



MEDICARE PREVENTIVE SERVICES

Use this MLN educational tool to find information on coding, coverage requirements, and patient cost-sharing for each Medicare preventive service.

Alcohol Misuse Screening & Counseling	Annual Wellness Visit	Bone Mass Measurements
Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use
Depression Screening	Diabetes Screening	Diabetes Self-Management Training
Glaucoma Screening	Hepatitis B Virus Screening	Hepatitis B Virus Vaccine & Administration
Hepatitis C Virus Screening	HIV Screening	Influenza Virus Vaccine & Administration
Initial Preventive Physical Examination	IBT for Cardiovascular Disease	IBT for Obesity
Lung Cancer Screening	Medical Nutrition Therapy	Pneumococcal Vaccine & Administration
Prostate Cancer Screening	Screening for Cervical Cancer	Screening for STIs and HIBC to Prevent STIs
Screening Mammography	Screening Pap Tests	Screening Pelvic Examinations
	Ultrasound Screening for AAA	

 **Diabetes Self-Management Training (DSMT)**

HCPCS/CPT Codes:
G8108 - Diabetes outpatient self-management training services, individual, per 30 minutes
G8109 - Diabetes outpatient self management training services, group session (2 or more), per 30 minutes

ICD-10 Codes:
 See the [ICD-10 page](#) for individual CPTs and coding translations for ICD-10, and [Coding & Payment Manual](#) for guidelines.

Who Is Covered:
 Certain Medicare beneficiaries when all of the following are true:

- Diagnosed with diabetes
- Receive an order for DSMT from the physician or qualified NPP treating the Medicare beneficiary's diabetes

Frequency:

- Initial year: Up to 40 hours of initial training within a continuous 12-month period
- Subsequent years: Up to 2 hours of follow-up training each year after the initial year

Medicare Beneficiary Pays:

- Copayment/convenience applies
- Deductible applies

Other Notes:

- Refer to [Diabetes Compliance Tools for Diabetes Self-Management](#) for more information.

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View the Preventive Services Educational Tool: <http://go.cms.gov/mln-preventive-services-icn006559>

Medicare Preventive Services G Codes

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Medicare Preventive Services G Codes:

The New Face of Evaluation and Management Kellie Hall,2025-06-30 Physicians want to care for patients not spend their time documenting in an electronic medical record Physicians are always complaining about the amount of time they spend documenting patient care in support of medical billing through an evaluation and management coding system E M New guidelines were created to lessen the time a physician provider spends on documentation as many of the mandatory elements are no longer a requirement for calculating a code level Previously an E M evaluation and management note required documentation of history exam and medical decision making with required elements in each component to support a level for payment If an element was missing the level of service was not supported therefore the code was lowered resulting in a lower reimbursement for the physician provider The new guidelines eliminated the requirement of History and Exam as part of the calculation of a code level Yes an appropriate history and exam are required this supports good patient care but when it comes to reimbursement they are no longer part of the picture The overall system is not difficult if time is taken to understand the elements and how they are applied in the documentation Documentation is a word game always has been the authors focus is to show what words to use to lessen the time but still convey the complexity of the patient s condition and how the physician provider determines a treatment plan which includes the risk to the patient to satisfy the Coding guidelines initiated by Medicare and American Medical Association This book evaluates the new guidelines and brings them into prospective so physicians providers coders can easily understand how to document and calculate the level of service for reimbursement This is not a cumbersome book or complicated but straight to the point The main goal of the book is to educate physicians nurses and coders on what documentation is really required and what has just become habit over the last 30 years

Federal Register ,2012-07 **Prevention Vs. Treatment** Halley S. Faust,Paul T. Menzel,2012 Is prevention better than cure or treatment more important because people need rescue In this volume the prevention treatment

relationship is examined factually by economists and scholars of health policy and evidence based medicine

Physicians Fee & Coding Guide ,2011

Ham's Primary Care Geriatrics Richard J. Ham,Philip D. Sloane,2013-12-01 Employing a unique case based approach Ham s Primary Care Geriatrics continues to be your comprehensive source of clinical solutions for this challenging population This gerontology medical reference book features an interdisciplinary perspective that empowers you with team oriented knowledge on the best diagnosis treatment and management strategies available to address the complex needs of older adults Overall this is a useful well written practical elderly medicine book ideal for use in primary care It is reasonable priced and an excellent addition to the bookshelf virtual or real Reviewed by Dr Harry Brown July 2014 Effectively treat your geriatric patients and provide helpful guidance to their families through engaging geriatric case studies that illustrate the principles and key clinical information you need Form a definitive diagnosis and create the best treatment plans possible using the evidence based medicine guidelines throughout Find the information you need

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[Medicare Preventive Services](#) , 2004 **Hcpcs 2006** American Medical Association,American Medical Association Staff, 2005 *Code of Federal Regulations, Title 42, Public Health, PT. 400-413, Revised as of October 1, 2016* Office Of The Federal Register (U.S.),Office of the Federal Register (U.S.),National Archives and Records Administration (U.S.),National Archives and Records Administration (U.S.),2017-01-13 42 CFR Parts 400 to 413 continues coverage on the United States

Department of Health and Human Services This volume includes rules processes procedures and regulations pertaining to the Centers for Medicare and Medicaid Services to include Federal health insurance for the aged and disabled hospital insurance eligibility and entitlement supplemental insurance eligibility and entitlement premiums for supplemental medical insurance hospital insurance benefits exclusions and limitations for medicare and medicare payments prospective payment systems for inpatient hospital services and more Other related products Health Insurance Claims Forms CMS 1500 Single Sheets Revised 2012 can be found at this link <https://bookstore.gpo.gov/products/sku/017-060-00663-3/ctid/1623> Health Insurance Claim Forms CMS 1500 2 Part Snapout Package of 100 2012 can be found here <https://bookstore.gpo.gov/products/sku/017-060-00661-7/ctid/1623> Health Insurance Claim Forms CMS 1500 2 Part Continuation Package of 1400 2012 can be found here <https://bookstore.gpo.gov/products/sku/017-060-00662-5/ctid/1623> Health Insurance Claim Forms CMS 1500 1 part Continuation 2012 Package of 2500 can be found here <https://bookstore.gpo.gov/products/sku/017-060-00664-1/ctid/1623> TeamSTEPPS 2.0 Pocket Guide Team Strategies Health Statistics 2014 in Brief can be found here <https://bookstore.gpo.gov/products/sku/017-022-01622-2>

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