

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)

WELLNESS PROCEDURE CODES	DESCRIPTIONS
Immunizations	
90714	Td 7 years and older
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

Notice to City of Springfield employees and spouses participating in the City's HDHP/HSA plan: The City is not providing advice on whether and to what extent receiving near-site clinic services may impact HSA eligibility. Individuals should consult with their tax advisor with any questions or concerns. You may also visit the IRS link pertaining to the IRS tax guidance on HSAs at [irs.gov](https://www.irs.gov) and search for IRS Notice 2008-59 for IRS guidance on HSAs and IRS Publication 969 on HSAs and other tax-favored health plans

** 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.*