

PREVENTIVE SERVICES COVERED BY MEDICARE IN 2018

This table lists the coverage rules for various Medicare preventive services commonly provided by family physicians. It also indicates which services may be separately reported (SR) on the same date as an initial preventive physical exam (IPPE, G0402) or annual wellness visit (AWV, G0438 - G0439) and which services may not be separately reported (NSR). For the most up-to-date list of Medicare preventive services, visit the Medicare website: <http://go.cms.gov/1sKQgwh>.

CPT code and description	Price*	Coverage indications	ICD-10 code**	IPPE	AWV
Abdominal aortic aneurysm (AAA): • 76706 AAA ultrasound screening	\$96.84	One-time screening for patient with family Hx of AAA, man age 65 to 75 years who has smoked at least 100 cigarettes in his lifetime, or patient with other risk factors recommended for AAA screening by the USPSTF	<ul style="list-style-type: none"> • Z13.6 Screening for CV disorders • Z82.49 Family Hx of other diseases of the circulatory system • Z72.0 Tobacco use • F17.2- Tobacco dependence • Z87.891 Personal Hx of nicotine dependence 	SR	SR
Advance care planning: • 99497 First 30 minutes • 99498 Each additional 30 minutes	\$86.04 \$75.96	Covered as a preventive service only in conjunction with an AWV; included in IPPE	• Not specified; code chronic or episodic conditions that affect care planning	NSR	SR; add modifier 33
Alcohol misuse:† • G0442 Annual screening, 15 minutes • G0443 Counseling, 15 minutes	\$18.72 \$26.28	For G0443: Positive screening, not alcohol dependent, first service must follow G0442 on same or later date, limit four services in 12 months following screening	For screening: <ul style="list-style-type: none"> • Z13.89 Screening for other disorder For counseling: <ul style="list-style-type: none"> • Not specified by CMS; see category F10 (e.g., F10.10 Alcohol abuse, uncomplicated) 	NSR	SR
Bone mass measurement: • 76977 Ultrasound • 77078 CT, axial • 77080 DXA, axial • 77081 DXA, peripheral • 77085 DXA, axial, incl. vertebral fracture assessment • G0130 SEXA, peripheral	\$7.56 \$117.36 \$42.84 \$28.80 \$57.96 \$35.64	Biennial screening if covered diagnosis; 77080 and 77085 are covered more frequently for patients with Cushing Syndrome or osteoporosis without current fracture If reporting 77085 and 77081, append modifier XU to 77081 If reporting 77080 and 77081, append XU to 77080	<ul style="list-style-type: none"> • Z78.0 Asymptomatic menopausal state • Z79.83 Long-term (current) use of bisphosphonates • E21.0 Primary hyperparathyroidism • E21.3 Hyperparathyroidism, unspec. • Also covered for vertebral fracture 	SR; add modifier 33 for 77080	SR; add modifier 33 for 77080
Breast cancer screening mammography: • 77063 Screening digital breast tomosynthesis, bilateral • 77067 Screening mammography, bilateral (two-view study of each breast), including computer aided detection when performed	\$56.16 \$140.40	Women aged 35-39, baseline; over age 39, annual (11 months since last screening) If screening results in diagnostic mammography on the same date, append modifier GG to the code for diagnostic mammography	• Z12.31 Screening mammogram for malignant neoplasm of breast	SR	SR
Cardiovascular intensive behavioral therapy:† • G0446 Intensive behavioral therapy, annual face-to-face for cardiovascular disease, individual, 15 minutes	\$26.28	Annually; patient must be competent and alert at time of service	• Not specified; code routine health exam, risk factors (e.g., elevated blood pressure), or related conditions such as hyperlipidemia	SR‡	SR‡
Cardiovascular screening: • 80061 Lipid panel (include 82465 Cholesterol, serum, total; 83718 HDL cholesterol; and 84478 Triglycerides)		Every five years for beneficiaries without signs or symptoms of cardiovascular disease (e.g., no known hyperlipidemia)	• Z13.6 Screening for cardiovascular disorders	SR; add modifier 33	SR; add modifier 33

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Cervical/vaginal cancer screening/HPV screening: <ul style="list-style-type: none"> G0101 Pelvic and clinical breast examination Q0091 Screening Papanicolaou (Pap) smear; obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory G0476 Cervical cancer screening, all-inclusive HPV co-test with cytology (Pap smear) to detect HPV DNA or RNA sequence 	\$38.88 \$45.36	Covered every 24 months; every 12 months for patients with high risk For G0476: Once every five years for asymptomatic women aged 30-65	<ul style="list-style-type: none"> Z01.411 Gynecological exam with abnormal findings; also code abnormal findings Z01.419 without abnormal findings For acquired absence of cervix or uterus: <ul style="list-style-type: none"> Z12.72 Screening malignant neoplasm vagina and Z90.710 Acquired absence of cervix and uterus, Z90.711 Acquired absence of uterus with remaining cervical stump, or Z90.712 acquired absence of cervix w/ remaining uterus For high risk: <ul style="list-style-type: none"> Z72.51-Z72.53 High-risk heterosexual, homosexual, or bisexual behavior Z72.89 Other problems related to lifestyle Z77.9 Other contact w/ and (suspected) exposures hazardous to health Z91.89 Other personal risk factors, NEC Z92.89 Personal Hx of other medical treatment For combined Pap smear/HPV screening: <ul style="list-style-type: none"> Z11.51 Screening for HPV and Z01.411 or Z01.419 (noted above) 	SR	SR
Colorectal cancer screening: <ul style="list-style-type: none"> G0328 Fecal occult blood test, annually, immunoassay or 82270 Guaiac-based test for peroxidase activity G0104 Flexible sigmoidoscopy, every four years or 119 months after screening colonoscopy G0105 Colonoscopy (high risk), every two years or 47 months after screening flexible sigmoidoscopy G0121 Colonoscopy (not high risk), every 10 years or 47 months after screening flexible sigmoidoscopy 81528 Stool-based DNA and fecal occult hemoglobin, every three years G0106 Barium enema, same frequency as alternative procedure (G0104) G0120 Barium enema (alternative to G0105), coinsurance applies 	\$173.16 \$324.36 \$324.72 \$216.36 \$218.88	Age ≥ 50 at normal risk for colonoscopy, FOBTs, flex sigmoidoscopy, and barium enema Or age 50 to 85, asymptomatic, average risk of colon cancer for stool-based DNA	<ul style="list-style-type: none"> Z12.11 Screening, malignant neoplasm colon Z12.12 Screening, malignant neoplasm rectum When applicable (high risk): <ul style="list-style-type: none"> D12.6 Benign neoplasm of colon, unspec. Z86.010 Personal Hx of colonic polyps Z83.71 Family Hx of colonic polyps Z80.0 Family Hx of malignancy digestive organs Z85.038 Personal Hx of other malignancy large intestine Z85.048 Personal Hx of other malignancy of rectum, rectosigmoid junction, and anus K50.- Crohn's disease K51.- Ulcerative colitis (See Chapter 18 of Medicare Claims Processing manual for more high-risk codes.)	SR	SR
Depression screening:† <ul style="list-style-type: none"> G0444 Up to 15 minutes 	\$18.36	Annual service; staff must be able to facilitate and coordinate referrals to mental health treatment for positive screens	<ul style="list-style-type: none"> Z13.89 Screening for other disorder 	NSR	Initial: NSR Subs: SR‡

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Diabetes screening: <ul style="list-style-type: none"> 82947 Glucose, quantitative, blood (except reagent strip) 82950 Glucose, post glucose dose (includes glucose) 82951 Glucose tolerance test (GTT), three specimens (includes glucose) Append modifier QW for CLIA-waived test		Annually for patients with risk factors for diabetes; biannually for patients w/ prediabetes (append modifier TS when reporting second screening within a year)	<ul style="list-style-type: none"> Z13.1 Screening for diabetes mellitus R73.09 may be reported as a secondary code to indicate prediabetes 	SR	SR
Diabetes self-management training (DSMT): <ul style="list-style-type: none"> G0108 DSMT, individual, per 30 minutes (coinsurance applies) G0109 DSMT, group, per 30 min. (coinsurance applies) Physician managing diabetes must order DSMT; order should specify initial or follow-up hours, topics to cover, and individual or group training	\$54.36 \$14.76	Ten hours of initial training (up to 1 hour individual, 9 hours group) within 12 months for patient with diabetes; training must be provided by certified provider (has accreditation certificate) Up to 2 hours of follow-up training (individual or group) per year after completion of initial training	<ul style="list-style-type: none"> E08.- Diabetes due to underlying condition E09.- Diabetes due to drug or chemical E10.- Type 1 E11.- Type 2 E13.- Other specified 	SR	SR
Electrocardiogram (ECG) for IPPE: <ul style="list-style-type: none"> G0403 12 lead, tracing, interpretation, and report G0404 Tracing only G0405 Interpretation and report only 	\$17.28 \$8.64 \$8.64	Optional preventive benefit covered only when provided in conjunction with IPPE	<ul style="list-style-type: none"> Z13.6 Encounter for screening for cardiovascular disorders 	SR	Not covered as preventive service
Glaucoma screening: <ul style="list-style-type: none"> G0117 Screening by optometrist/ophthalmologist G0118 Under direct supervision of optometrist/ophthalmologist 	\$55.08 \$43.92	Annually, deductible and coinsurance apply, for patients with diabetes mellitus, family Hx of glaucoma, African-American age 50 and older, or Hispanic-American age 65 and older	<ul style="list-style-type: none"> Z13.5 Encounter for screening for eye and ear disorders 	SR	SR
Hepatitis B immunization: <ul style="list-style-type: none"> G0010 Administration 90739 Vaccine, adult dosage (2 dose schedule), intramuscular use 90740 Vaccine, dialysis or immuno-suppressed patient dosage (3 dose schedule), intramuscular use 90746 Vaccine, adult dosage (3 dose schedule), intramuscular use 90747 Vaccine, dialysis or immuno-suppressed patient dosage (4 dose schedule), intramuscular use 		Patients with end-stage renal disease; patients with hemophilia who receive Factor VIII or IX concentrates; clients and staff at institutions for the developmentally disabled; persons in the same household as a hepatitis B virus carrier; homosexual men; those who abuse illicit injectable drugs; persons diagnosed with diabetes mellitus; and health care professionals who have frequent contact with blood or blood-derived body fluid. Exception: Patients with laboratory evidence positive for antibodies to hepatitis B	<ul style="list-style-type: none"> Z23 Encounter for immunization 	SR	SR

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Hepatitis B screening:					
<ul style="list-style-type: none"> G0499 Surface antigen (HBsAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-HBs) and hepatitis b core antigen (anti-HBc) 		<p>Single screening for high-risk (non-pregnant and unvaccinated) persons (persons born in countries or regions with ≥ 2 percent prevalence of HBV infection, US-born patients whose parents were born in regions with $\geq 8\%$ percent HBV prevalence, HIV-positive persons, men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection)</p> <p>Repeat screening annually only for men who have sex with men, injection drug users, or household contacts or sexual partners of persons with HBV infection who do not receive hepatitis B vaccination</p> <p>(See CMS guidance for screening in pregnant women)</p>	<ul style="list-style-type: none"> Z11.59 Encounter for screening for other viral diseases Z72.89 Other problems related to lifestyle or for repeat screening Z11.59 Drug abuse/addiction codes in categories F11-F15 Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission Z20.5 Contact with and (suspected) exposure to viral hepatitis Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior 	SR	SR
Hepatitis C antibody screening:					
<ul style="list-style-type: none"> G0472 For individual at high risk and other covered indication(s) 		<p>One-time screening for adults born 1945-1965 if not high risk; initial screening with repeat testing annually for adults with continued illicit injection drug use at high risk for HCV infection due to current or past illicit injection drug use or Hx of blood transfusion prior to 1992</p>	<ul style="list-style-type: none"> Z72.89 Other problems related to lifestyle <p>And if applicable:</p> <ul style="list-style-type: none"> F19.20 Other psychoactive substance dependence, uncomplicated 	SR	SR
Human immunodeficiency virus (HIV) screening:					
<ul style="list-style-type: none"> G0432 Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2 (append QW for CLIA-waived test) G0433 Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2 G0435 Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2 G0475 Antigen/antibody, combination assay 		<p>Annual screening if age 15-65 or if high risk and age < 15 or > 65</p> <p>(See CMS guidance for screening in pregnant women)</p>	<ul style="list-style-type: none"> Z11.4 Screening for HIV <p>And if high risk:</p> <ul style="list-style-type: none"> Z72.51-Z72.53 High-risk heterosexual, homosexual, or bisexual behavior Z72.89 Other problems related to lifestyle 	SR	SR
Influenza virus immunization:					
<ul style="list-style-type: none"> G0008 Influenza virus immunization administration <p>(See current vaccine codes and pricing at http://go.cms.gov/1QdU2ZC.)</p>		Once per influenza season for all beneficiaries	<ul style="list-style-type: none"> Z23 Encounter for immunization 	SR	SR

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Lung cancer screening:		Annually for patient age 55-77 years, asymptomatic, with tobacco smoking Hx of at least 30 pack-years, current smoker or has quit smoking within the last 15 years, and received a written order for lung cancer screening with low-dose CT	<ul style="list-style-type: none"> • Z87.891 Personal Hx of nicotine dependence • F17.21 Current cigarette smoker 	SR†	SR†
• G0296 Counseling visit to discuss need for lung cancer screening using low dose CT scan	\$29.16				
• G0297 Low-dose CT scan for lung cancer screening	\$242.28				
Medical nutrition therapy:		Patients with diabetes or renal disease Three hours of one-on-one counseling in first calendar year, then two hours each calendar year for patients with diabetes, kidney disease, or kidney transplant in last three years; additional hours if physician orders due to change in diagnosis or medical condition that makes a change in diet necessary Only a registered dietitian or nutrition professional may provide the services	<ul style="list-style-type: none"> • E08.- Diabetes due to underlying condition • E09.- Diabetes due to drug or chemical • E10.- Type 1 • E11.- Type 2 • E13.- Other specified • N18.1-N18.5 Chronic kidney disease, stage 1 to stage 5 (severe) • Z48.22 Encounter for after-care following kidney transplant 	SR; add modifier 33 with 97802	SR; add modifier 33 with 97802
• 97802 Initial assessment and intervention, individual, face-to-face, each 15 minutes	\$35.28				
• 97803 Reassessment and intervention, individual, face-to-face, each 15 minutes	\$30.60				
• 97804 Group (2 or more), each 30 minutes	\$16.20				
• G0270 Reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face, each 15 minutes,	\$30.60				
• G0271 Group (2 or more), each 30 minutes	\$16.20				
Obesity counseling:†		For Medicare patient with BMI ≥ 30 who is competent and alert: one face-to-face visit every week for the first month, every other week for months 2-6, and every month for months 7-12 if the beneficiary has a 3 kg weight loss during the first six months (if required weight loss not achieved at 6 months, reassess in six months); limit 22 sessions in a 12-month period	<ul style="list-style-type: none"> • E66.- Appropriate code for obesity or morbid obesity • Z68.30-Z68.45 BMI 30.0-30.9 to BMI 70 or greater, adult 	SR†	SR†
• G0447 Intensive behavioral therapy, face-to-face for obesity, 15 minutes	\$26.28				
• G0473 Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	\$12.96				
Pneumococcal immunization:		Initial immunization since Part-B eligibility and second immunization with a different vaccine one year after the first immunization	• Z23 Encounter for immunization	SR	SR
• G0009 Administration					
• 90670 Pneumococcal conjugate vaccine					
• 90732 Pneumococcal polysaccharide vaccine					
Prostate cancer screening:		Males ≥ 50 (beginning the day after a patient's 50th birthday); DRE paid only in the absence of any E/M service	• Z12.5 Screening for malignant neoplasm of prostate	SR	SR
• G0103 Prostate specific antigen (PSA) test					
• G0102 Digital rectal exam (DRE)	\$21.60				
Sexually transmitted infection (STI) screening:		Women at increased risk who are not pregnant: one annual screening for chlamydia, gonorrhea, and syphilis Men at increased risk: one annual screening for syphilis	<ul style="list-style-type: none"> • Z11.3 Screening for infections with a predominantly sexual mode of transmission And any of: • Z72.51-Z72.53 High-risk heterosexual, homosexual, or bisexual behavior • Z72.89 Other problems related to lifestyle 	SR	SR
• 86631, 86632, 87110, 87270, 87320, 87490, 87491, or 87810 Chlamydia					
• 87800 Combined chlamydia and gonorrhea testing					
• 87590, 87591, or 87850 Gonorrhea					
• 86592, 86593, or 86780 Syphilis					

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STI counseling: • G0445 High-intensity behavioral counseling to prevent STI, face-to-face, individual, performed semi-annually	\$27.72	Up to two individual 20- to 30-minute, face-to-face counseling sessions within a 12-month period for adolescents and adults at high/ increased risk	• Z72.89 Other problems related to lifestyle	SR‡	SR
Tobacco-use prevention counseling:† • 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes • 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$14.76 \$28.44	Annually for patients without signs or symptoms of tobacco-related disease who are competent and alert at the time of service	• F17.2- Nicotine dependence • Z87.891 Personal Hx of nicotine dependence, unspec., uncomplicated	SR‡	SR‡

Last updated: June 2018.

*Medicare national payment amount, non-facility price, where provided.

**A dash (-) following an ICD-10 code indicates additional digits are required. See ICD-10-CM reference for full code.

†According to National Correct Coding Initiative edits, codes G0436-G0437, G0442-G0447, and G0473 are bundled with codes for problem-oriented E/M services (e.g., 99201-99215) reported on the same date. Append modifier 25 to the E/M service to indicate it is a significant, separately identifiable service. However, do not report screening services (such as depression screening, G0444) in addition to an E/M service provided to address signs and symptoms related to the same condition. Additionally, codes G0442-G0447 and G0473 are not payable with advance care planning (99497), but a modifier (e.g., 25) may be appended to codes G0442-G0447 and G0473 to differentiate the services provided.

‡No guidance; verify local Medicare administrative contractor policy.