



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](#)

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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 Gender: M/F
	G0443 (counseling)	Positive Screening	Frequency: 4x/ year Age Band: All Gender: M/F
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 Gender: M/F
	Established patient: 99391, 99392, 99393, 99394, 99395, 99396, 99397		Frequency: 1x/ year Age Band: All Gender: M/F
Annual wellness exam (AWE)	G0438	No Requirement	Frequency: 1x/per lifetime (first AWE) Age Band: All Gender: M/F
	G0439	No Requirement	Frequency: 1x/year (subsequent AWE) Age Band: All Gender: M/F
	G0468 – Federally Qualified Health Center (FQHC) Visit	No Requirement	Frequency: 1x/ year Age Band: All Gender: M/F

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Bone mass measurement	0554T, 0555T, 0556T, 0557T, 0558T, 76977, 77078, 77080, 77081, 77085, G0130	E21.0, E21.3, E23.0, E24.0, E24.2, E24.3, E24.4, E24.8, E24.9, E28.310, E28.319, E28.39, E34.2, E89.40, E89.41, M48.40xA, M48.41xA, M48.42xA, M48.43xA, M48.44xA, M48.45xA, M48.46xA, M48.47xA, M48.48xA, M48.50xA, M48.51xA, M48.52xA, M48.53xA, M48.54xA, M48.55xA, M48.56xA, M48.57xA, M48.58xA, M80.08XA, M80.88XA, M84.58XA, M84.68XA, M81.0, M81.6, M81.8, M85.811, M85.812, M85.821, M85.822, M85.831, M85.832, M85.841, M85.842, M85.851, M85.852, M85.861, M85.862, M85.871, M85.872, M85.88, M85.89, N95.8, N95.9, Q78.0, Q96.0, Q96.1, Q96.2, Q96.3, Q96.4, Q96.8, Q96.9, S12.000A, S12.000B, S12.001A, S12.001B, S12.01xA, S12.01xB, S12.02xA, S12.02xB, S12.030A, S12.030B, S12.031A, S12.031B, S12.040A, S12.040B, S12.041A, S12.041B, S12.090A, S12.090B, S12.091A, S12.091B, S12.100A, S12.100B, S12.101A, S12.101B, S12.110A, S12.110B, S12.111A, S12.111B, S12.112A, S12.112B, S12.120A, S12.120B, S12.121A, S12.121B, S12.130A, S12.130B, S12.131A, S12.131B, S12.14xA, S12.14xB, S12.150A, S12.150B, S12.151A, S12.151B, S12.190A, S12.190B, S12.191A, S12.191B, S12.200A, S12.200B, S12.201A, S12.201B, S12.230A, S12.230B, S12.231A, S12.231B, S12.24xA, S12.24xB, S12.250A, S12.250B, S12.251A, S12.251B, S12.290A, S12.290B, S12.291A, S12.291B, S12.300A, S12.300B, S12.301A, S12.301B, S12.330A, S12.330B, S12.331A, S12.331B, S12.34xA, S12.34xB, S12.350A, S12.350B, S12.351A, S12.351B, S12.390A, S12.390B, S12.391A, S12.391B, S12.400A, S12.400B, S12.401A, S12.401B, S12.430A, S12.430B, S12.431A, S12.431B, S12.44xA, S12.44xB, S12.450A, S12.450B, S12.451A, S12.451B, S12.490A, S12.490B, S12.491A, S12.491B, S12.500A, S12.500B, S12.501A, S12.501B, S12.530A, S12.530B, S12.531A, S12.531B, S12.54xA, S12.54xB, S12.550A, S12.550B, S12.551A, S12.551B, S12.590A, S12.590B, S12.591A, S12.591B, S12.600A, S12.600B, S12.601A, S12.601B, 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,	Frequency: 1x/2 years Age Band: All Gender: M/F

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

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		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 Gender: M/F

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<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> • Append modifier –33 (Preventive Service) to the anesthesia CPT code 00812 when you supply a separately payable anesthesia service with a screening colonoscopy (G0105 and G0121) to waive patient copayment/coinsurance and deductible. • When a screening colonoscopy becomes a diagnostic colonoscopy, report anesthesia services with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with only the –PT modifier, and this only waives the deductible. Report this with 00812. • Medicare waives coinsurance and deductible for moderate sedation services (reported with G0500 or 99153) when given with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate 	<p>00812, 81528, 82270, G0104, G0106, G0328</p>	<p>D12.0-D12.9, D13.91, D13.99, 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, Z12.11, Z12.12, Z13.9, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.038, Z85.048, Z86.004, Z86.010, Z87.19</p> <p>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12</p> <p><i>ICD-10 Codes deleted effective 10/1/2023: D13.9 & Z83.71</i></p> <p><i>ICD-10 Codes added effective 10/1/2023: D13.91, D13.99, Z83.710, Z83.711, Z83.718 & Z83.719</i></p>	<p>Frequency:</p> <p>Normal Risk:</p> <ul style="list-style-type: none"> • Cologuard Multitarget Stool DNA (sDNA) Test: once every 3 years; • Screening FOBT: once every year • 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); • Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy • Screening barium enema: (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months <p>High Risk:</p> <ul style="list-style-type: none"> • Screening FOBT: once every 12 months • Screening flexible sigmoidoscopy: once every 48 months

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<p>sedation services (G0500 or 99153) with only the –PT modifier; Medicare only waives the deductible.</p> <ul style="list-style-type: none"> G0106 and G0120 Medicare only waives deductible 			<ul style="list-style-type: none"> 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) Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months. <p>Age Band: 50 and older Gender: M/F</p>
<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> Append modifier –33 (Preventive Service) to the anesthesia CPT code 00812 when you supply a separately payable anesthesia service with a screening colonoscopy (G0105 and G0121) to waive patient copayment/coinsurance and deductible. When a screening colonoscopy becomes a diagnostic colonoscopy, report anesthesia services with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with only the –PT modifier, and this only waives the deductible. Report this with 00812. Medicare waives coinsurance and deductible for moderate sedation services (reported with G0500 or 99153) when given with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate 	<p>G0105, G0120, G0121</p>	<p>D12.0-D12.9, D13.91, D13.99, 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, Z12.11, Z12.12, Z13.9, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.038, Z85.048, Z86.004, Z86.010, Z87.19</p> <p>For Cologuard Multi-target Stool DNA (sDNA) Test, use Z12.11, Z12.12</p> <p><i>ICD-10 Codes deleted effective 10/1/2023: D13.9 & Z83.71</i></p> <p><i>ICD-10 Codes added effective 10/1/2023: D13.91, D13.99, Z83.710, Z83.711, Z83.718 & Z83.719</i></p>	<p>Frequency: Normal Risk:</p> <ul style="list-style-type: none"> Cologuard Multitarget Stool DNA (sDNA) Test: once every 3 years; Screening FOBT: once every year 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); Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy Screening barium enema: (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months <p>High Risk:</p> <ul style="list-style-type: none"> Screening FOBT: once every 12 months

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sedation services (G0500 or 99153) with only the –PT modifier; Medicare only waives the deductible. <ul style="list-style-type: none"> G0106 and G0120 Medicare only waives deductible 			Screening flexible sigmoidoscopy: once every 48 months <ul style="list-style-type: none"> 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) Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months. Age Band: All Gender: M/F
Colorectal cancer screening; blood-based biomarker	G0327 (effective 7/01/2021)	Z12.11, Z12.12	Frequency: 1x/3 years Age Band: 50 and older
Counseling to prevent tobacco use	99406, 99407	F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z87.891 <i>NOTE: Additional ICD-10 codes may apply</i>	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 <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 Gender: M/F

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Diabetes Prevention Program (MDPP)	G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891* <i>*reporting purposes only</i> Click here for complete code descriptions	No Requirement	Frequency: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 Gender: M/F

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Diabetes screening <i>Append modifier –TS when submitting claims for members with pre-diabetes</i>	82947, 82950, 82951	Z13.1	Frequency: <ul style="list-style-type: none"> 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 Gender: M/F
Glaucoma Screening	G0117 and G0118	Z13.5	Frequency: <ul style="list-style-type: none"> 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 Gender: M/F

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Hepatitis B Virus (HBV) screening	<p>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk G0499</p> <p>For pregnant women: 86704, 86706, 87340, 87341</p>	<p>For persons with End Stage Renal Disease (ESRD): Z11.59 and N18.6</p> <p>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk: Z11.59 and Z72.89</p> <p>For Asymptomatic, Nonpregnant Adolescents and Adults, Subsequent Visits: Z11.59 and one of the following: 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</p> <p>For Pregnant Women: Z11.59 and one of the following: Z34.00, Z34.80, Z34.90, O09.90</p> <p>For Pregnant Women at High Risk: Z11.59 and Z72.89 and 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, O09.93</p>	<p>Frequency:</p> <ul style="list-style-type: none"> 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 women at the first prenatal visit for each pregnancy and rescreening at the time of delivery for those with new or continued risk factors. <p><i>Note: This includes</i></p> <ul style="list-style-type: none"> 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.

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Hepatitis C Virus (HCV) screening	G0472	Z72.89 and F19.20	<p>Frequency:</p> <ul style="list-style-type: none"> 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. <p>Age Band: All Gender: M/F</p>
Human Immunodeficiency (HIV) screening	80081, G0432, G0433, G0435, G0475	<p>Increased risk factors not reported – Z11.4</p> <p>Increased risk factors reported – Z11.4 and at least one of the following: Z72.51, Z72.52, Z72.53, or Z72.89</p> <p>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</p>	<p>Frequency:</p> <ul style="list-style-type: none"> 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 <p>For beneficiaries who are pregnant, 3 times per pregnancy:</p> <ul style="list-style-type: none"> First, when a woman is diagnosed with pregnancy; Second, during the third trimester; and Third, at labor, if ordered by the woman’s clinician <p>Age Band: All Gender: M/F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Initial Preventive Physical Exam (IPPE)	G0402	No Requirement	<p>Frequency: 1x/ lifetime</p> <ul style="list-style-type: none"> Must furnish no later than 12 months after the effective date of the first Medicare Part B coverage period <p>Age Band: All Gender: M/F</p>
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) <i>*Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0446	No Requirement	<p>Frequency: 1x/ year Age Band: All Gender: M/F</p>
Intensive Behavioral Therapy (IBT) for Obesity <i>BMI must be equal to/over 30. Counseling must be delivered by a qualified primary care physician or other primary care practitioner in a primary care setting.</i> <i>*Mod 25 or 59 can be used to report a separately identifiable preventive service on HCPCS codes G0442-G0447 when reported with unrelated E/M services.</i>	G0447, G0473	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	<p>Frequency:</p> <ul style="list-style-type: none"> 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 <p>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.</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>Age Band: All Gender: M/F</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography	G0296, 71271	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	<p>Frequency:</p> <ul style="list-style-type: none"> • 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. <p>Age Band: 50 to 77 Gender: M/F</p>
Medical Nutrition Therapy (MNT)	97802, 97803, 97804, G0270, G0271	No Requirement	<p>Frequency:</p> <ul style="list-style-type: none"> • First year: 3 hours of one-on-one counseling; or • Subsequent years: 2 hours <p>Age Band: All Gender: M/F</p>
Prolonged Preventive Services	G0513, G0514	No Requirement	<p>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</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Prostate Cancer Screening	G0103	Z12.5	Frequency: 1x/ year Age Band: 50 and older Gender: M
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 Gender: F
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, and O09.93	Frequency: 2x/ year <ul style="list-style-type: none"> Up to two 20–30minute, face-to-face HIBC counseling sessions annually Age Band: All Gender: 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 <i>* Use 87800 when performing combined chlamydia and gonorrhea testing</i>	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	Frequency: <ul style="list-style-type: none"> One annual occurrence of screening for chlamydia in women at increased risk who are not pregnant 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 Age Band: All Gender: F
Screening for STIs – Gonorrhea screening	87590, 87591, 87800*, 87850 <i>* Use 87800 when performing combined chlamydia and gonorrhea testing</i>	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	Frequency: <ul style="list-style-type: none"> 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 One annual occurrence of screening for gonorrhea, in men and women at increased risk Age Band: All Gender: M/F
Screening for STIs – Hepatitis B (Hepatitis B Surface Antigen)	87340, 87341	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93	Frequency: <ul style="list-style-type: none"> 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

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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>Frequency:</p> <ul style="list-style-type: none"> One annual occurrence of screening for syphilis in men at increased risk One occurrence per pregnancy of screening for syphilis in pregnant women; <ul style="list-style-type: none"> 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 syphilis in women at increased risk who are not pregnant. <p>Age Band: All Gender: M/F</p>
Screening mammography	77067	C84.7A, N61.21, N61.22, N61.23, N63.15, N63.25, Z12.31	<p>Frequency:</p> <ul style="list-style-type: none"> Aged 35 through 39: One baseline; or Aged 40 and older: Annually <p>Age Band: 35 and older Gender: F</p>
Screening mammography (Tomosynthesis)	77063* <i>* add-on code used in conjunction with 77067.</i>		
Screening pap tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	<p>High risk –Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86 and Z92.89</p> <p>Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89</p>	<p>Frequency:</p> <ul style="list-style-type: none"> 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 <p>Age Band: All Gender: F</p>

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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, and Z12.89	Frequency: <ul style="list-style-type: none"> 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

IMMUNIZATIONS*:

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

IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Hepatitis B Virus (HBV) vaccine and administration	G0010 (Admin code)	N/A	Z23	Frequency: Scheduled dosages as required Age Band: All Gender: M/F
	90739 (2 doses)	HEPLISAV-B®		
	90740 (3 doses)	Recombivax HB®		
	90743 (2 doses)	Recombivax HB®		
	90744 (3 doses)	Recombivax HB®		
	90746 (3 doses)	Recombivax HB®, Engerix-B®		
	90747 (4 doses)	Engerix-B®		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
Influenza virus vaccine and administration	G0008 (<i>Admin code</i>)	N/A	Z23	<p>Frequency:</p> <ul style="list-style-type: none"> Once per influenza season Medicare covers additional flu shots if medically necessary (2 per calendar year) <p>Age Band: All Gender: M/F</p>
	Effective 08/01/2023 -07/31/2024			
	90662	Fluzone High-Dose Quadrivalent® (Pres Free)		
	90672	FluMist Quadrivalent®		
	90674	Flucelvax Quadrivalent® 0.5 mL SDS		
	90682	Flublok Quadrivalent®		
	90686	Fluzone Quadrivalent® 0.5mL SDS Fluzone Quadrivalent® 0.5 mL SDV Afluria Quadrivalent® 0.5 mL SDS Fluarix Quadrivalent® 0.5 mL SDS Flulaval Quadrivalent® 0.5 mL SDS		
	90687	Fluzone Quadrivalent 0.25ml® Afluria Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® 0.5 mL Afluria Quadrivalent® 0.5 mL		
	90694	Fluad Quadrivalent® 0.5 mL SDS		
90756	Flucelvax Quadrivalent® 0.5 mL			

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	Q2039	Influenza virus vaccine, not otherwise specified		
	Effective 08/01/2022 -07/31/2023			
	90662	Fluzone High-Dose Quadrivalent®		
	90672	FluMist Quadrivalent®		
	90674	Flucelvax Quadrivalent®		
	90682	Flublok Quadrivalent®		
	90686	Fluarix Quadrivalent® (Pres free) Flulaval Quadrivalent® (Pres Free) Fluzone Quadrivalent® (Pres Free) Afluria Quadrivalent® (Pres Free)		
	90687	Fluzone Quadrivalent 0.25ml® Afluria Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® Afluria Quadrivalent®		
	90694	Fluad Quadrivalent®		
	90756	Flucelvax Quadrivalent®		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	Q2039	Influenza virus vaccine, not otherwise specified		
	G0009 (<i>Admin code</i>)	N/A		
Pneumococcal vaccine and administration	90670	Prennar 13® (PCV13)	Z23	Frequency: <ul style="list-style-type: none"> 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
	90671	Vaxneuvance™ (PCV15)		
	90677	Prennar 20® (PCV20)		
	90732	Pneumovax®		
	90471 (<i>Admin Code</i>)	N/A		
Respiratory Syncytial Virus (RSV) Vaccine (<i>Part D Vaccine</i>)	<i>Administration codes:</i> 96380, 96381 <i>Effective 10/6/2023</i>		All	<i>Provider must adhere to CDC/ACIP guidelines</i>
	90678 <i>Effective 5/3/2023</i>	Abrysvo™		
	90679 <i>Effective 5/3/2023</i>	Arexvy™		
Shingles Vaccine	90750 (2 doses)	Shingrix®	Z23	Frequency: <ul style="list-style-type: none"> An initial vaccine to Medicare

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
<i>(Part D Vaccine)</i>				beneficiaries who never received the vaccine under Medicare Part B; and A different, second vaccine 1 year after the first vaccine was administered

Revision history

DATE	REVISION
3/2021	<ul style="list-style-type: none"> New Policy updated with CMS 2021 Preventive Services
7/2021	<ul style="list-style-type: none"> 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 Annual Well-Woman 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
9/2021	<ul style="list-style-type: none"> 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

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DATE	REVISION
2/2022	<ul style="list-style-type: none"> 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
6/2022	<ul style="list-style-type: none"> Updated Bone Mass Measurement with additional diagnosis codes
8/2022	<ul style="list-style-type: none"> Removed the age limitation on Screening Colonoscopy CPT codes: G0105, G0120, and G0121.
10/2022	<ul style="list-style-type: none"> Updated to include Glaucoma Screening
11/2022	<ul style="list-style-type: none"> Updated to include 2022-2023 Influenza Vaccines
4/25/2023	<ul style="list-style-type: none"> 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.
9/2023	<ul style="list-style-type: none"> Updated to include 2023-2024 Influenza Vaccines Updated to include Respiratory Syncytial Virus (RSV) vaccine codes effective 5/3/2023: 90678 & 90679
9/28/2023	<ul style="list-style-type: none"> 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
10/16/2023	<ul style="list-style-type: none"> Removed age requirement for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines
12/13/2023	<ul style="list-style-type: none"> Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 effective 10/6/2023