

**\*As of 01/01/2017 Patient (Beneficiary) Pays:**

A = Copayment/Coinsurance applies. Deductible waived.

B = Copayment/Coinsurance waived. Deductible waived.

C = Copayment/Coinsurance applies. Deductible applies.

Generated on: 03/08/2017

Codes	Service	Dx	Who is Covered	Frequency	*Patient Pays
<b>Alcohol Misuse Screening and Counseling</b>					
G0442	Annual alcohol misuse screening, 15 minutes	No specific diagnosis code	Screening: All beneficiaries are eligible.	Annually	B
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		Counseling: Medicare beneficiaries who screen positive (those who misuse alcohol but whose levels or patterns or alcohol consumption do not meet criteria for alcohol dependence) are eligible if they are competent and alert at the time counseling is provided AND counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.	For those who screen positive, <b>up to 4 times per year</b> , including pregnant women. Documentation must be consistent with the 5A's approach: Assess, Advise, Agree, Assist, Arrange.	B
<b>Annual Wellness Visit (AWV)</b>					
G0438	Initial visit	No specific diagnosis code	All beneficiaries no longer within 12 months after the effective date of their first Medicare Part B coverage period and who have not received an IPPE or AWV within the past 12 months.	Once in a lifetime.	B
G0439	Subsequent visit			Annually	B
<b>Bone Mass Measurements</b>					
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	No specific diagnosis code	Certain Medicare beneficiaries who fall into <b>at least one</b> of the following categories: Women determined by their physician or qualified non-physician practitioner (NPP) to be estrogen deficient and at clinical risk for osteoporosis; Individuals with vertebral abnormalities; Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months; Individuals with primary hyperparathyroidism; Individuals being monitored to assess response to U.S. Food and Drug (FDA)-approved osteoporosis drug therapy.	Every 24 months; or more frequently if medically necessary	B
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton				
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton				
77081	DXA, bone density study, 1 or more sites; appendicular skeleton (peripheral)				
G0130	Single energy X-ray absorptiometry (SEXA) bone density study, 1 or more sites, appendicular skeleton (peripheral)				
<b>Cardiovascular Disease Screening Tests</b>					
80061	Lipid Panel, must include:	Z13.6	All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease. <i>12-hour fast is required prior to testing.</i>	Every 5 years	B
82465	Cholesterol, serum, total				
83178	Lipoprotein, direct measurement, HDL				
84478	Triglycerides				

Colorectal Cancer Screening					
00810	Lower intestinal anesthesia, endoscope introduced distal to duodenum		Append modifier -33 when you furnish a separately payable anesthesia service in conjunction with G0105 or G0121 to waive copay/coinsurance and deductible		B with modifier -33
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Z12.11 and Z12.12	All Medicare beneficiaries aged 50 - 85 years; asymptomatic; and at average risk for developing colorectal cancer.	Once every 3 years	B
82270	Fecal Occult Blood Test: Consecutive w/single determination	Use appropriate code (reason for test)	For screening colonoscopies, FOBTs, flexible sigmoidoscopies, and barium enemas: All Medicare beneficiaries aged 50 and older who are at normal risk or high risk of developing colorectal cancer, as defined in the Code of Federal Regulations 9CFR at 42 CFR 410.37(a)(3).  **** No deductible for all surgical procedures (CPT code range of 10000 to 69999) furnished on the same date and in the same encounter as a screening colonoscopy, flexible sigmoidoscopy, or barium enema initiated as colorectal cancer screening services. Append modifier -PT to CPT code in the surgical range of 10000 to 69999 in this scenario.	<b>Screening:</b> every year (normal or high risk)	B
G0104	Flexible Sigmoidoscopy			<b>Normal Risk:</b> Once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months) <b>High Risk:</b> Once every 4 years	B
G0105	Colonoscopy -high risk			Once every 2 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover only after at least 47 months)	B
G0106	Barium Enema -Screening Sigmoidoscopy			Covered as an alternative to covered screening flexible sigmoidoscopy or colonoscopy	A
G0120	Barium Enema - Screening Colonoscopy				
G0121	Colonoscopy-not high risk			Every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover only after 47 months)	B
G0328	Fecal Occult Blood Test: 1-3 Simultaneous Determinations			<b>Screening:</b> every year (normal or high risk)	B
G0464	Colorectal cancer screening; stool-based DNA and Fecal occult hemoglobin	Z12.11 and Z12.12	All Medicare beneficiaries aged 50 - 85 years; asymptomatic; and at average risk for developing colorectal cancer.	Once every 3 years	B
Counseling to Prevent Tobacco Use					
99406	Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, T65.211A-T65.214A, T65.221A-T65.224A, T65.291A-T65.294A, and Z87.891	Outpatient and hospitalized Medicare beneficiaries who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco related disease; are competent and alert at the time of counseling; and who get counseling furnished by a qualified physician or other Medicare-recognized practitioner.	Two cessation attempts per year. Each attempt includes maximum of 4 intermediate or intensive sessions; up to a total of 8 sessions per year (12 months)	B
99407	Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes				
Depression Screening					
G0444	Annual depression screening, 15 minutes	No specific diagnosis code	All Medicare beneficiaries; Must be furnished in a primary care setting that has staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up	Annually	B

Diabetes Screening					
82947	Glucose, quantitative, blood (except reagent strip)	Z13.1	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes. <b>Beneficiaries previously diagnosed with diabetes are NOT eligible for this benefit.</b> Risk factors include HTN, dyslipidemia, obesity, or history of high blood glucose. <i>Append modifier - TS when submitting claims for Medicare beneficiaries with pre-diabetes.</i>	2 screening tests per year for beneficiaries diagnosed with pre-diabetes or; 1 screening per year if previously tested, but not diagnosed with pre-diabetes, or if never tested.	B
82950	Glucose, Post-glucose dose, (includes glucose)				
82951	Glucose Tolerance Test (GTT), three specimens (includes glucose)				
Diabetes Self Management Training (DSMT)					
G0108	Individual session, per 30 mins	No specific diagnosis code	Medicare beneficiaries who have been diagnosed with diabetes and receive an order for DSMT from the physician or qualified NPP treating the Medicare beneficiary's diabetes	<b>Initial year:</b> Up to 10 hours of initial training within a continuous 12-month period. <b>Subsequent years:</b> Up to 2 hours of follow-up training each year after the initial year.	C
G0109	Group session (2 or more), per 30 mins				
Glaucoma Screening					
G0117	By optometrist or ophthalmologist	Z13.5	Medicare beneficiaries who fall into <b>at least one</b> of the following categories: Have diabetes mellitus; have a family history of glaucoma; are African-Americans aged 50 and older; are Hispanic-Americans aged 65 and older.	Annually	C
G0118	Under the direct supervision of an optometrist or ophthalmologist				
Hepatitis B Virus (HBV) Vaccine and Administration					
90739, 90740, 90743, 90744, 90746, 90747, G0010 (for administration)		Z23	Certain Medicare beneficiaries at intermediate or high risk for contracting hepatitis B. Medicare beneficiaries who are currently <b>positive for antibodies</b> for hepatitis B are <b>NOT</b> eligible for this benefit.	Scheduled dosages required	B
Hepatitis C Virus (HCV) Screening					
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	Z72.89 and F19.20	Certain Medicare beneficiaries who fall into at least one of the following categories: High risk for HCV infection; Born between 1945 and 1965	Annually - only for high risk Medicare beneficiaries with continued illicit injection drug use since the prior negative screening test Once in a lifetime - for Medicare beneficiaries born between 1945 and 1965 who are not considered high risk	B
Human Immunodeficiency Virus (HIV) Screening					
80081	Obstetric panel (includes HIV testing)	Increased risk factors <b>not reported</b> - Z11.4 Increased risk factors <b>reported</b> - Z11.4 and Z72.89, or Z72.51-Z72.53 <b>Pregnant Medicare beneficiaries</b> - Z11.4 and Z34.00-Z34.03, Z34.80-Z34.83, Z34.90- Z34.93 or O09.90-O09.93	Certain Medicare beneficiaries who are at increased risk for HIV infection, including anyone who asks for the test, or pregnant women.  See Medicare National Coverage Determinations Manual, Publication 100-03, Chapter 1, Section 210.7 for more information.	Annually for Medicare beneficiaries between the ages of 15 and 65 without regard to perceived risk	B
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique			Annually - for Medicare beneficiaries younger than 15 and adults older than 65 who are at increased risk for HIV infection	
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique			For Medicare beneficiaries who are pregnant, 3 times per pregnancy:	
G0435	Infectious agent antibody detection by rapid antibody test			<b>First</b> - when a woman is diagnosed with pregnancy <b>Second</b> - during third trimester <b>Third</b> - at labor, if ordered by the woman's clinician	
G0475	HIV antigen/antibody, combination assay, screening				
Influenza Virus Vaccine and Administration					
90630, 90653, 90654, 90655, 90656, 90657, 90661, 90662, 90672, 90673, 90674, 90685, 90686, 90687, Q2035, Q2036, Q2037, Q2038, Q2039, G0008 (for administration)		Z23	All Medicare beneficiaries	Once per influenza season; Medicare covers additional flu shots if medically necessary	B

Initial Preventative Physical Examination (IPPE)					
G0402	IPPE	No specific diagnosis code	All new Medicare beneficiaries who are within the first 12 months of their first Medicare Part B coverage period. Also known as "Welcome to Medicare Visit."	Once in a lifetime . Must be furnished no later than 12 months after effective date of Medicare eligibility. <b>Important</b> - Screening EKG is an optional service that may be performed as a result of a referral from an IPPE.	B
G0403	EKG for IPPE				C
G0404	EKG tracing for IPPE				C
G0405	EKG interp & report for IPPE				C
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)					
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	No specific diagnosis code	All Medicare beneficiaries who are competent and alert at the time counseling is provided and it is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting.	Annually for covered Medicare beneficiaries	B
Intensive Behavioral Therapy (IBT) for Obesity					
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.44, OR Z68.45	Medicare beneficiaries when all of the following are true: Obesity (Body Mass Index[BMI] $\geq$ 30 kilograms [kg] per meter squared); are competent and alert at the time counseling is provided; and counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting	<b>First month:</b> one face-to-face visit every week <b>Months 2-6:</b> one face-to-face every other week <b>Months 7-12:</b> one face-to-face visit every month if certain requirements are met. At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed.	B
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes				
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer With Low Dose Computed Tomography (LDCT)					
G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)	Z87.891	Medicare beneficiaries who fall into all of the following categories: Age 55-77 years; Asymptomatic; Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes), Current smoker or one who has quit smoking within the last 15 years, receive a written order for lung cancer screenin with LDCT	Annually for covered Medicare beneficiaries <b>First year:</b> Before the first lung cancer LDCT screening, Medicare beneficiaries must receive a counseling and shared decision making visit <b>Subsequent years:</b> The Medicare beneficiary must receive a written order furnished during an appropriate visit with a physician or NPP	B
G0297	Low dose CT scan (LDCT) for lung cancer screening				

Medical Nutrition Therapy (MNT)					
97802	MNT; Initial assessment and intervention, face-to-face with the patient, each 15 minutes	No specific diagnosis code	Certain Medicare beneficiaries with all of the following are true: Receive a referral from their treating physician, Diagnosed with diabetes or renal disease, or who have received a kidney transplant within the last 3 years and service is provided by a registered dietitian or nutrition professional	<b>First year:</b> 3 hours of one-on-one counseling <b>Subsequent years:</b> 2 hours	B
97803	MNT; re-assessment and intervention, face-to-face with the patient, each 15 minutes				
97804	MNT; group (2 or more individuals, each 30 minutes)				
G0270	MNT; reassessment and subsequent intervention(s) for change in diagnosis, medical condition or treatment regimen, individual, each 15 minutes				
G0271	MNT; reassessment and subsequent intervention(s) for change in diagnosis, medical condition or treatment regimen, group (2 or more), each 30 minutes				
Pneumococcal Vaccine and Administration					
90670, 90732, G0009 (for administration)		Z23	All Medicare beneficiaries.	Initial vaccine to beneficiaries who never received the vaccine under MCR part B; and a different, 2nd vaccine 1 year after the first vaccine was administered.	B
Prostate Cancer Screening					
G0102	Digital Rectal Exam (DRE)	Z12.5	Male beneficiaries 50 or older	Annually (coverage begins day after 50th birthday)	C
G0103	Prostate Specific Antigen Test (PSA)				B
Screening for Cervical Cancer with Human papillomavirus (HPV) Testing					
G0476	Cervical cancer screening, all-inclusive HPV co-test with cytology(pap smear) to detect HPV DNA or RNA sequences	Use either Z11.51 and Z01.411 or Z11.51 and Z01.419	Asymptomatic female beneficiaries age 30-65 years in conjunction with the Pap smear test	Once every 5 years	B

Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs					
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810 - Chlamydia			Certain Medicare beneficiaries when all of the following are true: Sexually active adolescents and adults at increased risk for STIs who were referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting.  See Medicare National Coverage Determinations Manual, Publication 100-03, Chapter 1, Section 210.10 for more information.	One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant. One annual occurrence of screening for syphilis in men at increased risk. Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening. One occurrence per pregnancy of screening for syphilis in pregnant women; up to two additional occurrences in the third trimester and at delivery if at continued increased risk One occurrence per pregnancy of screening for hepatitis B in pregnant women; one additional occurrence at delivery if at continued increased risk for STIs	B
87590, 87591, 87850 - Neisseria gonorrhoeae					
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique				
86592	Syphilis test, non-treponemal antibody; qualitative	Z11.3, Z72.89, Z72.51, Z72.52, Z72.53, Z34.00, Z34.01, Z34.02, 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			
86593	Syphilis test, non-treponemal, quantitative				
86780	Treponema pallidum				
87340, 87341	Hepatitis B (hepatitis B surface antigen)				
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual face-to-face, includes education skills training & guidance on how to change sexual behavior, 30 minutes			Up to two 20-30 minute, face-to-face HIBC sessions annually	
Screening Mammography					
Primary codes: 77057, G0202. Add on codes: 77052, 77063* * Required with mammo using 3D mammo in conjunction with 2D digital mammo. If billing a screening & diagnostic on same day, use modifier GG		Z12.31	Female Medicare beneficiaries; age 35-39	One baseline	B
			Female Medicare beneficiaries; age 40 and older	Annually	B
Screening Pap Test					
G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091		<b>Low Risk:</b> Z01.411, Z01.419, Z12.4, Z12.72, Z12.79 and Z12.89 <b>High Risk:</b> Z77.21, Z77.22, Z77.9, Z91.89, Z92.89, Z72.51-Z72.53	All female Medicare beneficiaries.	Annually - if <b>high-risk</b> for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years <b>Normal risk</b> - every 24 months for all other women.	B
Screening Pelvic Examination (includes a clinical breast examination)					
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	<b>Low Risk:</b> Z01.411, Z01.419, Z12.4, Z12.72, Z12.79 and Z12.89 <b>High Risk:</b> Z77.22, Z77.9, Z91.89, Z72.89, Z72.51-Z72.53	All female Medicare beneficiaries.	Annually - if <b>high-risk</b> for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years <b>Normal risk</b> - every 24 months for all other women.	B
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)					
G0389	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	No specific diagnosis code	Beneficiaries with risk factors for AAA. Risk factors: family history of AAA and/or men age 65-75 who smoked at least 100 cigarettes; Receive a referral from their physician, physician assistant, nurse practitioner or clinical nurse specialist	Once in a lifetime.	B