

Coding Preventive and Chronic Condition Services

<u>Service/Measure</u>	<u>HCPCS/CPT Codes</u>	<u>Diagnosis Codes</u>	<u>Description/Details</u>
Initial Preventive Physical Exam / IPPE (aka: 'Welcome to Medicare Preventive Visit')	G0402	N/A	IPPE/Initial Preventive Physical Examination (aka: 'Welcome to Medicare Preventive Visit'); face-to-face visit, service limited to new beneficiary during the first 12 months of Medicare enrollment <i>*Re-enrolled beneficiaries not eligible</i>
Initial (first) Annual Wellness Visit	G0438	No specific ICD-10 code required for AWW; choose most appropriate diagnosis	Initial, or first, AWW; includes a personalized prevention plan of service (PPS), initial visit. Must occur after the first 12 months of enrollment in Medicare AND 12 month after the IPPE (if provided)
Subsequent Annual Wellness Visit	G0439	No specific ICD-10 code required for AWW; choose most appropriate diagnosis	Subsequent AWW; includes a personalized prevention plan of service (PPS), subsequent visit
AAA Screening Ultrasound	G0389	N/A	Once in a lifetime Must have certain risk factors for AAA: family history, male between ages 65-75 who smoked at least 100 cigarettes during his lifetime, manifests other risk factors
ECG Screening	<u>G0403</u> – Routine ECG with 12 leads; <i>with interpretation and report</i> <u>G0404</u> – Routine ECG with 12 leads; <i>tracing only, without interpretation or report</i> <u>G0405</u> – Routine ECG with 12 leads; <i>interpretation only</i>	No specific diagnosis code required	Once in a lifetime Screening with IPPE only
Visual Acuity Screening	99172	N/A	Screening with <u>IPPE only</u> Visual functioning screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
Advanced Care Planning	<u>99797</u> – First 3 minutes, face-to-face with the patient, family member(s), and/or surrogate <u>99498</u> – Each additional 30 minutes (list separately in addition to code for primary procedure)	N/A	Advanced Care Planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional. *Medicare waives both the coinsurance and the Medicare Part B deductible for the ACP when it is: - Provided on the <u>same day</u> as a covered AWW - Furnished by the same provider as a covered AWW - Billed with a modifier -33 (preventive services)
Influenza Vaccine & Administration	90630, 90653-90657, 90660-90662, 90672-90674, 90685-90688 Q0235-Q2039	Z23 – Encounter for immunization	Once per influenza season (additional flu shots are covered if medically necessary)

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	<u>G0008</u> – Administration of influenza virus vaccine		
Pneumococcal Vaccine & Administration	<u>90670</u> – Pneumococcal Conjugate vaccine <u>90732</u> – Pneumococcal polysaccharide vaccine <u>G0009</u> – Administration of pneumococcal vaccine	Z23 – Encounter for immunization	Initial vaccine to beneficiaries who never received vaccine under Medicare Part B Different, second vaccine one year after first vaccine was administered
Hepatitis B Vaccine & Administration	<u>90739</u> – HepB vaccine, adult dosage, 2 dose schedule, for IM use <u>90740</u> – HepB vaccine, dialysis or immunosuppressed patient dosage, 3 dose schedule, for IM use <u>90743</u> – HepB vaccine, adolescent, 2 dose schedule, for IM use <u>90744</u> – HepB vaccine, pediatric/adolescent dosage, 3 dose schedule, for IM use <u>90746</u> – HepB vaccine, adult dosage, 3 dose schedule, for IM use <u>90747</u> – HepB vaccine, dialysis or immunosuppressed patient dose, 4 dose schedule, for IM use <u>G0010</u> – Administration of hepatitis B vaccine	Z23 – Encounter for immunization	Scheduled doses required Intermediate Risk: Staff at institutions for mentally challenged; workers who have frequent contact with blood or blood-derived body fluids High Risk: ESRD patients; clients of institutions for mentally challenged; someone who lives in same house as a hepatitis B virus carrier; someone who injects illicit drugs
Hepatitis C Screening	<u>G0472</u> – (LAB TESTING) HepC antibody screening for individual at <i>high risk</i> and other covered indication(s)	Z72.89 – Other problems related to lifestyle F19.20 – Other psychoactive substance dependence, uncomplicated	Patient must be either: a. High risk for HCV infection (persons with current or past history of illicit injection drug use; history of blood transfusion prior to 1992) b. Born between 1945 and 1965
Lung Cancer Screening	<u>G0296</u> – Counseling visit to discuss need for lung cancer screening using low dose CT scan (service is for eligibility determination and shared decision making) <u>G0297</u> – Low dose CT scan for lung cancer screening	F17.210, F17.211, F17.213, F17.218, F17.219 Z87.891 – Personal history of nicotine dependence	Annually – First year: before 1 st screening, beneficiary must receive counseling and shared decision making visit Subsequent years: beneficiary must receive written order furnished during appropriate visit with physician or non-physician practitioner Must meet all of the following – Age 55-77 years; asymptomatic; tobacco smoking history of at least 30 pack years, current smoker or one who has quit smoking within last 15 years, receive a written order for lung cancer screening with LDCT
Breast Cancer Screening	<u>G0202</u> <u>G0204</u>	Z12.31 – Encounter for screening mammogram for malignant	Women age 50-74 Mammogram completed October 1 st two years prior to December

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	<u>G0206</u> <u>77067</u> – Screening mammography, bilateral (2-view film study of each breast)	neoplasm of breast	31 st of current year
Diabetes Screening	<u>82947</u> – Glucose; quantitative, blood <u>82950</u> – Glucose; post glucose test <u>82951</u> – Glucose; tolerance test, three specimens	Z13.1 – Encounter for screening for diabetes mellitus	Medicare beneficiaries with certain risk factors or diagnosed with pre-diabetes (non-covered for previous diagnosis of diabetes): Any one: HTN, Dyslipidemia, Obesity, Previous identification of elevated impaired fasting glucose or glucose tolerance Any two: Overweight, Family history, Age 65 or older, H/o gestational diabetes mellitus or delivering baby weighing >9 pounds
Colorectal Cancer Screening	<u>G0105</u> – Colonoscopy on individual at high risk <u>G0121</u> – Colonoscopy on individual not meeting criteria for high risk <u>G0104</u> – Flexible sigmoidoscopy <u>G0328</u> – Fecal Occult Blood Testing (FOBT) <u>G0464</u> – FIT-DNA <u>74261-74263</u> – CT Colonography	[SCREENING]	Age 50-75 years Colonoscopy – Every 10 th year (1/1/2014-12/31/2018) Flexible sigmoidoscopy/CT colonography – Every 5 th year (1/1/2014-12/31/2018) FIT-DNA Test – Every 3 rd year (1/1/2016-12/31/2018) FOBT – Every year (1/1/2018-12/31/2018)
Cervical Cancer Screening	<u>G0123-G0124</u> <u>G0411</u> <u>G0143-G0145</u> <u>G0476</u> – (LAB TESTING) Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high risk types for cervical cancer screening, must be performed in addition to pap test	[SCREENING]	Women age 21-64 years Age 21-64 – Cervical cytology every 3 years Age 30-64 – Cervical cytology/HPV co-testing every 5 years
Adult Body Mass Index (BMI) Assessment	N/A	Z68.1-Z68.45 – BMI Z68.51-Z68.54 – BMI Percentile	Age 18-74 years Age 18-19 years – Height, Weight, BMI Percentile Age 20 and older – Weight, BMI Value Documentation of Body Mass Index (BMI) during an outpatient visit during the current measurement year or year prior
Diabetes Care – A1c Control	<u>83036-7</u> – Testing (<i>must have diagnosis of Diabetes</i>) <u>3044F</u> – HbA1c <7.0% <u>3045F</u> – HbA1c 7.0%-9.0% <u>3046F</u> – HbA1c >9.0%	[CODE TO HIGHEST SPECIFICITY]	Age 18-75 years with Type 1 or Type 2 Diabetes Testing: HbA1c test during the current year HbA1c controlled <8.0% during current year Poor control >9.0% during current year
Diabetes Care – Eye Exam	Eye Care Professional – <u>67028, 67030, 67031, 67036, 67039 – 67043, 67101, 67105, 67107, 67108, 67110, 67112,</u>	[CODE TO HIGHEST SPECIFICITY]	Age 18-75 years with Type 1 or Type 2 Diabetes With retinopathy diagnosed: Retinal or dilated eye exam every year Without retinopathy diagnosed: Retinal or dilated eye exam every 2 nd year

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	<u>67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 99226, 92230, 92235, 92240, 92250, 92260, 99203 – 99205, 99213 – 99215</u> Any Provider Type – <u>2022F, 2024F, 2026F</u> Negative Retinopathy – <u>3072F</u>		*Performed by eye care professional (optometrist, ophthalmologist)
Diabetes Care – Nephropathy Testing	<u>3066F, 4010F</u> – Evidence of treatment for nephropathy <u>81000-03, 81005, 82042-44, 84156, 3060F-62F</u> – Urine Protein Test	[CODE TO HIGHEST SPECIFICITY]	Age 18-75 years with Type 1 or Type 2 Diabetes Medical attention for nephropathy every year Prescribed and taking an ACE Inhibitor or ARB Urine test for protein or albumin A visit with a nephrologist
Diabetes Care – BP Control	Diastolic <80 CPT: <u>3078F</u> Diastolic 80-89 CPT: <u>3079F</u> Diastolic ≥ 90CPT: <u>3080F</u> Systolic <140 CPT: <u>3074F, 3075F</u> Systolic ≥140 CPT: <u>3077F</u>	[CODE TO HIGHEST SPECIFICITY]	Age 18-75 years with Type 1 or Type 2 Diabetes The most <u>recent</u> BP reading documented during the current year BP controlled <140/90 mmHg
Hypertension – Controlling BP	99201 – 99205, 99211 – 99215, 99381 – 99387, 99391 – 99397, 99429	[CODE TO HIGHEST SPECIFICITY]	Age 18-85 years The most <u>recent</u> BP reading documented during the current year Age 18-59 – BP <140/90 mmHg Age 60-85 with dx of Diabetes – BP <140/90 mmHg Age 60-85 without dx of Diabetes – BP <150/90 mmHg *Diagnosis of Hypertension during at least one outpatient visit within first 6 months of the current year <u>and</u> most recent BP reading taken on separate day than the initial Hypertension diagnosis
Rheumatoid Arthritis Management	J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-18, J9250, J9260, J9310	[CODE TO HIGHEST SPECIFICITY]	Age 18 and older with diagnosis of Rheumatoid Arthritis Dispensed at least one ambulatory prescription(s) for a disease-modifying anti-rheumatic drug (DMARD) during the current year
Medication Reconciliation Post-Discharge	1111F, 99495-96	N/A	
Osteoporosis Management in Women Who Had a Fracture	<u>BMD Test</u> – G0130; 76977, 77078, 77080-82, 77085-86 <u>Osteoporosis Medication</u> –J0630, J0897, J1740, J3110, J3489	[CODE TO HIGHEST SPECIFICITY]	Women age 67-85 who suffered a fracture and who had either: Bone Mineral Density (BMD) test –OR– prescription for a drug to treat osteoporosis within <u>6 months</u> of the fracture *Does not include: fractures to the finger, toe, face or skull