

Care available free of cost with Memorial Choice



Many basic wellness services and care for minor illnesses and injuries are available for free through Memorial Choice.

Below is a listing of common services available at no cost. Treatment beyond these basic services will be billed according to your current insurance policy. For example, an X-ray is covered at no cost under Diagnostic Imaging 71046 at a Memorial Choice facility. If the reading of that X-ray is performed by a provider at a non-Memorial Choice facility, it will be subject to deductibles and coinsurance.

You can search for a Memorial primary care provider [here](#).

\$0 cost for select urgent care services at Memorial Care urgent care locations.

\$0 cost for select primary care, pediatric and preventive care at Memorial Care locations.**

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|---|---|
| Immunizations | |
| 90460-90461, 90471, 90472, 90474 | Immunization administration |
| 90620* | Meningococcal vaccine (MenB) |
| 90632, 90633 | Hepatitis A |
| 90636 | Hep A – Hep B adult |
| 90733-90734 | Meningococcal |
| 90647, 90648 | Hib |
| 90649, 90651 | HPV quadrivalent 3 dose ages 9-26 HPV bivalent 3 dose ages 9-26 |
| 90630, 90658, 90661, 90662, 90673, 90685-90688, Q2038, 90656 | Influenza |
| 90670, 90732, 90677 | Pneumococcal |
| 90380, 90381 | RSV ages 2 and younger |
| 90678 | RSV for pregnant females ages 59 and younger at 32-36 weeks gestation |
| 90678, 90679 | RSV ages 60 and older |
| 90680-90681 | Rotavirus |
| 90696 | DTaP-IPV ages 4-6 |
| 90698 | DTaP-Hib-IPV |
| 90700 | DTaP < 7 years |
| 90707 | Measles, mumps and rubella (MMR) |
| 90710 | Measles, mumps, rubella and varicella (MMRV) |
| 90713 | Poliovirus (IPV) |
| 90714 | Td 7 years and older |

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|------------------------------|--|
| Immunizations | |
| 90715 | Tdap 7 years and older |
| 90716 | Varicella (VZV)—chicken pox |
| 90723 | DTap–Hep B–IPV |
| 90736 | Herpes zoster (shingles) ages 60 and older |
| 90744, 90746 | Hepatitis B |
| 90750* | Shingles vaccine (recombinant zoster) |
| G0008 | Administration of influenza virus vaccine |
| 91321, 91322 | COVID-19 |
| 90480 | Administration of COVID-19 vaccine |
| Cholesterol | |
| 80061 | Lipid profile |
| 82465 | Cholesterol |
| 83718 | Lipoprotein, direct measurement; high-density cholesterol (HDL cholesterol) |
| 83721 | Lipoprotein, direct measurement; LDL cholesterol |
| 84478 | Triglycerides |
| Diabetes | |
| 82947 | Glucose (fasting blood sugar) |
| 82951 | Glucose, tolerance test |
| 82962* | Glucose, blood (fingerstick) |
| 83036 | Hemoglobin A1C |
| 83037* | Hemoglobin A1C |
| 83525* | Insulin |
| G0108 | Diabetes Self-Management Education—Individual |
| G0109 | Diabetes Self-Management Education—Group |
| 0403T | Preventive Behavior Change, Diabetes Prevention |
| HIV | |
| 86703 | Antibody, HIV-1 and HIV-2, single assay |
| Sexually Transmitted Disease | |
| 86592 | Syphilis test |
| 87491 | Chlamydia |
| 87591 | Gonorrhea |
| 87624, 87625 | Papillomavirus (HPV) |

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|---------------------------------|--|
| Rapid Infectious Agent Testing | |
| 86480* | Tuberculosis test (Quantiferon-TB Gold) |
| 87081* | Bacterial culture, screening (e.g., throat) |
| 87427* | Infectious agent detection, Shiga toxin |
| 87637 | COVID-19, Influenza A and B, RSV |
| 87502 | Influenza A and B RNA, Qualitative Real-Time PCR |
| 87634 | RALS Point of Care—RSV |
| 87635 | RALS Point of Care—COVID-19 |
| 87798* | Infectious agent detection by nucleic acid (other pathogen) |
| 87811* | COVID-19 antigen test |
| Women's Health | |
| G0101 | Cervical or vaginal cancer screening, pelvic and breast exam |
| 88141, 88142, 88175 | Cytopathology, cervical or vaginal |
| 84702* | hCG, quantitative (pregnancy test) |
| Smoking Cessation | |
| 99406, 99407 | Smoking and tobacco cessation counseling visit |
| Miscellaneous | |
| 80048 | Basic metabolic panel |
| 80053 | Comprehensive metabolic panel |
| 93005 | Electrocardiogram |
| 96110 | Developmental testing |
| Preventive Care Visit Exams | |
| 99381–99386, 99391–99397 | Preventive medicine services |
| 99401* | Preventive counseling visit (approximately 15 minutes) |
| 99402* | Preventive counseling visit (approximately 30 minutes) |
| 99404 | Preventive counseling |
| Office Visit Exams | |
| 98008–98015 | Telehealth Audio Only |
| 98000–98007 | Telehealth Audio-Visual |
| 99205 | Office Visit, New Patient |
| 99202–99204, 99211–99215, G2211 | Office Visit, Evaluation and Management |
| 99417 | Prolonged Office Visit |
| 99441 | Evaluation and Management, 5–10 minutes |
| 99442 | Evaluation and Management, 11–20 minutes |
| 99443 | Evaluation and Management, 21–30 minutes |

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|--|---|
| Office Visit Exams | |
| G2012, 98016 | Virtual Check-In |
| Behavioral Health and Other Therapy Visits | |
| 96127 | Brief Emotional/Behavioral Assessment |
| 96160 | Administration of Patient Health Risk Assessment |
| 96161 | Administration of Caregiver Health Risk Assessment |
| 96164 | Health Behavior Group, 30 min—Mindful Eating |
| 96165 | Health Behavior Group, addl 15 min—Mindful Eating |
| 90791 | Mental Health Assessment |
| 90792 | Mental Health Assessment—MD or APRN |
| 90832 | Therapy, 16–30 minutes |
| 90833 | Therapy, 30 minutes with E&M Service |
| 90834 | Therapy, 38–52 minute |
| 90836 | Therapy, 45 minutes with E&M Service |
| 90837 | Therapy, 60 minutes |
| 90838 | Therapy, 60 minutes with E&M Service |
| 97161 | Physical Therapy Assessment |
| 97110 | Physical Therapy Assessment |
| 97802 | Medical Nutritional Therapy—Initial |
| 97803 | Medical Nutritional Therapy—Reassessment |
| 97804 | Medical Nutritional Therapy—Group |
| G0444 | Annual Depression Screening, 15 minutes |
| Diagnostic Imaging | |
| 71046 | Radiological Exam, Chest—2 View |
| Procedures | |
| 10060* | Incision and drainage of abscess (simple) |
| 12001, 12002, 12011 | Repair and Closure |
| 17000* | Destruction of premalignant lesion |
| 17110* | Destruction of benign skin lesions |
| 69200* | Removal of foreign body from ear |
| 69209* | Removal of impacted earwax (irrigation) |
| 69210* | Removal of impacted earwax (instrumentation) |
| 93000* | Electrocardiogram (EKG) with interpretation |
| 94640* | Inhalation treatment (e.g., nebulizer therapy) |
| 96372* | Therapeutic/prophylactic injection administration (subcutaneous or intramuscular) |

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|--------------------------|--|
| Procedures | |
| J1010* | Injectable methylprednisolone acetate |
| J1100* | Injectable dexamethasone |
| J1885* | Injectable ketorolac |
| J2405* | Injectable ondansetron |
| J2919* | Injectable methylprednisolone sodium succinate |
| J7613* | Albuterol inhalation solution |
| Other Labs | |
| 36415 | Venipuncture |
| 36416 | Capillary Blood Draw |
| 80050 | General Health Panel |
| 80069* | Renal function panel |
| 80076* | Hepatic (liver) function panel |
| 81001* | Urinalysis with microscopy |
| 81002* | Urinalysis, non-automated (dipstick) |
| 81025 | Urine Pregnancy Test |
| 82043 | Albumin; Urine or Other Source |
| 82270, 82272 | Blood, Occult |
| 82306 | Vitamin D Assay |
| 82565* | Creatinine, blood |
| 82570* | Creatinine, other source (e.g., urine) |
| 82607* | Vitamin B12 |
| 82728* | Ferritin |
| 82746* | Folic acid (folate) |
| 83540* | Iron |
| 83690* | Lipase |
| 83735* | Magnesium |
| 84153* | Prostate-specific antigen (PSA), total |
| 84154* | PSA, free |
| 84156* | Protein, total (urine) |
| 84403* | Testosterone, total |
| 84439* | Free T4 (thyroxine) |
| 84443* | Thyroid stimulating hormone (TSH) |
| 84466* | Transferrin |
| 84480* | Total T3 |

| WELLNESS PROCEDURE CODES | DESCRIPTIONS |
|--------------------------|--|
| Other Labs | |
| 84481* | Free T3 (triiodothyronine) |
| 84550* | Uric acid |
| 85014* | Hematocrit |
| 85025* | Complete blood count (CBC) with automated differential |
| 85027* | Complete blood count (CBC), automated |
| 85610* | Prothrombin time (PT/INR) |
| 85652* | Erythrocyte sedimentation rate (ESR) |
| 86140* | C-reactive protein (CRP) |
| 86308* | Mononucleosis heterophile antibody |
| 86665* | Epstein-Barr virus antibody |
| 87070* | Bacterial culture, other source |
| 87077* | Culture, bacterial; organism identification |
| 87086* | Urine culture, bacterial |
| 87088* | Urine culture, quantitative colony count |
| 87186* | Antimicrobial susceptibility testing |
| 87205* | Smear, Gram stain |
| 87651 | Streptococcus, Group A Assay |
| 87880 | Streptococcus, Group B Assay |
| 81003 | Urinalysis |

* New Code

**You will receive medical services, including wellness visits and care for minor illnesses, for free through Memorial Choice. Covered services must be provided through Memorial Medical Group, Decatur Memorial Medical Group or at any one of the five outpatient hospital labs. Treatment beyond these basic services will be billed according to your current insurance policy. For questions on coverage of services, contact your insurance provider.