



Preventive Services Reference Guide This reference guide presents a high level overview. For complete information, see the Preventive Services Billing Guide, or the appropriate IOM references. Beneficiary eligibility varies. Publication 100-04, Chapter 18					
Procedures	Covered Procedure Codes	Covered Diagnoses	Frequency	Reimbursement	Deductible
Bone Mass Measurement IOM Pub 100-4 Ch.13 Sec. 140	G0130, 77078, 77079, 77080, 77081, 77083, 76977 78350=Non payable	Guide Multiple - See the Preventive Services Billing Guide	Once every 24 months	80%	YES
Cardiovascular Screening IOM Pub 100-4 Ch. 18 Sec. 100	80061, 82465, 83718, 84478	V81.0, V81.1, V81.2	Once every five years	100%	NO
Colorectal Cancer Screening - Screening Fecal Occult Blood Test - Screening Flexible Sigmoidoscopy - Screening Colonoscopy (HIGH RISK) - Screening Barium Enema - Screening Colonoscopy (NOT HIGH RISK) IOM Pub 100-4 Ch.18 Sec.60	82270 ^F G0328 G0121 G0106, ^B G0120 G0104 G0105	Partial list of ICD-9-CM codes indicating High Risk. ^A No specific requirement except for high risk: V10.05, V10.06, 555.0-555.2, 555.9, 556.0-556.3, 556.8, 556.9, 558.2, 558.9	Varies - See the Preventive Services Billing Guide	100% - G0328 80% ^G all others	NO



NHIC, Corp.

MEDICARE ADMINISTRATIVE CONTRACTOR
 JURISDICTION 14 A/B MAC

Procedures	Covered Procedure Codes	Covered Diagnoses	Frequency	Reimbursement	Deductible
Diabetes Screening IOM Pub 100-4 Ch. 18 Sec. 90	82947, 82950, 82951	V77.1	Once every 6 months (patients with prediabetes); Once a year (everyone else).	100%	NO
Flu (Influenza) Injections IOM Pub 100-4 Ch.18 Sec.10	90655-90658, 90660, G0008	V04.81, V06.6 (flu & pneumonia)	Once per flu season in the fall or winter	100%	NO for Vaccine
Glaucoma Screening IOM Pub 100-4 Ch.18 Sec.70	G0117, G0118	V80.1	Once every 12 months	80%	YES
Hepatitis B Injections IOM Pub 100-4 Ch.18 Sec.10	G0010, 90740, 90743, 90744, 90746, 90747	V05.3	Once in a lifetime c Except HIGH RISK	80%	YES
Initial Preventive Physical Exam IOM Pub 100-4 Ch. 18 Sec. 80 January 1, 2005-December 31, 2008	G0344 (visit) G0366-G0368 (EKG)	No diagnosis requirement; V700 is acceptable	Once in a lifetime	80%	YES
Initial Preventive Physical Exam Effective January 1, 2009	G0402 (visit) G0403-G0405 (EKG)	No diagnosis requirement; V700 is acceptable	Once in a lifetime	80%	G0402-NO EKG-YES
Mammography Screening IOM Pub 100-4 Ch.18 Sec.20	77052, 77057, G0202	V76.11, V76.12	Once every 12 months	80%	NO

NHIC, Corp.

www.medicarenhic.com

REF-EDO-0019 Version. 1.0 07/06/2010 *The controlled version of this document resides on the NHIC Quality Portal (SharePoint). Any other version or copy, either electronic or paper, is uncontrolled and must be destroyed when it has served its purpose.*



NHIC, Corp.

MEDICARE ADMINISTRATIVE CONTRACTOR
 JURISDICTION 14 A/B MAC

Procedures	Covered Procedure Codes	Covered Diagnoses	Frequency	Reimbursement	Deductible
Medical Nutrition Therapy IOM Pub 100-4 Ch.4 Sec.300	97802-97804, G0270 G0271	Diabetes or Renal Failure (With Referral from Physician only)	1st year 3 hours Each Additional year. 2 hours	80%	YES
Pneumococcal (Pneumonia) Vaccination IOM Pub 100-4 Ch.18 Sec.10	G0009, 90732	V03.82, V06.6 (flu & pneumonia)	Once in a lifetime c Except HIGH RISK	100%	NO for Vaccine
Prostate Cancer Screening; Screening Prostate Specific Antigen (PSA) Blood Test - Digital Rectal Exam IOM Pub 100-4 Ch.18 Sec.50	G0102 G0103	V76.44	Once every 12 months (coverage begins day after 50th birthday)	G0102 - 80% G0103 - 100%	NO for G0103
Screening Pap Smears IOM Pub 100-4 Ch.18 Sec.30	Q0091, P3000, P3001 G0123, G0124, G0141 G0143, G0144, G0145 G0147, G0148	V76.2, V76.47, V76.49, V15.89, V72.31 E	Once every 24 months, Annually for HIGH RISK	Clinical lab @100%; Collection @ 80%	NO
Screening Pelvic Examinations IOM Pub 1004 Ch.18 Sec.40	G0101	V76.2, V76.47, V76.49, V15.89, V72.31 E	Once every 24 months, Annually for HIGH RISK	80%	NO

NHIC, Corp.

www.medicarenhic.com

REF-EDO-0019 Version. 1.0 07/06/2010 The controlled version of this document resides on the NHIC Quality Portal (SharePoint). Any other version or copy, either electronic or paper, is uncontrolled and must be destroyed when it has served its purpose.



Procedures	Covered Procedure Codes	Covered Diagnoses	Frequency	Reimbursement	Deductible
Smoking & Tobacco Use Cessation IOM Pub 100-3 Ch. 1 Sec. 210.4	99406, 99407 H	Condition adversely affected by tobacco; metabolism or medication dosage adversely affected	2 sessions of 4; maximum 8 per year	80%	YES
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389	Patient receives referral for ultrasound as a result of an IPPE, family history of abdominal aortic aneurysm, is a man who has smoked at least 100 cigarettes in his lifetime	Once per lifetime	80%	NO

A - Partial List of ICD-9 CM Codes Indicating High Risk. -- Listed below are some examples of diagnosis that meet the high risk criteria for colorectal cancer. This is not an all inclusive list. There may be more instances of conditions which may be coded

B - Alternatives to procedure codes G0104, G0105

C - High Risk patients may have more than one Vaccination as long as it has been 5 yrs since the last.

D - As long as part B eligibility begins on or after 1-1-05. Patient has 6 months from part B entitlement date to complete the physical.

E - V72.31 is effective July 1, 2005.

F - G0107 is replaced by 82270 effective January 1, 2007.

G -Effective 1/1/07 Patient is responsible for a 25% co-insurance amount for colorectal screening sigmoidoscopies and colonoscopies when performed in an ASC.

H -New Codes effective 1/1/08.



Version	Date	Reviewed By	Approved By	Summary of Changes
1.0	7/06/2010	Susan Kimball	Ayanna YanceyCato	Release of document on the new NHIC Quality Portal