

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.

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

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](#)

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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
	G0443 (counseling)	Positive screening	Frequency: 4x/ year Age Band: All
Annual physical exam* *Performed by PCP only	New patient: 99381, 99382, 99383, 99384, 99385, 99386, 99387 Established patient: 99391, 99392, 99393, 99394, 99395, 99396, 99397	Performed by PCP only: No Requirement	Frequency: 1x/ year Age Band: All
			Frequency: 1x/ year Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
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
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,	Frequency: 1x/2 years Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
		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, 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,	

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
		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, 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

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
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
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

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>Colorectal Cancer Screening - Anesthesia Services:</p> <p>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)</p> <p>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.</p> <p>When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate sedation services (G0500 or 99153) with only the –PT modifier.</p>	<p>00811, 00812, G0500, 99153</p>	<p>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</p> <p>ICD-10 Codes added effective 10/1/2024: D13.91 and D13.99</p> <hr/> <p>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</p> <p>ICD-10 Codes added effective 10/1/2024: Z86.0100, Z86.0101, Z86.0102, Z86.0109</p> <p>ICD-10 Code deleted effective 10/1/2024: Z86.010</p>	<p>Frequency: Normal Risk: 1x 4 years Age Band: 45 years and older</p> <hr/> <p>Frequency: HIGH RISK: 1x 2 years Age Band: 45 years and older</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>Colorectal cancer screening; Computed tomographic (CT) colonography</p> <p>NORMAL RISK</p> <p>Effective 1/01/2025</p>	<p>74263</p>	<p>Normal Risk:</p> <p>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</p>	<p>Frequency:</p> <p>After at least 47 months since the month the patient got their last screening flexible sigmoidoscopy or screening colonoscopy</p> <p>Age Band: 45 and older</p>

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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	G0327	Z12.11, Z12.12	Frequency: 1x/3years 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

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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

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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

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Diabetes screening Append modifier –TS when submitting claims for members with pre-diabetes	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
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

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis B Virus (HBV) screening	<p>For Asymptomatic, Nonpregnant Adolescents and Adults at High Risk G0499</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 Individuals: Z11.59 and one of the following: Z34.00, Z34.80, Z34.90, O09.90</p> <p>For Pregnant Individuals 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 individuals 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> 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.</p>
	<p>For pregnant individuals: 86704, 86706, 87340, 87341</p>		

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis C Virus (HCV) screening	G0472	Z72.89 and F19.20	<p>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</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 an individual is diagnosed with pregnancy; Second, during the third trimester; <i>and</i> Third, at labor, if ordered by the individual's clinician <p>Age Band: All</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Initial Preventive Physical Exam (IPPE)	G0402	No Requirement	Frequency: 1x/ lifetime <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 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

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>Intensive Behavioral Therapy (IBT) for Obesity</p> <p><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></p> <p><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></p>	<p>G0447, G0473</p>	<p>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>	<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.</p> <p>To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, beneficiaries must have lost at least 3kg.</p> <p>For beneficiaries who do not achieve a weight loss of at least 3 kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.</p> <p>Age Band: All</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 years</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
<p>HIV PrEP Antiretroviral Therapy, Counseling Services, and HIV Screenings</p> <p>Effective 9/30/2024</p>	<p>Antiretroviral Therapy Injection:</p> <p>Submit to Part B effective 9/30/2024* (see note)</p> <p><i>Administration Code:</i> G0012</p> <p>J0739: Injection cabotegravir, 1mg</p> <p>J0750: Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral</p> <p>J0751: Emtricitabine 200mg and tenofovir alafenamide 25mg, oral</p> <p>J0799: FDA approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified</p>	<p>ALL PrEP visits must be appended with: Z29.81</p> <p>Additional diagnosis codes that should be appended as applicable:</p> <p>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</p>	<p>Age Band: All</p> <p>*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</p>

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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 Medication adherence
	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: <ul style="list-style-type: none"> 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, O09.90, O09.91, O09.92, O09.93	Frequency: 1x Ages: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
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</p>
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	<p>Frequency: 1x/year</p> <p>Age Band: 50 and older</p>
Screening for Cervical Cancer with Human Papillomavirus (HPV Tests)	G0476	Z11.51 and either Z01.411 or Z01.419	<p>Frequency: 1x/5 years</p> <p>Age Band: 30-65</p>
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	<p>Frequency: 2x/year</p> <ul style="list-style-type: none"> Up to two 20–30minute, face-to-face HIBC counseling sessions annually <p>Age Band: All</p>

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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 individuals at increased risk who are not pregnant Up to two occurrences per pregnancy of screening for chlamydia in pregnant individuals who are at increased risk for STIs and continued increased risk for the second screening Age Band: All
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 individuals who are at increased risk for STIs and continued increased risk for the second screening One annual occurrence of screening for gonorrhea, in individuals at increased risk Age Band: All
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 individuals One additional occurrence at delivery if at continued increased risk for STIs Age Band: All

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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 individuals at increased risk One occurrence per pregnancy of screening for syphilis in pregnant individuals; <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 individuals at increased risk who are not pregnant. <p>Age Band: All</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</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 individuals at normal risk <p>Age Band: All</p>

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Screening pelvic exam (includes a clinical breast examination)	G0101	<p>High risk: Z72.51, Z72.52, and Z72.53 Z77.29, Z77.9, Z91.89, 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; <p>or</p> <ul style="list-style-type: none"> Every 2 years for individuals at normal risk <p>Age Band: All</p>
Ultrasound screening for Abdominal Aortic Aneurysm (AAA)	76706	No Requirement	<p>Frequency: 1x/ lifetime Age Band: All</p>

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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 (<i>Admin code</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®		
Influenza virus vaccine and administration	G0008 (<i>Admin code</i>)	N/A	Z23	Frequency: <ul style="list-style-type: none"> 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	Fluad (aIIV3) (0.5ml SDS)		
	90656	Afluria (IIV3) (0.5ml SDS) Fluarix (IIV3) (0.5ml SDS) FluLaval (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDV)		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	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)		
	Effective 8/01/2023-7/31/2024			
	90662	Fluzone High-Dose Quadrivalent®		
	90672	FluMist Quadrivalent®		
	90674	Flucelvax Quadrivalent®		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
	90682	Flublok Quadrivalent®	Z23	
	90686	Afluria® Quadrivalent (.5ml PFS) Fluzone® (.5ml PFS), Fluzone® (.5ml SDV), FluLaval Quadrivalent® (.5ml PFS), Fluarix® (.5ml PFS)		
	90687	Afluria Quadrivalent 0.25ml® Fluzone Quadrivalent 0.25ml®		
	90688	Fluzone Quadrivalent® Afluria Quadrivalent®		
	90694	Fluad Quadrivalent®		
	90756	Flucelvax Quadrivalent®		
	Pneumococcal vaccine and administration	90471 <i>(Admin Code)</i>		
90671		Vaxneuvance™ (PCV15)		
90677		Prevnar 20® (PCV20)		
90684 <i>Effective 6/17/2024</i>		CAPVAXIVE™		
90732		Pneumovax®		

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IMMUNIZATION*	PROCEDURE CODE	Trade Name	ICD-10 PAIRING	GUIDELINES
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)	90750 (2 doses)	Shingrix®	Z23	<p>Frequency:</p> <ul style="list-style-type: none"> An initial vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; and <p>A different, second vaccine 1 year after the first vaccine was administered</p>

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Revision history

DATE	REVISION
4/1/2025	<ul style="list-style-type: none"> Addition of Cologuard® Lab Test 0464U to Colorectal Cancer Screening effective 9/1/2025
1/21/2025	<ul style="list-style-type: none"> Updates effective date of 1/1/2025: <ol style="list-style-type: none"> <i>CMS Removed coverage for barium enema procedures (G0106 and G0120)</i> <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> Addition of Computed tomographic (CT) colonography – CPT code 74263
12/13/2024	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Updated to remove deleted ICD-10 code Z86.010 effective 10/1/2024
8/13/2024	<ul style="list-style-type: none"> 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
12/12/2023	<ul style="list-style-type: none"> Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 effective 10/6/2023
10/16/2023	<ul style="list-style-type: none"> Removed age requirements for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines
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, and 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

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DATE	REVISION
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
4/2023	<ul style="list-style-type: none"> Updated to clarify modifier 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	<ul style="list-style-type: none"> Updated to include 2022-2023 Influenza Vaccines
10/2022	<ul style="list-style-type: none"> Updated to include Glaucoma Screening
8/2022	<ul style="list-style-type: none"> Removed the age limitation on Screening Colonoscopy CPT codes: G0105, G0120, and G0121.
6/2022	<ul style="list-style-type: none"> Updated Bone Mass Measurement with additional diagnosis codes
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
9/2021	<ul style="list-style-type: none"> Updated with 2021-2022 Influenza Vaccines 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	<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 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	<ul style="list-style-type: none"> Policy updated to align with CMS 2021 Preventive Services Reformatted and reorganized policy, transferred content to new template