



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.

EmblemHealth, together with the Centers for Medicare & Medicaid Services (CMS), encourages the use of preventive health services. For certain basic preventive health services, EmblemHealth 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](#)

[Revision History](#)

Provider's Guide to Preventive Health Services (Medicare)

Preventive Services/Screenings:

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Advance Care Planning (ACP) Append modifier –33 when submitting claims for Advance Care Planning as part of Annual Wellness Visit	99497, 99498 when billed with Annual Wellness Visit (G0438 or G0439)	No Requirement	Frequency: 1x/year Age Band: 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)	No Requirement	Frequency: 1x/ year Age Band: All
	G0443 (counseling)	Positive Screening	Frequency: 4x/ year Age Band: All
Annual physical exam* <i>*Performed by PCP only</i>	New patient: 99381, 99382, 99383, 99384, 99385, 99386, 99387	Performed by PCP only: No Requirement	Frequency: 1x/ year Age Band: All
	Established patient: 99391, 99392, 99393, 99394, 99395, 99396, 99397		Frequency: 1x/ year Age Band: All
Annual wellness exam (AWE)	G0438	No Requirement	Frequency: 1x/per lifetime (first AWE) Age Band: All
	G0439	No Requirement	Frequency: 1x/year (subsequent AWE) Age Band: All
	G0468 – Federally Qualified Health Center (FQHC) Visit	No Requirement	Frequency: 1x/ year Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Annual wellness exam (AWE), <i>with administration of social determinants of health risk assessment tool</i> Append modifier –33 when submitting claims as part of Annual Wellness Visit	G0136	No Requirement	Frequency: 1x/ year Age Band: All
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,	Frequency: 1x/2 years Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
		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, 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,	

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
		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, 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	Frequency: 1x/5 years Age Band: All
Colorectal Cancer Screening Normal Risk	G0104, G0106 , G0121 G0106 deleted effective 1/1/2025	Normal Risk: D12.1, D12.6, D13.91, D13.99, K50.0, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K92.1, K92.2, Z13.9, Z83.79, Z87.19 ICD-10 Codes added effective 10/1/2024: D13.91 and D13.99	Frequency: 1x/4 years Age Band: 45 and older

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colorectal Cancer Screening HIGH RISK	G0104, G0105, G0120 G0120 deleted effective 1/1/2025	HIGH RISK: C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C19, C20, C21.0, C21.1, C21.2, C21.8, C49.A3, C49.A4, C49.A5, C78.5, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, D01.0, D01.1, D01.2, D01.3, D12.0, D12.2, D12.3, D12.4, D12.5, D12.7, D12.8, D12.9, D37.4, D37.5, D37.9, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K57.40, K57.41, K57.50, K57.51, K57.52, K57.53, K57.80, K57.81, K57.90, K57.91, K57.92, K57.93, K62.0, K62.1, K62.6, K63.3, K63.5, Z12.10, Z12.11, Z12.12, Z15.09, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z85.038, Z85.048, Z86.004, Z86.010, Z86.0100, Z86.0101, Z86.0102, Z86.0109 ICD-10 Codes added effective 10/1/2024: Z86.0100, Z86.0101, Z86.0102, Z86.0109 ICD-10 Code deleted effective 10/1/2024: Z86.010	Frequency: 1x/2 years Age Band: 45 and older
Colorectal Cancer Screening - Anesthesia Services: 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)	00811, 00812, G0500, 99153	Normal Risk: D12.1, D12.6, D13.91, D13.99, K50.0, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K92.1, K92.2, Z13.9, Z83.79, Z87.19 ICD-10 Codes added effective 10/1/2024: D13.91 and D13.99	Frequency: Normal Risk: 1x 4 years Age Band: 45 years and older

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
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. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate sedation services (G0500 or 99153) with only the –PT modifier.		HIGH RISK: C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C19, C20, C21.0, C21.1, C21.2, C21.8, C49.A3, C49.A4, C49.A5, C78.5, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, D01.0, D01.1, D01.2, D01.3, D12.0, D12.2, D12.3, D12.4, D12.5, D12.7, D12.8, D12.9, D37.4, D37.5, D37.9, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K57.40, K57.41, K57.50, K57.51, K57.52, K57.53, K57.80, K57.81, K57.90, K57.91, K57.92, K57.93, K62.0, K62.1, K62.6, K63.3, K63.5, Z12.10, Z12.11, Z12.12, Z15.09, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z85.038, Z85.048, Z86.004, Z86.010, Z86.0100, Z86.0101, Z86.0102, Z86.0109 ICD-10 Codes added effective 10/1/2024: Z86.0100, Z86.0101, Z86.0102, Z86.0109 ICD-10 Code deleted effective 10/1/2024: Z86.010	Frequency: HIGH RISK: 1x 2 years Age Band: 45 years and older
Colorectal cancer screening; Computed tomographic (CT) colonography NORMAL RISK Effective 1/01/2025	74263	Normal Risk: D12.1, D12.6, D13.91, D13.99, K50.0, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K92.1, K92.2, Z13.9, Z83.79, Z87.19	Frequency: After at least 47 months since the month the patient got their last screening flexible sigmoidoscopy or screening colonoscopy Age Band: 45 and older

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colorectal cancer screening; Computed tomographic (CT) colonography HIGH RISK Effective 1/01/2025	74263	HIGH RISK: C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C19, C20, C21.0, C21.1, C21.2, C21.8, C49.A3, C49.A4, C49.A5, C78.5, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, D01.0, D01.1, D01.2, D01.3, D12.0, D12.2, D12.3, D12.4, D12.5, D12.7, D12.8, D12.9, D37.4, D37.5, D37.9, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K57.40, K57.41, K57.50, K57.51, K57.52, K57.53, K57.80, K57.81, K57.90, K57.91, K57.92, K57.93, K62.0, K62.1, K62.6, K63.3, K63.5, Z12.10, Z12.11, Z12.12, Z15.09, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z85.038, Z85.048, Z86.004, Z86.010, Z86.0100, Z86.0101, Z86.0102, Z86.0109	Frequency: After at least 23 months since the month the patient got their last screening CT colonography or screening colonoscopy Age Band: 45 and older
Colorectal cancer screening; Blood-based biomarker Eff 4/01/2025	0537U, G0327	Z12.11, Z12.12	Frequency: 1x/3 years Age Band: 45 and older
Colorectal cancer screening; Fecal Occult Blood Tests (FOBT)	82270, G0328	Z12.11, Z12.12	Frequency: 1x/year Age Band: 45 and older
Colorectal cancer screening; Cologuard Multi-target Stool DNA (sDNA) Test	81528	Z12.11, Z12.12	Frequency: 1x/3 years Age Band: 45 and older
Colorectal cancer screening; Cologuard Plus™ Lab Test Effective 9/01/2025	0464U	Z12.10, Z12.11, Z12.12, Z80.0	Frequency: 1x/3 years Age Band: 45 – 85 years

Provider's Guide to Preventive Health Services (Medicare)

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, F17.298, 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>	Frequency: 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 Age Band: All
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	No Requirement	Frequency: 1x/ year Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

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, G9886, G9887, G9888, G9890, G9891* <i>*reporting purposes only</i> Click here for complete code descriptions	No Requirement	Frequency: - Up to 24 sessions within 2 years - 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 - 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 - Met 1 of the 3 blood test requirements within the 12 months before attending the first core session: - Hemoglobin A1c test with a value between 5.7% and 6.4% - Fasting plasma glucose test of 110–125 mg/dL 2-hour plasma glucose test (oral glucose tolerance test) of 140–199 mg/dL - No previous diabetes diagnosis prior to the date of the first core session (except for gestational diabetes) - No end-stage renal disease (ESRD) - No previous MDPP services Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Diabetes screening <i>Append modifier –TS when submitting claims for members with pre-diabetes</i>	82947, 82950, 82951, 83036	Z13.1	Frequency: - One screening every 6 months for Medicare beneficiaries diagnosed with pre-diabetes; or - One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested Age Band: All
Glaucoma Screening	G0117 and G0118	Z13.5	Frequency: - One screening 1x/ year for Medicare beneficiaries diagnosed with Diabetes; or - One screening 1x/ year for individuals with glaucoma in family history; or - Black or African Americans aged 50 and older; or - Hispanics or Latinos aged 65 and older Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis B Virus (HBV) screening	For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk G0499 For pregnant individuals: 86704, 86706, 87340, 87341	For persons with End Stage Renal Disease (ESRD): Z11.59 and N18.6 For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk: Z11.59 and Z72.89 For Asymptomatic, Nonpregnant Adolescents and Adults, Subsequent Visits: Z11.59 <u>and one of the following:</u> 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 For Pregnant Individuals: Z11.59 <u>and one of the following:</u> Z34.00, Z34.80, Z34.90, O09.90 For Pregnant Individuals at High Risk: Z11.59 and Z72.89 <u>and one of the following:</u> 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	Frequency: - One screening for asymptomatic, nonpregnant adolescents and adults who do not meet the high-risk definition - Annually only for those with continued high risk who do not receive hepatitis B vaccination - One screening for pregnant individuals at the first prenatal visit for each pregnancy and rescreening at the time of delivery for those with new or continued risk factors. <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.

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	Frequency: - Annually only for high risk beneficiaries with continued illicit injection drug use since the prior negative screening test; or - Once in a lifetime for beneficiaries born between 1945 and 1965 who are not considered high risk (use ICD-10 Z11.59) - 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. Age Band: All
Human Immunodeficiency (HIV) screening	80081, G0432, G0433, G0435, G0475	Increased risk factors not reported – Z11.4 Increased risk factors reported – Z11.4 and at least one of the following: Z72.51, Z72.52, Z72.53, or Z72.89 Pregnant Medicare beneficiaries – Z11.4 and at least one of the following: 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	Frequency: - Annually for Medicare beneficiaries between the ages of 15 and 65 without regard to perceived risk; or - Annually for Medicare beneficiaries younger than 15 and adults older than 65 who are at increased risk for HIV infection For beneficiaries who are pregnant, 3 times per pregnancy: - First, when an individual is diagnosed with pregnancy; - Second, during the third trimester; and - Third, at labor, if ordered by the individual's clinician Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Initial Preventive Physical Exam (IPPE)	G0402	No Requirement	Frequency: 1x/ lifetime Must furnish no later than 12 months after the effective date of the first Medicare Part B coverage period Age Band: All
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	No Requirement	Frequency: 1x/ year Age Band: All
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	Frequency: - First month: one face-to-face visit every week; - Months 2–6: one face-to-face visit every other week; and - Months 7–12: one face-to-face visit every month if certain requirements are met At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed. 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. 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. Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

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	Frequency: - First year: Before the first lung cancer LDCT screening, Medicare beneficiaries must receive a counseling and shared decision-making visit; - Subsequent years: The Medicare beneficiary must receive a written order furnished during an appropriate visit with a physician or NPP. Age Band: 50 to 77
Medical Nutrition Therapy (MNT)	97802, 97803, 97804, G0270, G0271	No Requirement	Frequency: First year: 3 hours of one-on-one counseling; or Subsequent years: 2 hours Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
HIV PrEP Antiretroviral Therapy, Counseling Services, and HIV Screenings Effective 9/30/2024	Antiretroviral Therapy Injection: Submit to Part B effective 9/30/2024* (see note) <i>Administration Code:</i> G0012 J0739: Injection cabotegravir, 1mg J0750: Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral J0751: Emtricitabine 200mg and tenofovir alafenamide 25mg, oral J0799: FDA approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified	ALL PrEP visits must be appended with: Z29.81 Additional diagnosis codes that should be appended as applicable: Increased risk factors report: F11.10, F11.20, F11.21, F11.90, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z20.828, Z20.89, Z20.9, Z29.81, Z32.00, Z32.01, Z32.02, Z79.899, Z72.89, Z72.51, Z72.52, Z72.53, Z86.59, Z87.898	Age Band: All *Note: If an individual currently has HIV and uses antiretroviral drugs to treat HIV, Part D will continue to cover these drugs, even though these may be the same drugs that are used for HIV PrEP

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
	Counseling and Administration Services for PrEP to Prevent HIV: G0011, G0013		Frequency: 8x/year Ages: All Individual counseling (up to 8 visits every 12 months), including: HIV risk assessment (initial or continued assessment of risk) HIV risk reduction
	HIV Screening: 80081, G0432, G0433, G0435, G0475	ALL PrEP visits must be appended with: Z29.81 Additional diagnosis codes that should be appended as applicable:	Frequency: 8x/year Ages: All
	Hep B Screening: Asymptomatic, Non-Pregnant Adolescents and High-Risk Adults: G0499 Pregnant Individuals & High-Risk Pregnant Individuals: 86704, 86706, 87340, 87341	Asymptomatic, Non-Pregnant Adolescents and High-Risk Adults: F11.10, F11.20, F11.21, F11.90, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z20.828, Z20.89, Z20.9, Z29.81, Z32.00, Z32.01, Z32.02, Z79.899, Z72.89, Z72.51, Z72.52, Z72.53, Z86.59, Z87.898 Pregnant Individuals & High-Risk Pregnant Individuals: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93,	Frequency: 1x Ages: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Prolonged Preventive Services	G0513, G0514	No Requirement -	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	Frequency: 1x/ year Age Band: 50 and older
Screening for Cervical Cancer with Human Papillomavirus (HPV Tests)	G0476	Z11.51 and either Z01.411 or Z01.419	Frequency: 1x/ 5 years Age Band: 30-65
Screening for Sexually Transmitted Infections (STIs) – High Intensity Behavioral Counseling (HIBC) <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>	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, O09.93	Frequency: 2x/ year Up to two 20–30minute, face-to-face HIBC counseling sessions annually Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sexually Transmitted Infection (STI) Screening Chlamydia	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800*, 87810	High-Risk and Non-Pregnant: Z11.3 <u>and any of these:</u> Z72.51, Z72.52, Z72.53, Z72.89	Frequency: Individuals at increased risk but not pregnant: 1 x year
	<i>*Use 87800 when combined chlamydia and gonorrhea testing</i>	High-Risk Pregnant Women: Z11.3 <u>and any of these:</u> Z72.51, Z72.52, Z72.53, Z72.89; <u>and 1 of these:</u> 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	Pregnant women at increased STI risk and continued increased risk for second screening: 2 per pregnancy
Sexually Transmitted Infection (STI) Screening Gonorrhea	87590, 87591, 87800*, 87850	High-Risk and Non-Pregnant: Z11.3 and any of these: Z72.51, Z72.52, Z72.53, Z72.89	Frequency: Individuals at increased risk but not pregnant: 1 x year
	<i>* Use 87800 when performing combined chlamydia and gonorrhea testing</i>	High-Risk Pregnant Women: Z11.3 <u>and any of these:</u> Z72.51, Z72.52, Z72.53, Z72.89; <u>and 1 of these:</u> 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	Pregnant women at increased STI risk and continued increased risk for second screening: 2 per pregnancy

Provider's Guide to Preventive Health Services (Medicare)

Sexually Transmitted Infection (STI) Screening Chlamydia & Gonorrhea	0402U, 0455U	High-Risk and Non-Pregnant: Z11.3 and any of these: Z72.51, Z72.52, Z72.53, Z72.89	Frequency: Individuals at increased risk but not pregnant: 1 x year
		High-Risk Pregnant Women: Z11.3 and any of these: Z72.51, Z72.52, Z72.53, Z72.89; and 1 of these: 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	Pregnant women at increased STI risk and continued increased risk for second screening: 2 per pregnancy
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, O09.93	Frequency: - One occurrence per pregnancy of screening for hepatitis B in pregnant individuals - One additional occurrence at delivery if at continued increased risk for STIs Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sexually Transmitted Infection (STI) Screening Syphilis	86592, 86593, 86780	High-Risk and Non-Pregnant: Z11.3 <u>and any of these:</u> Z72.51, Z72.52, Z72.53, Z72.89	Frequency: Individuals at increased risk but not pregnant: 1 x year
		High-Risk Pregnant Women: Z11.3 <u>and any of these:</u> Z72.51, Z72.52, Z72.53, Z72.89; <u>and 1 of these:</u> 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	One occurrence per pregnancy in pregnant Individuals; Up to two additional screenings in the third trimester and one at delivery if at continued increased risk for STIs
Screening mammography	77067	C84.7A, N61.21, N61.22, N61.23, N63.15, N63.25, Z12.31	Frequency: - Aged 35 through 39: One baseline; or - Aged 40 and older: Annually Age Band: 35 and older
Screening mammography (Tomosynthesis)	77063* * add-on code used in conjunction with 77067.		
Screening pap tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	High risk – Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86, Z92.89 Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89	Frequency: - Annually if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years; or - Every 2 years for individuals at normal risk Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Screening pelvic exam (includes a clinical breast examination)	G0101	High risk: Z77.29, Z77.9, Z91.89, Z92.89, Z72.51, Z72.52, and Z72.53 Low risk: Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89	Frequency: - Annually if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years; or - Every 2 years for individuals at normal risk Age Band: All
Ultrasound screening for Abdominal Aortic Aneurysm (AAA)	76706	No Requirement	Frequency: 1x/ lifetime Age Band: All

Provider's Guide to Preventive Health Services (Medicare)

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
COVID-19 vaccine and administration	90480 (<i>Admin code</i>) M0201 (<i>Admin code-inside patient's home</i>)	N/A	Z23	Frequency: Scheduled dosages as required Age Band: All
	91304	Novavax COVID-19 Vaccine, Adjuvanted		
	91318	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Yellow Cap)		
	91319	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Blue Cap)		
	91320	COMIRNATY (COVID-19 Vaccine, mRNA) 2024-2025 Formula		
	91321	Moderna COVID-19 Vaccine 2024-2025 Formula		
	91322	SPIKEVAX 2024-2025 Formula		
Hepatitis B Virus (HBV) vaccine and administration	G0010 (<i>Admin code</i>) M0201 (<i>Admin code-inside patient's home</i>)	N/A	Z23	Frequency: Scheduled dosages as required Age Band: All
	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®		
	90759 (3 doses)	PreHevbrio™		

Provider's Guide to Preventive Health Services (Medicare)

IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Influenza virus vaccine and administration	G0008 (<i>Admin code</i>) M0201 (<i>Admin code-inside patient's home</i>)	N/A	Z23	Frequency: Once per influenza season Medicare covers additional flu shots if medically necessary (2 per calendar year) Age Band: All
	Effective 08/01/2024 -07/31/2025			
	90653	Afluria (IIV3) (0.5ml SDS)		
	90656	FluMist Quadrivalent® Fluarix (IIV3) (0.5ml SDS) FluLaval (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDV)		
	90657	Afluria (IIV3) (5ml MDV) Fluzone (IIV3) (5ml MDV)		
	90658	Afluria (IIV3) (5ml MDV) Fluzone (IIV3) (5ml MDV)		
	90660	Flumist® (LAIV3)		
	90661	Flucelvax (ccIIV3) (0.5ml SDS) Flucelvax (ccIIV3) (5ml MDV)		
	90662	Fluzone High-Dose (HD-IIV3) (0.5ml SDS)		
	90673	Flublok (RIV3) (0.5ml SDS)		
	Q2039	Influenza virus vaccine, not otherwise specified		

Provider's Guide to Preventive Health Services (Medicare)

IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	Effective 08/01/2023 -07/31/2024			
	90662	High Dose Fluzone®		
	90672	Flumist® (LAIV4)		
	90674	Flucelvax Quadrivalent®		
	90682	Flublok Quadrivalent®		
	90686	Afluria® Quadrivalent (.5ml PFS) Fluzone® (.5ml PFS), Fluzone® (.5ml SDV), FluLaval Quadrivalent® (.5ml PFS), Fluarix® (.5ml PFS)		
	90687	Fluzone Quadrivalent 0.25ml® Afluria Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® Afluria Quadrivalent®		
	90694	Fluad Quadrivalent®		
	90756	Flucelvax Quadrivalent®		

Provider's Guide to Preventive Health Services (Medicare)

IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Pneumococcal vaccine and administration	G0009 (Admin Code) M0201 (Admin code-inside patient's home)	N/A	Z23	Frequency: - An initial pneumococcal vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; and - A different, second pneumococcal vaccine 1 year after the first vaccine was administered Age Band: All
	90670	Prenar 13® (PCV13)		
	90671	Vaxneuvance™ (PCV15)		
	90677	Prenar 20® (PCV20)		
	90684 <i>Effective 6/17/2024</i>	CAPVAXIVE™		
	90732	Pneumovax®		
Respiratory Syncytial Virus (RSV) Vaccine (Part D Vaccine)	Administration codes: 96380, 96381 <i>Effective 10/6/2023</i>		All	Provider must adhere to CDC/ACIP guidelines
	90678 <i>Effective 5/3/2023</i>	Abrysvo™		
	90679 <i>Effective 5/3/2023</i>	Arexvy™		
	90683 <i>Effective 5/31/2024</i>	mRESVIA®		
Shingles Vaccine (Part D Vaccine)	90471 (Admin Code)		Z23	Frequency: - An initial vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; and - A different, second vaccine 1 year after the first vaccine was administered
	90750 (2 doses)	Shingrix®		

Provider's Guide to Preventive Health Services (Medicare)

Revision history

DATE	REVISION
6/9/2025	Addition of the following: - Sexually Transmitted Infection (STI) Screening: - Added 0402U to 'Chlamydia & Gonorrhea' screening effective 10/1/2023 - Added 0455U to 'Chlamydia & Gonorrhea' screening effective 7/1/2024 - Colorectal cancer screening - <i>Blood-based biomarker</i> Added 0537U effective 4/1/2025
4/1/2025	Addition of Cologuard Plus™ Lab Test 0464U to Colorectal Cancer Screening effective 9/1/2025
1/21/2025	- Updates effective date of 1/1/2025: <i>CMS Removed coverage for barium enema procedures (G0106 and G0120)</i> - Indicated deletion of Colorectal Cancer Screening- Barium Enema HCPCS codes G0106 and G0120 <i>CMS Expanded coverage to include computed tomography (CT) colonography (74263)</i> Addition of Computed tomographic (CT) colonography – CPT code 74263
12/13/2024	Updated to include PrEP for HIV & Related Preventive Services to align with CMS coverage effective 9/30/2024; see HIV PrEP Antiretroviral Therapy, Counseling Services, and HIV Screenings
10/28/2024	Updated 'Colorectal Cancer Screening' services with new ICD-10 codes effective 10/1/2024: Z86.0100, Z86.0101, Z86.0102, Z86.0109
9/17/2024	Updated to remove deleted ICD-10 code Z86.010 effective 10/1/2024
8/13/2024	- Updated to include 2024-2025 Influenza Vaccines - Added Respiratory Syncytial Virus (RSV) Vaccine code 90683 effective 5/31/2024 - Added Pneumococcal vaccine code 90684 effective 6/17/2024

Provider's Guide to Preventive Health Services (Medicare)

DATE	REVISION
12/13/2023	Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 effective 10/6/2023
10/16/2023	Removed age requirement for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines
9/28/2023	- Updated to remove deleted ICD-10 codes effective 10/1/2023: D13.9 and Z83.71 - Added new ICD-10 codes effective 10/1/2023: D13.91, D13.99, Z83.710, Z83.711, Z83.718, & Z83.719 - Appendix I – Pregnancy: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release - Appendix II – Maternity: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release
9/2023	- Updated to include 2023-2024 Influenza Vaccines - Updated to include Respiratory Syncytial Virus (RSV) vaccine codes effective 5/3/2023: 90678 & 90679
4/25/2023	Updated to clarify that Modifier(s) 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.
11/2022	Updated to include 2022-2023 Influenza Vaccines
10/2022	Updated to include Glaucoma Screening
8/2022	Removed the age limitation on Screening Colonoscopy CPT codes: G0105, G0120, and G0121.
6/2022	Updated Bone Mass Measurement with additional diagnosis codes
2/2022	- Added diagnosis code C84.7A to Mammography screening effective 10/01/2021 - Added diagnosis codes Z92.850, Z92.858 and Z92.86 to Screening Pap Test effective 10/01/2021 - Added 90671 to Pneumococcal vaccine and administration effective 7/16/2021 - Added 90677 to Pneumococcal vaccine and administration effective 7/01/2021

Provider's Guide to Preventive Health Services (Medicare)

DATE	REVISION
9/2021	- Updated with 2021-2022 Influenza Codes Effective 8/01/2021-7/31/2022 (per CMS, 90653 removed from Influenza Vaccines list effective 7/31/2021) - Updated Lung Cancer Screening age requirements from 55-77 years to 50-80 years effective 11/16/2021
7/2021	- Added G0327 (Colorectal cancer screening; blood-based biomarker) effective 7/01/2021 - Added dx codes (Screening Mammography) N61.21, N61.22, N61.23 effective 10/1/2020 - Added Screening pelvic exam (G0101) - Updated to include CPT Code 71271 (Lung Cancer with Low Dose Computed Tomography) effective 1/01/2021 - Updated to include Medicare Diabetes Prevention Program (MDPP) - Removed Z13.220 from Cardiovascular disease screening tests - Removed G0297 from Lung Cancer Screening; deleted effective 12/31/2020 - Removed G0403, G0404 and G0405 from Initial Preventive Physical Exam (IPPE) - 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 - Removed Z11.59 from Hepatitis C Virus (HCV) screening - Removed dx codes (Intensive Behavioral Therapy (IBT) for Obesity): E66.01, E66.09, E66.1, E66.8, E66.9
3/2021	New Policy updated with CMS 2021 Preventive Services