

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13694	Date: March 19, 2026
	Change Request 14421

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18, Section 110.3.2, to Align with Medicare Preventive Services for Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add diagnosis codes to IOM Pub. 100-04, Chapter 18, Section 110.3.2 to align with the Medicare Preventive Services Quick Reference (Medicare Learning Network® (MLN)) for Abdominal Aortic Aneurysm (AAA) screening.

EFFECTIVE DATE: April 20, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 20, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	18/Table of Contents
R	18/110/100.3.2/HCPCS Code and ICD-10 Diagnosis Codes

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 13694	Date: March 19, 2026	Change Request: 14421
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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to add diagnosis codes to align with the Medicare Preventive Services Quick Reference (Medicare Learning Network® (MLN)).

Specifically, this CR will add ICD-10 diagnosis code Z13.6 in combination with either Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219, or Z84.89, consistent with preventive service guidance.

These updates will be incorporated into IOM Pub. 100-04, Chapter 18, Section 110.3.2.

B. Policy: N/A

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14421.1	Contractors shall be aware of the updates to IOM Pub. 100-04, Chapter 18, Section 110.3.2.	X	X							

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Table of Contents
(Rev. 13694; Issued: 03-19-26)

110.3.2 - HCPCS Codes and ICD-10 Diagnosis Codes

110.3.2 - HCPCS Codes and ICD-10 Diagnosis Codes
(Rev. 13694; Issued: 03-19-26; Effective: 04-20-26; Implementation: 04-20-26)

Effective for services furnished on or after January 1, 2007, through December 31, 2016, the following code and modifiers are used for AAA screening services:

G0389: Ultrasound, B-scan and or real time with image documentation; for abdominal aortic aneurysm (AAA) screening

Short Descriptor: Ultrasound exam AAA screen

Modifiers: TC, 26

Effective for services furnished on or after January 1, 2017, the following code and modifiers, are used for AAA screening services:

76706: Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA). (For screening ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979.)

Short Descriptor: Us abdl aorta screen AAA

Modifiers: TC, 26

ICD-10 Diagnosis Codes: *Z13.6 and either Z87.891, F17.210, F17.211, F17.213, F17.218, and F17.219 or Z84.89*

Note: Additional ICD-10 codes may apply, please contact your MAC, if applicable.