

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

G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes

G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

ICD-10 Codes

See the [CMS ICD-10 website](#) for individual CPTs and coding translations for ICD-10, and contact your MAC for guidance.

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 10 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/coinsurance applies
- Deductible applies

Other Notes

- Refer to [Provider Compliance Tips for Diabetes Test Strips](#) for more information.

POINT THIS SERVICE

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

Medicare Preventive Services G Codes

Elsevier

A decorative graphic element consisting of a light blue horizontal bar with a rounded right end, and a red circular shape partially visible behind it.

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

Coders' Specialty Guide 2026: Pulmonology AAPC, 2026-01-31 Overcome your pulmonology coding and reimbursement challenges once and for all Find codes fast and improve your productivity and your accuracy with the Coders Specialty Guide 2026 Pulmonology This cleverly designed resource for pulmonology coders eliminates errors by providing quick access to your CPT pulmonology codes alongside all the supporting information you need for audit ready claims ICD 10 cross references modifier crosswalks NCCI edits descriptions of procedures in easy to understand terms anatomical illustrations and more Bundling decisions modifier selection and establishing medical necessity have never been this easy Keep your revenue flowing with at a glance access to these features 2026 pulmonology CPT and HCPCS Level II procedure and service codes including definitive advice for new and revised codes Official descriptors for Category I III CPT codes Easy to understand explanations of pulmonology procedures Essential modifier and ICD 10 CM crosswalks Medicare fee schedule information and facility and non facility relative value units Pre post and intra operative indicators NCCI edits to avoid bundling errors HCPCS Level II codes with lay terms Detailed anatomical Easy to look up code index with corresponding page numbers And much more Learn 2026 CPT code changes and streamline your billing and coding processes for optimal

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Buck's Step-by-Step Medical Coding, 2025 Edition - E-Book Elsevier Inc,Elsevier,Jackie Koesterman,2025-01-08 Selected for 2025 Doody s Core Titles in Health Information Management Take your first step toward a successful career in medical coding with guidance from the most trusted name in coding education The bestselling Buck s Step by Step Medical Coding is a practical easy to use resource that shows you exactly how to code using all current coding sets To reinforce your understanding practice exercises follow the explanations of each coding concept In addition to coverage of reimbursement ICD 10 CM CPT HCPCS and inpatient coding an Evolve website includes 30 day access to TruCode Encoder Essentials No other book so thoroughly covers all coding sets Theory and practical review questions located at the end of each chapter focus on recalling important chapter information and application of codes A step by step approach makes it easier to build your coding skills and remember the material Learning objective and glossary review questions reinforce your understanding of key chapter concepts and terms Coverage reflects the latest CPT E M guidelines changes for office and other outpatient codes 30 day trial to TruCode Encoder Essentials gives you experience with using an encoder plus access to additional encoder practice exercises on the Evolve website UNIQUE Real life coding reports simulate the reports you will encounter as a coder and help

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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

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in text explanations Exercises Quick Checks and Toolbox features reinforce coding rules and concepts and emphasize key information Valuable tips and advice are offered in features such as From the Trenches Coding Shots Stop Caution Check This Out and CMS Rules Sample EHR screenshots in Appendix D show examples similar to the electronic health records you will encounter in the workplace NEW Coding updates include the latest information available promoting accurate coding and success on the job

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Table of Contents Medicare Preventive Services G Codes

1. Understanding the eBook Medicare Preventive Services G Codes
 - The Rise of Digital Reading Medicare Preventive Services G Codes
 - Advantages of eBooks Over Traditional Books
2. Identifying Medicare Preventive Services G Codes
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medicare Preventive Services G Codes
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medicare Preventive Services G Codes
 - Personalized Recommendations
 - Medicare Preventive Services G Codes User Reviews and Ratings
 - Medicare Preventive Services G Codes and Bestseller Lists
5. Accessing Medicare Preventive Services G Codes Free and Paid eBooks

- Medicare Preventive Services G Codes Public Domain eBooks
- Medicare Preventive Services G Codes eBook Subscription Services
- Medicare Preventive Services G Codes Budget-Friendly Options
- 6. Navigating Medicare Preventive Services G Codes eBook Formats
 - ePub, PDF, MOBI, and More
 - Medicare Preventive Services G Codes Compatibility with Devices
 - Medicare Preventive Services G Codes Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medicare Preventive Services G Codes
 - Highlighting and Note-Taking Medicare Preventive Services G Codes
 - Interactive Elements Medicare Preventive Services G Codes
- 8. Staying Engaged with Medicare Preventive Services G Codes
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medicare Preventive Services G Codes
- 9. Balancing eBooks and Physical Books Medicare Preventive Services G Codes
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medicare Preventive Services G Codes
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Medicare Preventive Services G Codes
 - Setting Reading Goals Medicare Preventive Services G Codes
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Medicare Preventive Services G Codes
 - Fact-Checking eBook Content of Medicare Preventive Services G Codes
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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