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.

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
- Advance Care Planning (ACP)
- Alcohol misuse screening and counseling
- Annual physical exam
- Annual wellness exam
- Bone mass measurement
- Cardiovascular disease screening tests
- Colorectal cancer screening
- Colorectal cancer screening (Fecal DNA – ColoGuard)
- Counseling to prevent tobacco use
- Depression screening
- Diabetes screening
- Diabetes Self-Management Training (DSMT)
- Glaucoma screening
- Hepatitis C Virus (HCV) screening
- Human Immunodeficiency Virus (HIV) screening
- Initial Preventive Physical Examination (IPPE)
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)
- Intensive Behavioral Therapy (IBT) for Obesity
- Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography
- Medical Nutrition Therapy (MNT)
- Prostate cancer screening
- Screening for STIs – High Intensity Behavioral Counseling (HIBC)
- Screening for STIs – Chlamydia screening
- Screening for STIs – Gonorrhea screening
- Screening for STIs – Hepatitis B screening
- Screening for STIs – Syphilis Screening
- Screening Mammography
- Screening Mammography (Tomosynthesis)
- Screening Pap Tests
- Screening Pelvic Exam (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

### Immunizations
- Hepatitis B vaccine (HBV) and administration
- Influenza virus vaccine and administration
- Pneumococcal vaccine and administration

Medicare Prevention Quick Reference Chart
### Preventive Services

**Advance Care Planning (ACP)**
- Procedure Code: 99497, 99498 when billed with Annual Wellness Visit (G0438 or G0439)
- Guidelines: Frequency: 1x/lifetime, Age Band: All, Gender: M/F

**Alcohol misuse screening and counseling**
- Procedure Code: G0442
- ICD-10 Pairing: No Requirement
- Frequency: 1x/year, Age Band: All, Gender: M/F

- Procedure Code: G0443
- ICD-10 Pairing: No Requirement
- Frequency: 4x/year, Age Band: All, Gender: M/F

**Annual physical exam**
- Procedure Code: 99381, 99382, 99383, 99391, 99392, 99393
- ICD-10 Pairing: No Requirement
- Frequency: 1x/year, Age Band: All, Gender: M/F

- Procedure Code: 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397
- ICD-10 Pairing: Performed by a PCP: None
- Performed by a non-PCP: 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
- Frequency: 1x/year, Age Band: All, Gender: M/F

**Annual wellness exam**
- Procedure Code: G0438
- ICD-10 Pairing: No Requirement
- Frequency: 1x/lifetime, Age Band: All, Gender: M/F

- Procedure Code: G0439
- ICD-10 Pairing: No Requirement
- Frequency: 1x/year, Age Band: All, Gender: M/F

**Bone mass measurement**
- Procedure Code: 76977, 77078, 77080, 77081, 77085, G0130
- ICD-10 Pairing: No Requirement
- Frequency: 1x/2 years, Age Band: All, Gender: M/F
## Preventive Services and Guidelines

### Cardiovascular Disease Screening Tests

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code(s)</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8006i, 82465, 83718, 8447b</td>
<td>Z13.220, Z13.6</td>
<td>Frequency: 1x/5 years&lt;br&gt;Age Band: All&lt;br&gt;Gender: M/F</td>
</tr>
</tbody>
</table>

### Colorectal Cancer Screening

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Colorectal cancer screening</td>
<td>00810, 81528, 82270, G0104, G0105, G0106, G0120, G0121, G0328</td>
<td>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, K51.80, 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, , Z13.9, Z80.0, Z83.71, Z83.79, Z85.038, Z85.048, Z86.010, Z87.19, Z85.048, Z86.010, Z87.19,</td>
<td>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12&lt;br&gt;Frequency: Normal Risk:&lt;br&gt;• Cologuard Multitarget Stool DNA (sDNA) Test: once every 3 years;&lt;br&gt;• Screening FOBT: every year;&lt;br&gt;• Screening flexible sigmoidoscopy: once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months);&lt;br&gt;• Screening colonoscopy: every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after 47 months); and&lt;br&gt;• Screening barium enema (as an alternative to covered screening flexible sigmoidoscopy)&lt;br&gt;High Risk:&lt;br&gt;• Screening FOBT: every year;&lt;br&gt;• Screening flexible sigmoidoscopy: every 4 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months); and&lt;br&gt;• Screening barium enema (as an alternative to covered screening flexible sigmoidoscopy or colonoscopy)&lt;br&gt;Age Band: 50 and older&lt;br&gt;Gender: MF</td>
</tr>
</tbody>
</table>
### Counseling to prevent tobacco use

- **Procedure Code:** 99406, 99407
- **Guidelines:**
  - **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
  - **Gender:** M/F

### Depression screening

- **Procedure Code:** G0444
- **ICD-10 Pairing:** No Requirement
- **Guidelines:**
  - **Frequency:** 1x/year
  - **Age Band:** All
  - **Gender:** M/F

### Diabetes screening

- **Procedure Code:** 82947, 82950, 82951
- **ICD-10 Pairing:** Z13.1
- **Guidelines:**
  - **Frequency:**
    - Two screening tests per year for beneficiaries diagnosed with pre-diabetes; or
    - One screening per year if previously tested but not diagnosed with pre-diabetes or if never tested
  - **Age Band:** All
  - **Gender:** M/F

### Diabetes Self-Management Training (DSMT)

- **Procedure Code:** G0108, G0109
- **ICD-10 Pairing:** E08-E13.9
- **Guidelines:**
  - **Frequency:**
    - Initial year: Up to 10 hours of initial training within a continuous 12-month period; or
    - Subsequent years: Up to 2 hours of follow-up training each year after the initial year
  - **Age Band:** All diagnosed with diabetes
  - **Gender:** M/F
<table>
<thead>
<tr>
<th>Preventive Service</th>
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</tr>
</thead>
</table>
| Glaucoma screening                                    | G0117, G0118            | Z13.5          | Frequency: 1x/year  
Age Band: All  
Gender: M/F |
| 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  
Age Band: All  
Gender: M/F |
| Human Immunodeficiency (HIV) screening                 | 80081, G0432, G0433, G0435, G0475 | Increased risk factors not reported – Z11.4  
Increased risk factors reported – Z11.4 and Z72.89, Z72.51, Z72.52, or Z72.53  
Pregnant Medicare beneficiaries – Z11.4 and Z34.00, Z34.01, Z34.02, Z34.03, Z34.06, 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 a woman is diagnosed with pregnancy;  
• Second, during the third trimester; and  
• Third, at labor, if ordered by the woman’s clinician  
Age Band: All  
Gender: M/F |
| Initial Preventive Physical Exam (IPPE)                | G0402, G0403, G0404, G0405 | 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  
Gender: M/F |
### A Provider’s Guide to Preventive Health Services for Your Patients

(Medicare Plans Only)

<table>
<thead>
<tr>
<th>Preventive Service</th>
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</tr>
</thead>
</table>
| **Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)** | G0446 | No Requirement | Frequency: 1x/year  
Age Band: All  
Gender: M/F |

| **Intensive Behavioral Therapy (IBT) for Obesity** | G0447, G0473 | E66.01, E66.09, E66.1, E66.8, E66.9, 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 |  
**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  
Gender: M/F |

| **Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography** | G0296, G0297 | 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: 55 to 77  
Gender: M/F |
### Preventive Service
Medical Nutrition Therapy (MNT)

<table>
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<tr>
<th>Procedure Code</th>
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</table>

**Frequency:**
- First year: 3 hours of one-on-one counseling; or
- Subsequent years: 2 hours

**Age Band:** All

**Gender:** M/F
### A Provider’s Guide to Preventive Health Services for Your Patients
(Medicare Plans Only)

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</table>
| **Prostate cancer screening**               | G0102, G0103   | Z00.00, Z00.01, Z00.5, Z00.70, Z00.71, Z00.8, Z12.5 | Frequency: 1x/year  
  Age Band: 50 and older  
  Gender: M |
| **Screening for Cervical Cancer with Human Papillomavirus (HPV Tests)** | G0476          | Z11.51, Z01.411, Z01.419 | Frequency: 1x/5 years  
  Age Band: 30-65  
  Gender: F |
| **Screening for Sexually Transmitted Infections (STIs) – High Intensity Behavioral Counseling (HIBC)** | G0445          | 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 | Frequency: 2x/year  
  - Up to two 20–30 minute, face-to-face HIBC counseling sessions annually  
  Age Band: All  
  Gender: MF |
| **Screening for STIs – Chlamydia screening** | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87800, 87810 | 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 | Frequency:  
  - One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant  
  - Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening  
  Age Band: All  
  Gender: F |
### Preventive Service: Screening for STIs – Gonorrhea screening

<table>
<thead>
<tr>
<th>Procedure Code</th>
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<th>Guidelines</th>
</tr>
</thead>
</table>
| 87590, 87591, 87800, 87850 | 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 | **Frequency:**  
- Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening  
- One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in men and women at increased risk  
**Age Band:** All  
**Gender:** MF |

### Preventive Service: Screening for STIs – Hepatitis B screening

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
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</thead>
</table>
| 87340, 87341, 87800 | 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 | **Frequency:**  
- One occurrence per pregnancy of screening for hepatitis B in pregnant women; one additional occurrence at delivery if at continued increased risk for STIs  
**Age Band:** All  
**Gender:** F |

### Preventive Service: Screening for STIs – Syphilis screening

<table>
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<tr>
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</thead>
</table>
| 86592, 86593, 86780, 87800 | Same as above | **Frequency:**  
- One annual occurrence of screening for syphilis in men at increased risk  
- One occurrence per pregnancy of screening for syphilis in pregnant women; up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs  
- One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women who are not pregnant  
**Age Band:** All  
**Gender:** MF |

### Preventive Service: Screening mammography

<table>
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<tr>
<th>Procedure Code</th>
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<th>Guidelines</th>
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</thead>
</table>
| G0202, G0204, G0206 | Z12.31 | **Frequency:**  
- Aged 35 through 39: One baseline; or  
- Aged 40 and older: Annually  
**Age Band:** 35 and older  
**Gender:** F |
### Preventive Service Guidelines

<table>
<thead>
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</tr>
</thead>
</table>
| Screening mammography (Tomosynthesis)                   | 77063 only when billed with G0202 | Z12.31 | Frequency:  
- Aged 35 through 39: One baseline; or  
- Aged 40 and older: Annually  
  Age Band: 35 and older  
  Gender: F |
| Screening pap tests                                      | G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 | High risk – Z77.21, Z77.22, 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, and 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 women at normal risk  
  Age Band: All  
  Gender: F |
| Screening pelvic exam (includes a clinical breast examination) | G0101 | High risk – Z77.22, Z77.9, Z91.89, Z72.51, Z72.52, and Z72.53  
  Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and 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 women at normal risk  
  Age Band: All  
  Gender: F |
| Ultrasound screening for Abdominal Aortic Aneurysm (AAA) | 76706 | No Requirement | Frequency:  
1x/ lifetime  
Age Band: All  
Gender: M/F |

**Back to Top**
^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](https://免疫izationschedule.cdc.gov/) and CDC’s [Adult Immunization Schedule](https://免疫izationschedule.cdc.gov/).

### Immunization^a

<table>
<thead>
<tr>
<th>Immunization</th>
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</thead>
</table>
| Hepatitis B vaccine (HBV) and administration | 90740, 90743, 90744, 90746, 90747, G0010 (Admin code) | Z23 | Frequency: Scheduled dosages as required  
Age Band: All  
Gender: M/F |
| Influenza virus vaccine and administration *MR LOB exempts cost sharing for out-of-network services* | 90630, 90653, 90654, 90655, 90656, 90657, 90661, 90662, 90673, 90674, 90685, 90686, 90687, 90688, Q2035, Q2036, Q2037, Q2038, G0008 (Admin code) | Z23 | Frequency:  
- Once per influenza season Medicare covers additional flu shots if medically necessary  
Age Band: All  
Gender: M/F |
| Pneumococcal vaccine and administration | 90670, 90732, G0009 (Admin code) | 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  
Gender: M/F |