventive Physical Examination (IPPE)</a></li> <li>• <a href="#">Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)</a></li> <li>• <a href="#">Intensive Behavioral Therapy (IBT) for Obesity</a></li> <li>• <a href="#">Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography</a></li> <li>• <a href="#">Medical Nutrition Therapy (MNT)</a></li> <li>• <a href="#">Prolonged Preventive Services</a></li> <li>• <a href="#">Prostate cancer screening</a></li> <li>• <a href="#">Screening for Cervical Cancer with Human Papillomavirus (HPV) tests</a></li> <li>• </li> </ul> | <ul style="list-style-type: none"> <li>• <a href="#">Screening for STIs – High Intensity Behavioral Counseling (HIBC)</a></li> <li>• <a href="#">Screening for STIs – Chlamydia screening</a></li> <li>• <a href="#">Screening for STIs – Gonorrhea screening</a></li> <li>• <a href="#">Screening for STIs – Hepatitis B screening</a></li> <li>• <a href="#">Screening for STIs – Syphilis Screening</a></li> <li>• <a href="#">Screening Mammography</a></li> <li>• <a href="#">Screening Mammography (Tomosynthesis)</a></li> <li>• <a href="#">Screening Pap Tests</a></li> <li>• <a href="#">Screening Pelvic Exam (includes a clinical breast examination)</a></li> <li>• <a href="#">Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</a></li> </ul> |
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### Immunizations

- [Hepatitis B vaccine \(HBV\) and administration](#)
- [Influenza virus vaccine and administration](#)
- [Pneumococcal vaccine and administration](#)

[Medicare Prevention Quick Reference Chart](#)

| PREVENTIVE SERVICE          | PROCEDURE CODE  | ICD-10 PAIRING        | GUIDELINES  |
|-----------------------------|---|-----------------------|---|
| Advance Care Planning (ACP) | 99497, 99498<br>when billed with Annual Wellness Visit (G0438 or G0439) | <b>No Requirement</b> | <b>Frequency:</b> 1x/year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE                      | PROCEDURE CODE | ICD-10 PAIRING        | GUIDELINES   |
|---|----------------|-----------------------|--|
| Alcohol misuse screening and counseling | G0442          | <b>No Requirement</b> | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |
|   | G0443          | <b>No Requirement</b> | <b>Frequency:</b> 4x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE   | PROCEDURE CODE   | ICD-10 PAIRING  | GUIDELINES   |
|----------------------|--|---|--|
| Annual physical exam | 99381, 99382, 99383, 99391, 99392, 99393               | <b>No Requirement</b>   | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |
|                      | 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 | Performed by a PCP:<br>None<br><br>Performed by a non-PCP:<br>Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419, Z12.0, Z12.4, Z12.72, Z12.79, Z12.89, Z77.129, Z91.89 | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE   | PROCEDURE CODE                                       | ICD-10 PAIRING        | GUIDELINES   |
|----------------------|--|-----------------------|--|
| Annual wellness exam | G0438  | <b>No Requirement</b> | <b>Frequency:</b> 1x/ lifetime<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |
|                      | G0439  | <b>No Requirement</b> | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F     |
|                      | G0468-Federally qualified health center (fqhc) visit | <b>No Requirement</b> | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F     |

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| PREVENTIVE SERVICE    | PROCEDURE CODE   | ICD-10 PAIRING   | GUIDELINES  |
|-----------------------|--|--|---|
| Bone mass measurement | 0554T, 0555T, 0556T, 0557T, 0558T, 76977, 77078, 77080, 76977, 77078, 77080, 77081, 77085, G0130 | E21.0, E21.3, E23.0, E34.2, E89.40, E89.41, M80.08xA, M80.88xA, M84.58xA, M84.68xA, N95.8, N95.9, Q78.0, S34.3xxA, Z78.0, Z79.3, Z79.51, Z79.52, Z79.811, Z79.818, Z79.83, Z87.310 | <b>Frequency:</b> 1x/ 2 years<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE                     | PROCEDURE CODE      | ICD-10 PAIRING | GUIDELINES  |
|--|---------------------|----------------|---|
| Cardiovascular disease screening tests | 82465, 83718, 84478 | Z13.220, Z13.6 | <b>Frequency:</b> 1x/ 5 years<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE          | PROCEDURE CODE                                  | ICD-10 PAIRING  | GUIDELINES  |
|-----------------------------|---|---|---|
| Colorectal cancer screening | 00812, 81528, 82270, G0104, G0106, G0121, G0328 | D12.0-D12.9, D13.9, K50.00, K50.011-K50.014, K50.018, K50.019, K50.10, K50.111-K50.114, K50.118, K50.119, K50.0, 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, K51.80, K51.30, K51.311-K51.314, K51.318, K51.319, 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,, Z13.9, Z80.0, Z83.71, Z83.79, Z85.038, Z85.048, Z86.004, Z86.010, Z87.19<br><br>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12 | <p><b>Frequency:</b><br/><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<br/><b>Gender:</b> M/F</p> |
|                             | G0105, G0120                                    | None  |   |

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| PREVENTIVE SERVICE                | PROCEDURE CODE | ICD-10 PAIRING   | GUIDELINES   |
|-----------------------------------|----------------|--|--|
| 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, F17.299, 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<br><br>NOTE: Additional ICD-10 codes may apply | <b>Frequency:</b><br>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<br><br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE   | PROCEDURE CODE | ICD-10 PAIRING | GUIDELINES   |
|----------------------|----------------|----------------|--|
| Depression screening | G0444          | No Requirement | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE  | PROCEDURE CODE      | ICD-10 PAIRING | GUIDELINES   |
|---|---------------------|----------------|--|
| Diabetes screening<br><br><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; <b>or</b></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<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE                       | PROCEDURE CODE | ICD-10 PAIRING | GUIDELINES   |
|--|----------------|----------------|--|
| Diabetes Self-Management Training (DSMT) | G0108, G0109   | E08-E13.9      | <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Initial year: Up to 10 hours of initial training within a continuous 12-month period;</li> <li><b>or</b></li> <li>Subsequent years: Up to 2 hours of follow-up training each year after the initial year</li> </ul> <p><b>Age Band:</b> All diagnosed with diabetes<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE | PROCEDURE CODE | ICD-10 PAIRING | GUIDELINES  |
|--------------------|----------------|----------------|---|
| Glaucoma screening | G0117, G0118   | Z13.5          | <p><b>Frequency:</b> 1x/ year<br/><b>Age Band:</b> All<br/><b>Gender:</b> M/F</p> |

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| 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</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<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE                     | PROCEDURE CODE                    | ICD-10 PAIRING   | GUIDELINES  |
|--|-----------------------------------|--|---|
| Human Immunodeficiency (HIV) screening | 80081, G0432, G0433, G0435, G0475 | <p>Increased risk factors <b>not</b> reported – Z11.4</p> <p>Increased risk factors reported – Z11.4 and, Z72.51, Z72.52, or Z72.53, Z72.89</p> <p>Pregnant Medicare beneficiaries – Z11.4 and 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; <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; <b>and</b></li> <li>Third, at labor, if ordered by the woman's clinician</li> </ul> <p><b>Age Band:</b> All<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE                      | PROCEDURE CODE                    | ICD-10 PAIRING        | GUIDELINES  |
|---|-----------------------------------|-----------------------|---|
| Initial Preventive Physical Exam (IPPE) | G0402, G0403, G0404, G0405, G0468 | <b>No Requirement</b> | <p><b>Frequency:</b> 1x/ lifetime</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<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE  | PROCEDURE CODE | ICD-10 PAIRING        | GUIDELINES  |
|---|----------------|-----------------------|---|
| Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) | G0446          | <b>No Requirement</b> | <p><b>Frequency:</b> 1x/ year<br/><b>Age Band:</b> All<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE                             | PROCEDURE CODE | ICD-10 PAIRING  | GUIDELINES   |
|--|----------------|---|--|
| Intensive Behavioral Therapy (IBT) for Obesity | 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, or 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; <b>and</b></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<br/><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, G0297   | 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 lungcancer 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> 55 to 77<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE              | PROCEDURE CODE                    | ICD-10 PAIRING        | GUIDELINES   |
|---------------------------------|-----------------------------------|-----------------------|--|
| 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<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE            | PROCEDURE CODE | ICD-10 PAIRING        | GUIDELINES  |
|-------------------------------|----------------|-----------------------|---|
| Prolonged Preventive Services | G0513, G0514   | <b>No Requirement</b> | Effective for claims with dates of service on or after January 1, 2018. 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 |

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| PREVENTIVE SERVICE        | PROCEDURE CODE | ICD-10 PAIRING | GUIDELINES  |
|---------------------------|----------------|----------------|---|
| Prostate cancer screening | G0102, G0103   | Z12.5          | <b>Frequency:</b> 1x/ year<br><b>Age Band:</b> 50 and older<br><b>Gender:</b> M |

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| PREVENTIVE SERVICE  | PROCEDURE CODE | ICD-10 PAIRING                       | GUIDELINES  |
|---|----------------|--------------------------------------|---|
| Screening for Cervical Cancer with Human Papillomavirus (HPV Tests) | G0476          | Z11.51 and either Z01.411 or Z01.419 | <b>Frequency:</b> 1x/ 5 years<br><b>Age Band:</b> 30-65<br><b>Gender:</b> F |

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| PREVENTIVE SERVICE   | PROCEDURE CODE | ICD-10 PAIRING  | GUIDELINES  |
|--|----------------|---|---|
| Screening for Sexually Transmitted Infections (STIs) – High Intensity Behavioral Counseling (HIBC) | G0445          | Z11.3, Z11.59, 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, O09.93 | <b>Frequency:</b> 2x/ year<br><ul style="list-style-type: none"> <li>Up to two 20–30 minute, face-to-face HIBC counseling sessions annually</li> </ul> <b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| PREVENTIVE SERVICE                       | PROCEDURE CODE  | ICD-10 PAIRING  | GUIDELINES   |
|--|---|---|--|
| Screening for STIs – Chlamydia screening | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87800, 87810 | Z11.3, Z11.59, 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, O09.93 | <b>Frequency:</b> <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> <b>Age Band:</b> All<br><b>Gender:</b> F |



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| PREVENTIVE SERVICE                       | PROCEDURE CODE             | ICD-10 PAIRING   | GUIDELINES  |
|--|----------------------------|--|---|
| Screening for STIs – Gonorrhea screening | 87590, 87591, 87800, 87850 | Z11.3, Z11.59, 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>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<br/><b>Gender:</b> M/F</p> |

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| PREVENTIVE SERVICE                                     | PROCEDURE CODE  | ICD-10 PAIRING   | GUIDELINES   |
|--|---|--|--|
| Screening for STIs – Hepatitis B Virus (HBV) screening | <p><b>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk</b><br/>G0499</p> <p><b>For Pregnant Women</b><br/>86704, 86706, 87340, 87341</p> | <p><b>For persons with End-Stage Renal Disease (ESRD):</b><br/>Z11.59 and N18.6</p> <p><b>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk:</b><br/>Z11.59 and Z72.89</p> <p><b>For Asymptomatic, Nonpregnant Adolescents and Adults, Subsequent Visits:</b><br/>Z11.59 and one of the following<br/>F11.10–F11.99, F13.10–F13.99, F14.10–F14.99, F15.10–F15.99, Z20.2, Z20.5, Z72.52, Z72.53</p> <p><b>For Pregnant Women:</b><br/>Z11.59 and one of the following: Z34.00, Z23.80, Z34.90, O09.90</p> <p><b>For Pregnant Women at High Risk: Z11.59 and Z72.89 and one of the following:</b><br/>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</p> | <p><b>Frequency:</b></p> <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 who have 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><b>Age Band:</b> All<br/><b>Gender:</b> F</p> |

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| PREVENTIVE SERVICE                      | PROCEDURE CODE       | ICD-10 PAIRING  | GUIDELINES   |
|---|----------------------|---|--|
| 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>Age Band: All<br/>Gender: M/F</p> |

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| PREVENTIVE SERVICE    | PROCEDURE CODE | ICD-10 PAIRING         | GUIDELINES  |
|-----------------------|----------------|------------------------|---|
| Screening mammography | 77067          | Z12.31, N63.15, N63.25 | <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<br/><b>Gender:</b> F</p> |

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| PREVENTIVE SERVICE                    | PROCEDURE CODE | ICD-10 PAIRING         | GUIDELINES  |
|---------------------------------------|----------------|------------------------|---|
| Screening mammography (Tomosynthesis) | 77063          | Z12.31, N63.15, N63.25 | <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<br/><b>Gender:</b> F</p> |

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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 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; <b>or</b></li> <li>Every 2 years for women at normal risk</li> </ul> <p><b>Age Band:</b> All<br/><b>Gender:</b> F</p> |

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| PREVENTIVE SERVICE   | PROCEDURE CODE | ICD-10 PAIRING  | GUIDELINES  |
|--|----------------|---|---|
| Screening pelvic exam (includes a clinical breast examination) | G0101          | <b>High risk</b> – Z77.29, Z77.9, Z91.89, Z92.89, Z72.51, Z72.52, and Z72.53<br><br><b>Low risk</b> – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89 | <b>Frequency:</b> <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; <b>or</b></li> <li>Every 2 years for women at normal risk</li> </ul> <b>Age Band:</b> All<br><b>Gender:</b> F |

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| PREVENTIVE SERVICE                                       | PROCEDURE CODE | ICD-10 PAIRING        | GUIDELINES   |
|--|----------------|-----------------------|--|
| Ultrasound screening for Abdominal Aortic Aneurysm (AAA) | 76706          | <b>No Requirement</b> | <b>Frequency:</b> 1x/ lifetime<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

**^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](#).

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| IMMUNIZATION <sup>^</sup>                          | PROCEDURE CODE   | ICD-10 PAIRING | GUIDELINES  |
|--|--|----------------|---|
| Hepatitis B Virus (HBV) vaccine and administration | 90739, 90740, 90743, 90744, 90746, 90747, G0010 (Admin code) | Z23            | <b>Frequency:</b> Scheduled dosages as required<br><b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| IMMUNIZATION <sup>^</sup>   | PROCEDURE CODE   | ICD-10 PAIRING | GUIDELINES   |
|---|--|----------------|--|
| Influenza virus vaccine and administration <i>MR LOB exempts cost sharing for out-of-network services</i> | <b>Effective</b><br>90653, 90662, 90672, 90674, 90682, 90685, 90686, 90687, 90688, 90756<br><br><b>Effective 07/01/2020</b><br>90694<br><br>G0008 (Admin code) | Z23            | <b>Frequency:</b> <ul style="list-style-type: none"> <li>Once per influenza season Medicare covers additional flu shots if medically necessary</li> </ul> <b>Age Band:</b> All<br><b>Gender:</b> M/F |

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| IMMUNIZATION^                           | PROCEDURE CODE                     | ICD-10 PAIRING | GUIDELINES   |
|---|------------------------------------|----------------|--|
| Pneumococcal vaccine and administration | 90670, 90732<br>G0009 (Admin code) | 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<br/><b>Gender:</b> M/F</p> |