

## MEDICARE COVERED SCREENING TEST BILLING GUIDANCE SHEET

Condition screened for	Covered test	CPT/HCPCS	Eligible beneficiaries	Freq. of Coverage	Billing Dx. Code(s)	Note
<b>CVD</b>	HDL2/LIPIDS, <i>or</i> CHOLESTEROL HDL CHOLESTEROL TRIGLYCERIDES	80061 82465 83718 84478	All	Once/5 years	V81.0, v81.1 or V81.2	
<b>Colorectal Ca</b>	ST OCC BLD MS, <i>or</i> ST OCC BLD IOB MS	82270 G0328	All age 50 & older	Once/12 months	V76.51	
<b>Diabetes</b>	GLUCOSE GLUCOSE POST DOSE  GLUCOSE TOLER DIABETES GLUCOSE TOLER HYPOGLY GLUCOSE TOLER GESTATIONAL	82947 82950  82981	Have 1 of: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Dyslipidemia</li> <li>Obesity</li> </ul> <u>OR</u>  Have 2 of: <ul style="list-style-type: none"> <li>Overweight</li> <li>Family Hx of DM</li> <li>65 or older</li> </ul> <u>OR</u> <ul style="list-style-type: none"> <li>Pre-diabetic</li> </ul>	Once/12 months       <i>Once/6 months</i>	V77.1	<i>Add TS modifier for pre-DM</i>
<b>Prostate Ca</b>	PSA ANNUAL SCREEN	G0103	Males age 50 or older	Once/12 month	V76.44	
<b>HIV</b>	HIVAB1&2 MEDICARE SCREEN	G0433	<u>All</u> at increased risk  Pregnant beneficiaries	Once/12 months  3 per term: <ul style="list-style-type: none"> <li>At dx</li> <li>3<sup>rd</sup> trimester</li> <li>Labor</li> </ul>	One of:  V73.89, V69.8, V22.0, V22.1 or V23.9	

<b>STD'S</b>	CHLAMYDIA DIRECT TEST <u>and</u> GC AMPLIFIED PROBE	87491/87591	Female beneficiaries at increased risk  Pregnant beneficiaries 24 or older w/incr. risk	Once/12 months  3 per term: <ul style="list-style-type: none"> <li>• At dx</li> <li>• 3<sup>rd</sup> trimester</li> <li>• Labor</li> </ul>	V74.5 <u>and</u> V69.8  V74.5 <u>and</u> V69.8 PLUS V22.0, v22.1 or V23.9	
	<i>One of:</i> RPR RAPID PLASMA REAGIN RPR TITER FTA (SYPHILIS)	86592 86593 86780	<u>All</u> at increased risk  Pregnant beneficiaries at increased risk  Pregnant beneficiaries	Once/12 months  3 per term: <ul style="list-style-type: none"> <li>• At dx</li> <li>• 3<sup>rd</sup> trimester</li> <li>• Labor</li> </ul> Once at dx of pregnancy	V74.5 <u>and</u> V69.8  V74.5 <u>and</u> V69.8 PLUS V22.0, v22.1 or V23.9  V74.5 <u>and</u> V22.0, v22.1 or V23.9	
	HEPATITIS B SURFACE AG	87340	Pregnant beneficiaries at increased risk  Pregnant beneficiaries	2 per term: <ul style="list-style-type: none"> <li>• At dx</li> <li>• Labor</li> </ul> At diagnosis	V73.89 <u>and</u> V69.8 PLUS V22.0, v22.1 or V23.9  V73.89 <u>and</u> V22.0, v22.1 or V23.9	
<b>Hepatitis C</b>	HCV	G0472	Beneficiaries born 1945 through 1965  High risk, initial screen  Continued illicit injection drug use	Once per lifetime  Once/ 12 months  Once/ 12 months	V73.89  V69.8  V69.8 & 304.91	

