

Preventive Services

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO) products

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – A MassHealth Plan
- Tufts Health Unify – OneCare Plan
- Tufts Health RITogether – A RI Medicaid Plan

The Patient Protection and Affordable Care Act (commonly referred to as Federal Health Care Reform), requires all Tufts Health Plan plans to provide 100% coverage for preventive care services. Grandfathered groups are not subject to this requirement, but many of these groups have opted to cover preventive services with no cost sharing.

This means that members will have no cost sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit.

Preventive services identified in this policy are based on recommendations from the U.S. Preventive Services Task Force (USPSTF), Bright Futures, American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and Advisory Committee for Immunization Practices (ACIP).

Tufts Health Plan accepts and recognizes the use of modifier 33; when the primary purpose of the service is the delivery of an evidence based service in accordance with a USPSTF A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used. Refer to our [Modifier Payment Policy](#) for more information regarding modifiers.

Tufts Health Plan covers women’s preventive health services with no cost share for most members when rendered by an in-network provider. Please refer to the [Women's Health](#) section of this document for additional information.

Gender-specific preventive screenings may be medically necessary for transgender members appropriate to either their former or present anatomy/gender, depending on the screening at issue. (e.g., a transgender male who has retained female breasts is eligible for breast cancer preventive screenings).

Claims are subject to payment edits that are updated at regular intervals and generally based on CMS (including NCCI), specialty society guidelines and drug manufacturers’ package label inserts.

Included in this policy:

[Preventive Services: Office Visit, Immunization Administration, Venipuncture](#)
[Routine Health Screening: Adult](#)
[Routine Health Screenings: Pediatric](#)
[Preventive Immunizations: Adult and Pediatric](#)
[Preventive Counseling Services](#)

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

PREVENTIVE SERVICES	
<p>Preventive Office Visits</p>	<p>CPT/HCPCS Code(s): 99381 - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) 99382 - ; early childhood (age 1 through 4 years) 99383 - ; late childhood (age 5 through 11 years) 99384 - ; adolescent (age 12 through 17 years) 99385 - ; 18-39 years 99386 - ; 40-64 years 99387 - ; 65 years and older 99391 - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) 99392 - ; early childhood (age 1 through 4 years) 99393 - ; late childhood (age 5 through 11 years) 99394 - ; adolescent (age 12 through 17 years) 99395 - ; 18-39 years 99396 - ; 40-64 years 99397 - ; 65 years and older 99460 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant 99461 - Initial care, per day , for evaluation and management of normal newborn infant seen in other than hospital or birthing center 99462 - Subsequent hospital care, per day, for evaluation and management of normal newborn 99463 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date G0438 - Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit G0439 - , subsequent visit</p>
<p>Preventive Immunization Administration Codes</p>	<p>CPT code(s): 90460 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component 90461 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) 90471 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) 90472 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) 90473 - Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) 90474 - Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) G0008 - Administration of influenza virus vaccine G0009 - Administration of pneumococcal vaccine G0010 - Administration of hepatitis B vaccine</p>
<p>Venipuncture for preventive pathology and laboratory service(s)</p>	<p>CPT code(s) billed with the below ICD-10 code(s): 36415 - Collection of venous blood by venipuncture 36416 - Collection of capillary blood specimen (e.g., finger, heel, ear stick)</p>

PREVENTIVE SERVICES	
	<p>ICD-10 code(s): 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 – 009.93 - Supervision of high risk pregnancy Z00.00 - Encounter for general adult medical exam w/o abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health exam w/o abnormal findings Z13.1 - Encounter for screening for diabetes mellitus Z13.220 - Encounter for screening for lipid disorders Z30.2 - Encounter for sterilization Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy</p>
ROUTINE HEALTH SCREENINGS: ADULT	
<p>Abdominal Aortic Aneurysm: One-time screening for men ages 65-75 who have ever smoked</p>	<p>CPT/HCPCS codes(s) billed with the below ICD-10 code(s): 76700 - Ultrasound, abdominal, real time with image documentation; complete 76705 - ; limited (e.g., single organ, quadrant, follow-up) 76706 - Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) 76770 - Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete 76775- ; limited</p> <p>ICD-10 code(s): Z13.6 - Encounter for screening for cardiovascular disorders Z87.891 - Personal history of nicotine dependence</p>
<p>Asymptomatic Bacteriuria Screening: Pregnant women at 12 to 16 weeks gestation or at their first prenatal visit, if later</p> <p>Rh (D) Blood Typing: First pregnancy related visit and at 24 to 28 weeks gestation for all unsensitized Rh (D)-negative women unless the biological father is known to be Rh (D)-negative</p> <p>Iron Deficiency Anemia Screening: Pregnant Women</p>	<p>CPT code(s) billed with the below ICD-10 code(s): 81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy 85013 - Blood count; spun microhematocrit 85014 - Blood count; hematocrit (Hct) 85018 - Blood count; hemoglobin (Hgb) 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count 85027- ; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) 85041 - Blood count; red blood cell (RBC), automated 86900 - Blood typing, serologic; ABO 86901 - Blood typing, serologic; Rh (D) G0306 - Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count G0307 - Complete (CBC), automated (HgB, Hct, RBC, WBC; without platelet count)</p> <p>ICD-10 code(s): 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 – 009.93 - Supervision of high risk pregnancy Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy</p>
<p>Blood Pressure Screening: Adults ages 18 and older</p>	<p>Included in Preventive Office Visit</p> <p>For measurements outside of the clinical setting for diagnostic confirmation before starting treatment; bill the following CPT code(s) with the below ICD-10 code: 93784 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation</p>

PREVENTIVE SERVICES	
	<p>and report</p> <p>93786 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</p> <p>93788 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report</p> <p>93790 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report</p> <p>A4670 - Automatic blood pressure monitor (when billed with modifier RR)</p> <p>ICD 10 code(s): R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension</p>
<p>BRCA Genetic Testing</p> <p>*Prior Authorization is required for BRCA Genetic Testing. Please refer to our Medical Necessity Guideline: Genetic Testing: BRCA-Related Breast and/or Ovarian Cancer Syndrome</p>	<p>CPT code(s) billed with the below ICD-10 code(s): tissue, algorithm quantifying tumor genomic instability score</p> <p>81162 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene arrangements)</p> <p>81163 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p> <p>81164 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81165 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p> <p>81166 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81167 - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81212 - 185delAG, 5385insC, 6174delT variants</p> <p>81215 - known familial variant</p> <p>81216 - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p> <p>81217 - known familial variant</p> <p>ICD 10 code(s): Z15.01 - Genetic susceptibility to malignant neoplasm of breast Z15.02 - Genetic susceptibility to malignant neoplasm of ovary Z80.0 - Family history of malignant neoplasm of digestive organs Z80.3 - Family history of malignant neoplasm of breast Z80.41 - Family history of malignant neoplasm of ovary Z80.49 - Family history of malignant neoplasm of other genital organs Z80.8 - Family history of malignant neoplasm of other organs or systems Z85.3 - Personal history of malignant neoplasm of breast Z85.43 - Personal history of malignant neoplasm of ovary</p>
<p>Breast Cancer Screening: Every 1 to 2 years for women aged 40 years and older</p>	<p>CPT/HCPCS code(s): 77063 - Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) 77067 - Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed G0202 - Screening mammography, producing direct digital image, bilateral, all views</p>
<p>Cervical Cancer Screening: Every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting)</p>	<p>CPT/HCPCS code(s) billed with the below ICD-10 code(s): 88141 - Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician 88142 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision 88143 - Cytopathology, cervical or vaginal (any reporting system) 88147 - Cytopathology smears, cervical or vaginal; screening by automated system</p>

PREVENTIVE SERVICES

88148 - Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening
88150 - Cytopathology, slides, cervical or vaginal; manual screening
88152 - Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening
88153 - Cytopathology, slides, cervical or vaginal; with manual screening and rescreening
88155 - Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation
88164 - Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening
88165 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening
88166 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening
88167 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review
88174 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system
88175 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review
G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0123 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation
G0124 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141 - Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0143 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening
G0144 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system
G0145 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening
G0147 - Screening cytopathology smears, cervical or vaginal, performed by automated system
G0148 - Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
P3000 - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision
P3001 - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician
Q0091 - Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
ICD-10 code(s):
Z01.411 - Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419 - Encounter for gynecological examination (general) (routine) without abnormal findings
Z12.4 - Encounter for screening for malignant neoplasm of cervix

Chlamydia and Gonorrhea Screening:
 Women age 24 & younger or 25 & older at increased risk

CPT code(s) billed with the below ICD-10 code(s):
87110 - Culture, chlamydia, any source
87270 - Infectious agent antigen detection by immunofluorescent technique
87320 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay

PREVENTIVE SERVICES	
	<p>[IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis</p> <p>87490 - Infectious agent detection by nucleic acid (DNA or RNA); direct probe technique</p> <p>87491 - Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique</p> <p>87492 - Infectious agent detection by nucleic acid (DNA or RNA); quantification</p> <p>87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</p> <p>87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</p> <p>87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p>ICD-10 code(s): Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</p>
<p>Colorectal Cancer Screening: Adults ages 45-75</p> <p>*Ancillary services performed during screening procedure are considered preventive when appropriate.</p> <p>*Prior Authorization is required for those indicated. Please refer to: High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</p>	<p>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</p> <p>00811 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified</p> <p>00812 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screen colonoscopy</p> <p>45330 - Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing</p> <p>45331 - Sigmoidoscopy, flexible; with biopsy, single or multiple</p> <p>45332 - Sigmoidoscopy, flexible; with removal of foreign body</p> <p>45333 - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</p> <p>45334 - Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)</p> <p>45335 - Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance</p> <p>45337 - Sigmoidoscopy, flexible; with decompression of volvulus, any method</p> <p>45338 - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</p> <p>45340 - Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures</p> <p>45341 - Sigmoidoscopy, flexible; with endoscopic ultrasound examination</p> <p>45342 - Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</p> <p>45346 - Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</p> <p>45378 - Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)</p> <p>45379 - Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body</p> <p>45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple</p> <p>45381 - Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance</p> <p>45382 - Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)</p> <p>45384 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</p> <p>45385 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</p> <p>45386 - Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures</p> <p>45388 - Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</p>

PREVENTIVE SERVICES	
	<p>45391 - Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination</p> <p>45392 - Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</p> <p>74263* - Computed tomographic (CT) colonography, screening, including image postprocessing</p> <p>81528 - Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result</p> <p>82270 - Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening</p> <p>82274 - Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations</p> <p>88305 - Level IV - Surgical pathology, gross and microscopic examination</p> <p>99152 - Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older</p> <p>99153 - ;each additional 15 minutes intraservice time (List separately in addition to code for primary service)</p> <p>99156 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older</p> <p>99157 ; each additional 15 minutes intraservice time (List separately in addition to code for primary service)</p> <p>G0104 - Colorectal cancer screening; flexible sigmoidoscopy</p> <p>G0105 - Colorectal cancer screening; colonoscopy on individual at high risk</p> <p>G0106 - Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema</p> <p>G0120 - Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema</p> <p>G0121 - Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</p> <p>G0122 - Colorectal cancer screening; barium enema</p> <p>G0328 - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations</p> <p>J2175 - Injection, meperidine HCl, per 100 mg</p> <p>J2250 - Injection, midazolam HCl, per 1 mg</p> <p>J2704 - Injection, propofol, 10 mg</p> <p>J3010 - Injection, fentanyl citrate, 0.1 mg</p> <p>J7040 - Infusion, normal saline solution, sterile (500 ml=1 unit)</p> <p>ICD-10 code(s): Z12.11 - Encounter for screening for malignant neoplasm of colon Z80.0 - Family history of malignant neoplasm of digestive organs</p>
Depression: Adult population, including pregnant and postpartum women	<p>CPT/HCPCS code(s): 99385-99387 - Preventive medicine evaluation and management, new patient 99395- 99397 - Preventive medicine evaluation and management, established patient G0444 - Annual depression screening, 15 minutes</p>
Hepatitis B Virus: Persons at high risk for infection	<p>CPT code(s) billed with the below ICD-10 code(s): 86704 - Hepatitis B core antibody (HBcAb); total 86706 - Hepatitis B surface antibody (HBsAb) 86707 - Hepatitis Be antibody (HBeAb) 87340 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semi-quantitative, multi-step method; hepatitis B surface antigen (HBsAg)</p>

PREVENTIVE SERVICES	
	<p>G0499 - Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)</p> <p>ICD-10 code(s): 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 - 009.93 - Supervision of high risk pregnancy Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission Z11.59 - Encounter for screening for other viral diseases Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy</p>
Hepatitis C Virus: Adults aged 18 to 79 years	<p>CPT/HCPCS code(s): 86803 - Hepatitis C antibody 86804 - Hepatitis C antibody; confirmatory test (eg, immunoblot) 87520 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique 87521 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed 87522 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed 87902 - Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus G0472 - Hepatitis C antibody screening for individual at high risk and other covered indication(s) 86804 - Hepatitis C antibody; confirmatory test (eg, immunoblot)</p>
HIV Screening: Adolescents and adults ages 15-65 or younger adolescents & older adults at high risk and Pregnant Women	<p>CPT/HCPCS code(s): 86689 - Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot) 86701 - Antibody; HIV-1 86702 - Antibody; HIV-2 86703 - Antibody; HIV-1 and HIV-2, single assay 87390 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 87391 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2 87806 - Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies G0432 - Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening G0433 - Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening G0435 - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening G0475 - HIV antigen/antibody, combination assay, screening S3645 - HIV-1 antibody testing of oral mucosal transudate</p>
Latent Tuberculosis Infection Screening: Asymptomatic adults at increased risk for infection	<p>CPT code(s) billed with the below ICD-10 code(s): 86480 - Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon 86481 - Tuberculosis test, cell mediated immunity antigen</p>

PREVENTIVE SERVICES	
	<p>response measurement; enumeration of gamma interferon-producing T-cells in cell suspension 86580 - Skin test; tuberculosis, intradermal</p> <p>ICD-10 code(s): Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z11.7 - Encounter for testing for latent tuberculosis infection</p>
<p>Lipid Disorders in Adults: Men ages 35 and older, Men ages 20-34 with an increased risk for coronary heart disease (CHD), Women ages 45 and older, and Women ages 20-44 with an increased risk for CHD</p>	<p>CPT code(s) billed with the below ICD-10 code(s): 80061 - Lipid panel 82465 - Cholesterol, serum or whole blood, total 83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) 83719 - Lipoprotein, direct measurement; VLDL cholesterol 83721 - Lipoprotein, direct measurement; LDL cholesterol 84478 - Triglycerides</p> <p>ICD-10 code(s): Z13.220 - Encounter for screening for lipid disorders</p>
<p>Lung Cancer Screening: Adults ages 55 to 80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years</p> <p>*Prior Authorization is required for those indicated. Please refer to: High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</p>	<p>CPT/HCPCS code(s) billed with the below ICD-10 code(s): 71250* - Computed tomography, thorax; without contrast material 71271* - Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) G0296 - Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</p> <p>ICD-10 code(s): Z12.2 - Encounter for screening for malignant neoplasm of respiratory organs Z87.891 - Personal history of nicotine dependence</p>
<p>Obesity Screening: Adults</p>	<p>CPT code(s): Preventive medicine evaluation and management code(s): 99385-99387 - New patient 99395- 99397 - Established patient</p>
<p>Osteoporosis Screening: Postmenopausal women younger than 65 years who are at increased risk of osteoporosis or women 65 years and older</p>	<p>CPT code(s) billed with the below ICD-10 code(s): 77078 - Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine) 77080 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine) 77081 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) 77085 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment 77086 - Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</p> <p>ICD-10 code(s): Z13.820 - Encounter for screening for osteoporosis Z82.62 - Family history of osteoporosis</p>
<p>Preeclampsia Screening: Blood pressure measurements throughout pregnancy</p>	<p>Included in outpatient maternity visit</p> <p>Refer to Women's Health section of this document</p>
<p>Syphilis and Gonorrhea Screening: Pregnant Women</p>	<p>CPT code(s) billed with the below ICD-10 code(s): 86592 - Syphilis test, non-treponemal antibody; qualitative 86593 - Syphilis test, non-treponemal antibody; quantitative 87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique 87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique 87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p>ICD-10 code(s): O09.A - O09.A3 -Supervision of pregnancy with history of molar pregnancy O09.00 - O09.93 - Supervision of high risk pregnancy Z33.1 - Pregnant state, incidental</p>

PREVENTIVE SERVICES	
	<p>Z33.3 - Pregnant state, gestational carrier Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy</p>
Syphilis Screening: Men and Women at increased risk	<p>CPT code(s) billed with the below ICD-10 code(s): 86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) 86593 - Syphilis test, non-treponemal antibody; quantitative</p> <p>ICD-10 code(s): Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</p>
Type 2 Diabetes Mellitus Screening: Adults aged 40 to 70 years who are overweight or obese or those persons who may be at increased risk at a younger age or at a lower body mass	<p>CPT code(s) billed with the below ICD-10 code(s): 82947 - Glucose; quantitative, blood (except reagent strip) 82948 - Glucose; blood, reagent strip 82951 - Glucose; tolerance test (GTT), 3 specimens (includes glucose) 82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure) 83036 - Hemoglobin; glycosylated (A1C)</p> <p>ICD-10 code(s): Z13.1 - Encounter for screening for diabetes mellitus</p>
ROUTINE HEALTH SCREENINGS: PEDIATRIC	
Application of Fluoride Varnish: Infants and children birth through age 5	<p>CPT code(s) billed with the below ICD-10 code(s): 99188 - Application of topical fluoride varnish by a physician or other qualified health care professional</p> <p>ICD-10 code(s): Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z29.3 - Encounter for prophylactic fluoride administration</p>
Congenital Hypothyroidism Screening: Newborns	Included in hospital charges
Depression: Adolescents ages 12-17	<p>CPT/HCPCS code(s): 99384 - New patient 99394 - Established patient G0444 - Annual depression screening, 15 minutes</p>
Developmental/Behavioral Assessment	<p>CPT/HCPCS code(s) billed with the below ICD-10 code(s): 96110 - Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument 96127 - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument G0451 - Developmental testing, with interpretation and report, per standardized instrument form</p> <p>ICD-10 code(s): Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z13.3 - Encounter for screening examination for mental health and behavioral disorders Z13.30 - Encounter for screening examination for mental health and behavioral disorders, unspecified Z13.39 - Encounter for screening examination for other mental health and behavioral disorders Z13.40 - Encounter for screening for unspecified developmental delays Z13.41 - Encounter for autism screening Z13.42 - Encounter for screening for global developmental delays (milestones) Z13.49 - Encounter for screening for other developmental delays Z13.89 - Encounter for screening for other disorder (eg, depression)</p>
Dyslipidemia Screening	<p>CPT code(s) billed with the below ICD-10 code(s): 80061 - Lipid panel 82465 - Cholesterol, serum or whole blood, total 83718 - Lipoprotein, direct measurement; high density</p>

PREVENTIVE SERVICES	
	cholesterol (HDL cholesterol) 83719 - Lipoprotein, direct measurement; VLDL cholesterol 83721 - Lipoprotein, direct measurement; LDL cholesterol 84478 - Triglycerides ICD-10 code(s): Z13.220 - Encounter for screening for lipid disorders
Gonorrhea prophylactic medication: Newborns	Included in hospital charges
Hearing Screening	CPT code(s) billed with the below ICD-10 code(s): 92551 - Screening test, pure tone, air only 92552 - Pure tone audiometry (threshold); air only 92567 - Tympanometry (impedance testing) 92558 - Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis 92586 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited 92587 - Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report ICD-10 code(s): Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z38.00 – Z38.8 - Liveborn infants according to place of birth and type of delivery
Hematocrit or Hemoglobin	CPT code(s): 85013 - Blood count; spun microhematocrit 85014 - Blood count; hematocrit 85018 - Blood count; hemoglobin 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count 85027 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
HIV Screening: All sexually pediatric active patients	Refer to HIV Screening section of this document
Lead: Infants and children ages 0 through age 6	CPT code(s) billed with the below ICD-10 code(s): 83655 - Lead ICD-10 code(s): Z13.88 - Encounter for screening for disorder due to exposure to contaminants
Metabolic/Hemoglobin Screening: Newborns	CPT code(s): 85013 - Blood count; spun microhematocrit 85018 - Blood count; hemoglobin 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count S3620 - Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)
Obesity Screening: Children and Adolescents ages 6-17	CPT code(s): Preventive medicine evaluation and management code(s): 99383, 99384 - New patient 99393, 99394 - Established patient
Phenylketonuria Screening: Newborns	Included in hospital charges
Sexually Transmitted Infection (STI) Screening: All sexually active patients	CPT code(s) billed with the below ICD-10 code(s): 86631 - Antibody; Chlamydia 86632 - Antibody; Chlamydia, IgM 87081 - Culture, presumptive, pathogenic organisms, screening only; 87110 - Culture, chlamydia, any source 87210 - Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps) 87270 - Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis

PREVENTIVE SERVICES	
	<p>87320 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis</p> <p>87490 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique</p> <p>87491 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique</p> <p>87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</p> <p>87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</p> <p>87800 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique</p> <p>87801 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique</p> <p>87810 - Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis</p> <p>87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p>ICD-10 code(s): Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission Z11.8 - Encounter for screening for other infectious and parasitic diseases Z11.9 - Encounter for screening for infectious and parasitic diseases, unspecified</p>
Screening/Risk Assessment	<p>CPT code(s) billed with the below ICD-10 code(s): 96160 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument 96161 - Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument</p> <p>ICD-10 code(s): Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings</p>
Syphilis Screening: Adolescents who are at increased risk for syphilis infection	<p>CPT code(s) billed with the below ICD-10 code(s): 86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) 86593 - Syphilis test, non-treponemal antibody; quantitative</p> <p>ICD-10 code(s): Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</p>
Tuberculin Test	<p>CPT code(s): 86480 - Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response 86481 - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension 86580 - Skin test; tuberculosis, intradermal</p>
Visual Acuity Screening	<p>CPT code(s) billed with the below ICD-10 code(s): 99173 - Screening test of visual acuity, quantitative, bilateral 99174 - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral</p>

PREVENTIVE SERVICES	
	<p>99177 - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis</p> <p>ICD-10 code(s): Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings</p>
Visual Impairment: Children younger than 5	<p>Preventive medicine evaluation and management code(s): 99381-99382 - New patient 99391- 99392 - Established patient</p>
PREVENTIVE IMMUNIZATIONS	
Subject to availability. Refer to our List of Unavailable Vaccines and Drugs . Subject to Federal Drug Administration (FDA) licensed indications.	
Adult or Pediatric Immunizations	<p>CPT/HCPCS code(s): 90581 - Anthrax vaccine, for subcutaneous or intramuscular 90585 - Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use 90586 - Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use 90620 - Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use 90621 - Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use 90630 - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use 90649* - Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use (*Covered for Ages 9-26) 90650*- Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use (*Covered for Ages 9-26) 90651*- Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use (*Covered for Ages 9-45) 90653 - Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use 90654 - Influenza virus vaccine, split virus, preservative-free, for intradermal use 90656 - Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use 90658 - Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use 90661 - Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use 90662 - Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use 90670 - Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use 90672 - Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use 90673 - Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use 90674 - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use 90675 - Rabies vaccine, for intramuscular use 90676 - Rabies vaccine, for intradermal use 90680 - Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use 90681 - Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use 90682 - Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use 90686 - Influenza virus vaccine, quadrivalent (IIV4), split virus,</p>

PREVENTIVE SERVICES

preservative free, 0.5 mL dosage, for intramuscular use
90688 - Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90689 - Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
90690 - Typhoid vaccine, live, oral
90691 - Typhoid vaccine, Vi capsular polysaccharide (ViCPS), for intramuscular use
90694 - Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90697 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90707 - Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710 - Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90714 - Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716 - Varicella virus vaccine (VAR), live, for subcutaneous use
90717 - Yellow fever vaccine, live, for subcutaneous use
90718 - Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
90732 - Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733 - Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734 - Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use
90738 - Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90740 - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90747 - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
90748 - Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90756 - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
Q2035 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
Q2036 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2037 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2038 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)

PREVENTIVE SERVICES	
Adult Immunizations	<p>CPT code(s): 90625 - Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use 90632 - Hepatitis A vaccine (HepA), adult dosage, for intramuscular use 90636 - Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use 90736 - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection 90739 - Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use 90746 - Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use 90750 - Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection</p>
Pediatric Immunizations	<p>CPT code(s): 90633 - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use 90634 - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use 90644 - Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use 90648 - Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use 90655 - Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use 90657 - Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use 90685 - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use 90687 - Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use 90696 - Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use 90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use 90702 - Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use 90713 - Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use 90743 - Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use 90744 - Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</p>
<p>Coronavirus [COVID-19] Immunizations *Subject to Federal Drug Administration (FDA) licensed indications</p>	<p>Administration Codes: 0001A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose (Pfizer-Biontech) 0002A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose (Pfizer-Biontech) 0011A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose (Moderna) 0012A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose (Moderna) 0021A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-</p>

PREVENTIVE SERVICES	
	<p>2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage; first dose (AstraZeneca)</p> <p>0022A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage; second dose (AstraZeneca)</p> <p>0031A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, single dose (Janssen)</p> <p>Vaccine Codes:</p> <p>91300 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use (Pfizer-Biontech)</p> <p>91301 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use (Moderna)</p> <p>91302 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use (AstraZeneca)</p> <p>91303 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use (Janssen)</p>
PREVENTIVE COUNSELING SERVICES	
<p>Alcohol Misuse Counseling</p> <p>Aspirin Counseling: Men ages 45 to 79 (for the prevention of myocardial infarctions), and Women ages 55 to 78 (for the prevention of ischemic strokes)</p> <p>Healthy Diet Counseling: Adults with hyperlipidemia and other risk factors for cardiovascular disease and diet-related chronic disease</p> <p>Obesity Counseling</p> <p>Prenatal Counseling</p> <p>Sexually Transmitted Infections/HIV Counseling: Sexually Active Adolescents and Adults at increased risk</p> <p>Tobacco Use Counseling and Intervention: Children, Adolescents and Adults including Pregnant Women</p>	<p>CPT/HCPCS code(s):</p> <p>99078 - Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)</p> <p>99401 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</p> <p>99402 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</p> <p>99403 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</p> <p>99404 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</p> <p>99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</p> <p>99407 - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</p> <p>99408 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes</p> <p>99409 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes</p> <p>99411 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</p> <p>99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</p> <p>G0442 - Annual alcohol misuse screening, 15 minutes</p> <p>G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</p> <p>G0445 - High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual</p>

PREVENTIVE SERVICES	
	<p>behavior; performed semi-annually, 30 minutes</p> <p>G0446 - Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes</p> <p>G0447 - Face-to-face behavioral counseling for obesity, 15 minutes</p> <p>G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes</p> <p>S9453 - Smoking cessation classes, non-physician provider, per session</p> <p>Preventive medicine evaluation and management code(s):</p> <p>99383 - 99387 - New patient</p> <p>99393 - 99397 - Established patient</p>
<p>Weight Loss Behavioral Intervention: Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions</p>	<p>Included in Preventive Office Visit</p>
<p>BRCA Genetic Counseling</p>	<p><u>CPT code(s) billed with the below ICD-10 code(s):</u></p> <p>96040 - Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</p> <p>S0265 - Genetic counseling, under physician supervision, each 15 minutes</p> <p><u>ICD-10 code(s):</u></p> <p>Z15.01 - Genetic susceptibility to malignant neoplasm of breast</p> <p>Z15.02 - Genetic susceptibility to malignant neoplasm of ovary</p> <p>Z80.0 - Family history of malignant neoplasm of digestive organs</p> <p>Z80.3 - Family history of malignant neoplasm of breast</p> <p>Z80.41 - Family history of malignant neoplasm of ovary</p> <p>Z80.49 - Family history of malignant neoplasm of other genital organs</p> <p>Z80.8 - Family history of malignant neoplasm of other organs or systems</p>
<p>Falls Prevention: Community-dwelling adults 65 years or older who are at increased risk for falls</p> <p>*Prior Authorization is required for some services. See applicable medical necessity guidelines.</p>	<p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u></p> <p>97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</p> <p>97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</p> <p>97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</p> <p>97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> <p>97150 - Therapeutic procedure(s), group (2 or more individuals)</p> <p>97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</p> <p>97161 - Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family</p> <p>97162 - Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p> <p>97163 - Physical therapy evaluation: high complexity, requiring</p>

PREVENTIVE SERVICES	
	<p>these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p> <p>97164 - Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.</p> <p>97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</p> <p>G0151 - Services of physical therapist in home health setting, each 15 minutes</p> <p>G0157 - Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes</p> <p>G0159 - Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes</p> <p>S8990 - Physical or manipulative therapy performed for maintenance rather than restoration</p> <p>S9131 - Physical therapy; in the home, per diem</p> <p>ICD-10 code(s): R26.81 - Unsteadiness on feet R54 - Age-related physical debility Z91.81 - History of falling</p>
<p>Skin Cancer Behavioral Counseling: Young adults, adolescents, children, and parents of young children</p>	<p>Included in Preventive Office Visit</p>
WOMEN'S HEALTH	
<p>Outpatient Maternity Services: All outpatient routine prenatal and postpartum office visits will be covered in full. Any outpatient maternity services not considered routine or those related to complications or risks with a pregnancy, may be subject to cost sharing based on the member's plan. Some examples of services not considered routine include, but are not limited to, amniocentesis, fetal stress testing, and OB ultrasounds.</p> <p>Note: This does not include inpatient maternity services which may be subject to cost share based on member's plan design.</p>	<p>CPT code(s): 59400 - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care 59410 - Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care 59425 - Antepartum care only; 4-6 visits 59426 - Antepartum care only; 7 or more visits 59430 - Postpartum care only (separate procedure) 59510 - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care 59515 - Cesarean delivery only; including postpartum care 59610 - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery 59614 - Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care 59618 - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery 59622 - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care</p>
<p>Breastfeeding support, education, equipment, supplies and counseling for pregnant and postpartum women</p>	<p>HCPCS code(s): A4281 - Tubing for breast pump, replacement A4282 - Adapter for breast pump, replacement A4283 - Cap for breast pump bottle, replacement A4284 - Breast shield and splash protector for use with breast pump, replacement A4285 - Polycarbonate bottle for use with breast pump,</p>

PREVENTIVE SERVICES	
	<p>replacement A4286 - Locking ring for breast pump, replacement E0602 - Breast pump, manual, any type E0603 - Breast pump, electric (AC and/or DC), any type E0604 - Breast pump, hospital grade, electric (AC and/or DC), any type S9443 - Lactation classes, nonphysician provider, per session</p>
<p>Contraception: Surgical Procedures</p> <p>*Ancillary services performed in conjunction with surgical procedure are considered preventive when appropriate</p>	<p>CPT/HCPCS code(s) billed with the below ICD-10 code(s): 00851 - Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/ transection 00952 - Anesthesia for vaginal procedures; hysteroscopy and/or hysterosalpingography 58555 - Hysteroscopy, diagnostic 58565 - Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants 58600 - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral 58605 - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization 58611 - Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) 58615 - Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach 58670 - Laparoscopy, surgical; with fulguration of oviducts (with or without transection) 58671 - Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring) 88302 - Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization 99144 - Moderate sedation age 5 years or older, first 30 minutes intra-service time (when billed with CPT codes 00952 or 58555) 99145 - Moderate sedation each additional 15 minutes intra-service time (when billed with CPT codes 00952 or 58555) A4264 - Permanent implantable contraceptive intratubal occlusion device(s) and delivery system</p> <p>ICD-10 code(s): Z30.2 - Encounter for sterilization</p>
<p>Contraception and Contraceptive Counseling: FDA-approved over-the-counter female contraceptives are considered preventive when prescribed by a licensed provider and dispensed at a pharmacy pursuant to a prescription.</p> <p>Emergency contraceptives, including Ella® and generics of Plan B® and Plan B One-Step® are considered preventive</p> <p>*Covered under the Pharmacy benefit</p>	<p>CPT/HCPCS code(s): 11976 - Removal, Implantable contraceptive capsules 57170 - Diaphragm & cervical cap fitting 58300 - Insertion of IUD 58301 - Removal of IUD A4261 - Cervical cap for contraceptive use A4266* - Diaphragm for contraceptive use A4268* - Contraceptive supply, condom, female, each A4269* - Contraceptive supply, spermicide (e.g., foam, gel), each J1050 - Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera) J7296 - Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg J7297 - Levonorgestrel-releasing intrauterine contraceptive system, 52mg (Liletta) J7298 - Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena) J7300 - Intrauterine Copper Contraceptive J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg J7303* - Contraceptive supply, hormone containing vaginal ring, each J7304* - Contraceptive supply, hormone containing patch, each J7307 - Etonogestrel (contraceptive) implant system, including implant and supplies S4989- Contraceptive intrauterine device (e.g., Progestacert IUD, including implants and supplies) S4993*- Contraceptive pills for birth control</p> <p>CPT code(s) billed with the below ICD-10 code(s): 11981 - Insertion, non-biodegradable drug delivery implant</p>

PREVENTIVE SERVICES	
	<p>11982 - Removal, non-biodegradable drug delivery implant 11983 - Removal with reinsertion, non-biodegradable drug delivery implant 96372 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services 99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family</p> <p>ICD-10 code(s): Z30.013 – Z30.019 - Encounter for initial prescription of contraceptives Z30.40 – Z30.9 - Encounter for surveillance of contraceptives or Encounter for contraceptive management Z97.5 Presence of (intrauterine) contraceptive device</p>
Domestic Violence	Screening for domestic violence covered as part of the annual well-woman visit. Refer to Preventive Office Visit section of this document.
Gestational Diabetes	<p>CPT code(s) billed with the below ICD-10 code(s): 80422 - Glucagon tolerance panel; for insulinoma 82950 - Glucose; post glucose dose (includes glucose) 82951 - Glucose; tolerance test (GTT), 3 specimens (includes glucose) 82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)</p> <p>ICD-10 code(s): 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 - 009.93 - Supervision of high risk pregnancy Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy</p>
HIV Screening and Counseling	Refer to the HIV Screening & HIV Counseling section(s) of this document
HPV DNA Testing for Women ages 30 or older	<p>CPT/HCPCS code(s): 0500T - Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) 87624 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) 87625 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed G0476 - Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test</p>
Sexually Transmitted Infections (STI) Screening and Counseling	Refer STI related Screenings - Chlamydia and Gonorrhea , Hepatitis B , Hepatitis C , HIV Screening , Syphilis and STI Counseling section(s) of this document
Well-Woman Visit	Refer to the Preventive Office Visit section of this document

PHARMACY

U.S. Preventive Services Task Force A & B Recommendation Medications

Tufts Health Plan has included certain categories of medications in the preventive services coverage based on recommendations from the U.S. Preventive Services Task Force and the Institute of Medicine. These preventive medications are covered under the Patient Protection and Affordable Care Act at no cost (\$0 copayment) to Members when prescribed by a licensed provider and filled at a network pharmacy. Coverage limitations such as age and gender rules apply. See Special Coverage Considerations for details below. This coverage does not apply to members of “grandfathered” plans.

Note: Preventive over-the-counter (OTC) medications are covered in full when prescribed by a licensed Provider and dispensed at a pharmacy pursuant to a prescription.

Medication	Applies To	Special Coverage Considerations
Aspirin 81 mg	OTC Generics Only	Covered in full for women of childbearing age (12 – 52 years)
Aspirin ≤ 325 mg	OTC Generics Only	Covered in full for Members age 45 years and older
Bowel preparations: Brand names: Clenpiq™, GoLYTELY®, Moviprep®, Plenvu®, Prepopik®, Suprep® Generics: GaviLyte™-C, GaviLyte™-G, GaviLyte™-H and Bisacodyl, TriLyte®	Rx Brands* and Generics *Brand-name medications are covered in full until a generic is available	Covered in full for generic and single-source brand bowel preparations for Members age 50 through 74 years old
Fluoride drops & tablets	Rx Brands and Generics	Covered in full for preschool children age 6 months through age 6
Folic acid 0.4 mg, 0.8 mg, 1mg	OTC and Rx Generic Only	Covered in full for women of childbearing age (12 – 52 years)
Iron liquid supplements	OTC Brands and Generics	Covered in full for children up to 12 months of age
Low to moderate dosed statins: Atorvastatin 10 mg, 20 mg, Fluvastatin 20 mg, 40 mg, Fluvastatin ER 80 mg, Lovastatin 10 mg, 20 mg, 40 mg, Pravastatin 10 mg, 20 mg, 40 mg, 80 mg, Rosuvastatin 5 mg, 10 mg, Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	Generics only	Covered in full for adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
Preventive medications for the risk reduction of primary breast cancer in women: Evista®, Soltamox®, Raloxifene and Tamoxifen	Rx Brands and Generics	Covered in full for women
Smoking Cessation products	Rx Brands and Generics; OTC Generics Only	Covered in full

FDA-Approved Over-the-Counter (OTC) Contraceptives for Women

These preventive medications are covered under the Patient Protection and Affordable Care Act at no cost (\$0 copayment) to female Members when prescribed by a licensed Provider and dispensed at a network pharmacy pursuant to a prescription. This coverage does not apply to members of “grandfathered” plans, and certain religious group employers are exempt from the requirement to cover contraceptive services.

Contraceptive films
Contraceptive foams
Contraceptive gels
Emergency contraceptives
Female condoms

Prescription Contraceptives for Women

Contraceptives, including oral contraceptives, diaphragms, and other self administered hormonal contraceptives (e.g., patches, rings) that by law require a prescription are covered in full under the Pharmacy Benefit (\$0 copayment). Brand name oral and self-administered hormonal contraceptives with available generic are subject to prior authorization.

Contraceptives that are administered by a health care professional, including cervical caps, IUDs and implantable contraceptives that by law require a prescription are covered in full for women under the Medical Benefit. For additional information, see the Women’s Health section of this Preventive Services Payment Policy.

This coverage does not apply to members of “grandfathered” plans, and certain religious group employers are exempt from the requirement to cover contraceptive services.

Note: Male contraceptives are not covered under the Patient Protection and Affordable Care Act.

DOCUMENT HISTORY

- Dates prior to 2018: Changes archived
- January 19, 2018: Added diagnosis code Z00.121 to the following sections – Venipuncture, STI screening for pediatrics, Visual Acuity screening, Hepatitis B screening, Hearing Screening and Developmental/Behavioral Screening for pediatrics. Added diagnosis code Z13.89 to Developmental/Behavioral Screening for pediatrics and removed diagnosis code Z01.10 from Hearing screening section. Added CPT code 86900 to Rh (D) Blood Typing section.
- April 26, 2018: Updated language in Skin Cancer Behavioral Counseling section.
- July 11, 2018: Formatting updates. Removed diagnosis requirement for certain CPT/HCPCS codes in Contraception and Contraceptive Counseling section.
- August 1, 2018: Formatting update.
- August 31, 2018: Added CPT code 90672 to adult and pediatric immunization section. Updated age for osteoporosis screening based on new USPSTF recommendation. For effective date 9/1/18 – added “Falls Prevention” section based on new USPSTF recommendation.
- September 28, 2018: For 10/1/18 effective date - removed diagnosis code Z13.4 and added diagnosis code(s) Z13.3, Z13.30, Z13.39, Z13.40, Z13.41, Z13.42, Z13.49 to Developmental/Behavioral screening for pediatrics section.
- October 16, 2018: Added CPT code 99212 to Contraception and Contraceptive Counseling section.
- November 8, 2018: Added bowel prep medications to pharmacy section. Clarified age and frequency in Cervical Cancer Screening section. Added “Weight Loss Behavioral Intervention” to counseling section based on new USPSTF recommendation.
- November 23, 2018: Formatting updates.
- December 28, 2018: For 1/1/19 effective date – added new CPT codes 81163, 81164, 81165, 81166, 81167, removed deleted CPT codes 81211, 81213, 81214 and updated descriptions for CPT codes 81162, 81212, 81215, 81216, 81217 in BRCA genetic testing section and added CPT code 90689 to adult and pediatric immunization section. Removed Vitamin D coverage from Pharmacy section.
- February 1, 2019: Updated age on CPT code 90651. Formatting updates.
- March 15, 2019: Formatting updates. Added diagnosis code Z00.01 to venipuncture section.
- April 30, 2019: Formatting updates.
- May 10, 2019: Add codes 99152, 99153, 99156 & 99157 to colorectal cancer screening section.
- July 26, 2019: Formatting update.
- September 3, 2019: Formatting update.
- October 1, 2019: Added new diagnosis code Z11.7 and removed end-dated diagnosis code Z11.1 in Latent Tuberculosis Infection Screening section per annual ICD-10 updates.
- December 3, 2019: Added diagnosis code Z15.01 & Z15.02 to BRCA Screening section.
- January 29, 2020: Added HCPCS codes G0008-G0010 to Immunization Administration section. Added CPT code 87806 to HIV Screening section. Added language to Abdominal Aortic Aneurysm screening section to indicate this is a one-time screening per USPSTF recommendation.
- July 28, 2020: Added CPT codes 86804, 87520-87522, 87902 to Hepatitis C Screening section.
- September 15, 2020: Added CPT code 90694 to immunization section.
- December 15, 2020: Added Coronavirus immunization codes to Immunization section.
- December 31, 2020: Added additional Coronavirus (COVID) vaccine and administration codes to immunization section. For Effective Date 1/1/21 – For lung cancer screening, added new code 71271 and removed end-dated code G0297. Colorectal cancer screening age modified from 50-75 to 45-75.
- February 3, 2021: Added additional Coronavirus (COVID) vaccine codes to immunization section.