

## Preventive Services

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- 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

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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, 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. The American Medical Association created this modifier to allow providers to identify a preventive service for which patient cost sharing does not apply under the Patient Protection and Affordable Care Act. Modifier 33 is appropriate to use for a diagnostic/treatment service being performed as a preventive service. 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](#)  
[Preventive Immunizations: Pediatric](#)  
[Preventive Counseling Services](#)

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

| <b>PREVENTIVE SERVICES</b>   |   |
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| <b>Preventive Office Visits</b>  | <p><b>CPT/HCPCS Code(s):</b><br/> <b>99381</b> - 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)<br/> <b>99382</b> - ; early childhood (age 1 through 4 years)<br/> <b>99383</b> - ; late childhood (age 5 through 11 years)<br/> <b>99384</b> - ; adolescent (age 12 through 17 years)<br/> <b>99385</b> - ; 18-39 years<br/> <b>99386</b> - ; 40-64 years<br/> <b>99387</b> - ; 65 years and older<br/> <b>99391</b> - 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)<br/> <b>99392</b> - ; early childhood (age 1 through 4 years)<br/> <b>99393</b> - ; late childhood (age 5 through 11 years)<br/> <b>99394</b> - ; adolescent (age 12 through 17 years)<br/> <b>99395</b> - ; 18-39 years<br/> <b>99396</b> - ; 40-64 years<br/> <b>99397</b> - ; 65 years and older<br/> <b>99460</b> - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant<br/> <b>99461</b> - Initial care, per day , for evaluation and management of normal newborn infant seen in other than hospital or birthing center<br/> <b>99462</b> - Subsequent hospital care, per day, for evaluation and management of normal newborn<br/> <b>99463</b> - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date<br/> <b>G0438</b> - Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit<br/> <b>G0439</b> - , subsequent visit</p> |
| <b>Preventive Immunization Administration Codes</b>                    | <p><b>CPT code(s):</b><br/> <b>90460</b> - 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<br/> <b>90461</b> - 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)<br/> <b>90471</b> - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)<br/> <b>90472</b> - 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)<br/> <b>90473</b> - Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)<br/> <b>90474</b> - Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</p>  |
| <b>Venipuncture for preventive pathology and laboratory service(s)</b> | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>36415</b> - Collection of venous blood by venipuncture<br/> <b>36416</b> - Collection of capillary blood specimen (e.g., finger, heel, ear stick)</p> <p><b>ICD-10 code(s):</b></p>   |

| <b>PREVENTIVE SERVICES</b>  |   |
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|   | <p><b>009.A – 009.A3</b> -Supervision of pregnancy with history of molar pregnancy<br/> <b>009.00 – 009.93</b> - Supervision of high risk pregnancy<br/> <b>Z00.00</b> - Encounter for general adult medical exam w/o abnormal findings<br/> <b>Z00.01</b> - Encounter for general adult medical examination with abnormal findings<br/> <b>Z00.110</b> - Health examination for newborn under 8 days old<br/> <b>Z00.111</b> - Health examination for newborn 8 to 28 days old<br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health exam w/o abnormal findings<br/> <b>Z13.1</b> - Encounter for screening for diabetes mellitus<br/> <b>Z13.220</b> - Encounter for screening for lipid disorders<br/> <b>Z30.2</b> - Encounter for sterilization<br/> <b>Z33.1</b> - Pregnant state, incidental<br/> <b>Z33.3</b> - Pregnant state, gestational carrier<br/> <b>Z34.00 – Z34.93</b> - Encounter for supervision of normal pregnancy</p>  |
| <b>ROUTINE HEALTH SCREENINGS: ADULT</b>   |   |
| <p><b>Abdominal Aortic Aneurysm:</b> Men ages 65-75 who have ever smoked</p>  | <p><b><u>CPT/HCPCS codes(s) billed with the below ICD-10 code(s):</u></b><br/> <b>76700</b> - Ultrasound, abdominal, real time with image documentation; complete<br/> <b>76705</b> - ; limited (e.g., single organ, quadrant, follow-up)<br/> <b>76706</b> - Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)<br/> <b>76770</b> - Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete<br/> <b>76775</b>- ; limited</p> <p><b><u>ICD-10 code(s):</u></b><br/> <b>Z13.6</b> - Encounter for screening for cardiovascular disorders<br/> <b>Z87.891</b> - Personal history of nicotine dependence</p>   |
| <p><b>Asymptomatic Bacteriuria Screening:</b><br/>Pregnant women at 12 to 16 weeks gestation or at their first prenatal visit, if later</p> <p><b>Rh (D) Blood Typing :</b> 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><b>Iron Deficiency Anemia Screening:</b><br/>Pregnant Women</p> | <p><b><u>CPT code(s) billed with the below ICD-10 code(s):</u></b><br/> <b>81000</b> - 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<br/> <b>85013</b> - Blood count; spun microhematocrit<br/> <b>85014</b> - Blood count; hematocrit (Hct)<br/> <b>85018</b> - Blood count; hemoglobin (Hgb)<br/> <b>85025</b> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count<br/> <b>85027</b>- ; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)<br/> <b>85041</b> - Blood count; red blood cell (RBC), automated<br/> <b>86900</b> - Blood typing, serologic; ABO<br/> <b>86901</b> - Blood typing, serologic; Rh (D)<br/> <b>G0306</b> - Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count<br/> <b>G0307</b> - Complete (CBC), automated (HgB, Hct, RBC, WBC; without platelet count)</p> <p><b><u>ICD-10 code(s):</u></b><br/> <b>009.A – 009.A3</b> -Supervision of pregnancy with history of molar pregnancy<br/> <b>009.00 – 009.93</b> - Supervision of high risk pregnancy<br/> <b>Z33.1</b> - Pregnant state, incidental<br/> <b>Z33.3</b> - Pregnant state, gestational carrier<br/> <b>Z34.00 – Z34.93</b> - Encounter for supervision of normal pregnancy</p> |
| <p><b>Blood Pressure Screening:</b> Adults ages 18 and older</p>  | <p>Included in <a href="#">Preventive Office Visit</a></p> <p><b>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:</b><br/> <b>93784</b> - 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 and report</p>  |

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|  | <p><b>93786</b> - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</p> <p><b>93788</b> - 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><b>93790</b> - 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><b>A4670</b> - Automatic blood pressure monitor (when billed with modifier RR)</p> <p><b>ICD 10 code(s):</b><br/> <b>R03.0</b> - Elevated blood-pressure reading, without diagnosis of hypertension</p>  |
| <p><b>BRCA Genetic Testing</b></p> <p>*Prior Authorization is required for BRCA Genetic Testing. Please refer to our Medical Necessity Guideline: <a href="#">Genetic Testing: BRCA-Related Breast and/or Ovarian Cancer Syndrome</a></p>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>81162</b> - 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)<br/> <b>81163</b> - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis<br/> <b>81164</b> - 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)<br/> <b>81165</b> - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis<br/> <b>81166</b> - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)<br/> <b>81167</b> - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)<br/> <b>81212</b> - 185delAG, 5385insC, 6174delT variants<br/> <b>81215</b> - known familial variant<br/> <b>81216</b> - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis<br/> <b>81217</b> - known familial variant</p> <p><b>ICD 10 code(s):</b><br/> <b>Z80.0</b> - Family history of malignant neoplasm of digestive organs<br/> <b>Z80.3</b> - Family history of malignant neoplasm of breast<br/> <b>Z80.41</b> - Family history of malignant neoplasm of ovary<br/> <b>Z80.49</b> - Family history of malignant neoplasm of other genital organs<br/> <b>Z80.8</b> - Family history of malignant neoplasm of other organs or systems<br/> <b>Z85.3</b> - Personal history of malignant neoplasm of breast<br/> <b>Z85.43</b> - Personal history of malignant neoplasm of ovary</p> |
| <p><b>Breast Cancer Screening:</b> Every 1 to 2 years for women aged 40 years and older</p>  | <p><b>CPT/HCPCS code(s):</b><br/> <b>77063</b> - Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)<br/> <b>77067</b> - Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed<br/> <b>G0202</b> - Screening mammography, producing direct digital image, bilateral, all views</p>  |
| <p><b>Cervical Cancer Screening:</b> 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><b>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</b><br/> <b>88141</b> - Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician<br/> <b>88142</b> - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision<br/> <b>88143</b> - Cytopathology, cervical or vaginal (any reporting system)<br/> <b>88147</b> - Cytopathology smears, cervical or vaginal; screening by automated system<br/> <b>88148</b> - Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening</p>   |

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|   | <p><b>88150</b> - Cytopathology, slides, cervical or vaginal; manual screening<br/><b>88152</b> - Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening<br/><b>88153</b> - Cytopathology, slides, cervical or vaginal; with manual screening and rescreening<br/><b>88155</b> - Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation<br/><b>88164</b> - Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening<br/><b>88165</b> - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening<br/><b>88166</b> - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening<br/><b>88167</b> - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review<br/><b>88174</b> - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system<br/><b>88175</b> - 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<br/><b>G0101</b> - Cervical or vaginal cancer screening; pelvic and clinical breast examination<br/><b>G0123</b> - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation<br/><b>G0124</b> - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician<br/><b>G0141</b> - Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician<br/><b>G0143</b> - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening<br/><b>G0144</b> - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system<br/><b>G0145</b> - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening<br/><b>G0147</b> - Screening cytopathology smears, cervical or vaginal, performed by automated system<br/><b>G0148</b> - Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening<br/><b>P3000</b> - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision<br/><b>P3001</b> - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician<br/><b>Q0091</b> - Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</p> <p><b>ICD-10 code(s):</b><br/><b>Z01.411</b> - Encounter for gynecological examination (general) (routine) with abnormal findings<br/><b>Z01.419</b> - Encounter for gynecological examination (general) (routine) without abnormal findings<br/><b>Z12.4</b> - Encounter for screening for malignant neoplasm of cervix</p> |
| <p><b>Chlamydia and Gonorrhea Screening:</b><br/>Women age 24 &amp; younger or 25 &amp; older at increased risk</p> | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/><b>87110</b> - Culture, chlamydia, any source<br/><b>87270</b> - Infectious agent antigen detection by immunofluorescent technique<br/><b>87320</b> - 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>   |

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|  | <p><b>87490</b> - Infectious agent detection by nucleic acid (DNA or RNA); direct probe technique<br/> <b>87491</b> - Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique<br/> <b>87492</b> - Infectious agent detection by nucleic acid (DNA or RNA); quantification<br/> <b>87590</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique<br/> <b>87591</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique<br/> <b>87850</b> - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p><b>ICD-10 code(s):</b><br/> <b>Z11.3</b> - Encounter for screening for infections with a predominantly sexual mode of transmission</p>  |
| <p><b>Colorectal Cancer Screening:</b> Adults ages 50-75</p> <p>*Ancillary services performed in conjunction with screening procedure are considered preventive when appropriate</p> <p>*Prior Authorization is required for those indicated. Please refer to: <a href="#">High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</a></p> | <p><b>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</b><br/> <b>00810</b> - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum<br/> <b>00811</b> - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified<br/> <b>00812</b> - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screen colonoscopy<br/> <b>45330</b> - Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing<br/> <b>45331</b> - Sigmoidoscopy, flexible; with biopsy, single or multiple<br/> <b>45332</b> - Sigmoidoscopy, flexible; with removal of foreign body<br/> <b>45333</b> - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery<br/> <b>45334</b> - Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)<br/> <b>45335</b> - Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance<br/> <b>45337</b> - Sigmoidoscopy, flexible; with decompression of volvulus, any method<br/> <b>45338</b> - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique<br/> <b>45340</b> - Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures<br/> <b>45341</b> - Sigmoidoscopy, flexible; with endoscopic ultrasound examination<br/> <b>45342</b> - Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)<br/> <b>45346</b> - Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)<br/> <b>45378</b> - 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)<br/> <b>45379</b> - Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body<br/> <b>45380</b> - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple<br/> <b>45381</b> - Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance<br/> <b>45382</b> - Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)<br/> <b>45384</b> - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery<br/> <b>45385</b> - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique<br/> <b>45386</b> - Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures<br/> <b>45388</b> - 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> |

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|  | <p><b>45391</b> - Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination</p> <p><b>45392</b> - Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</p> <p><b>74263*</b> - Computed tomographic (CT) colonography, screening, including image postprocessing</p> <p><b>81528</b> - 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><b>82270</b> - Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening</p> <p><b>82274</b> - Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations</p> <p><b>G0104</b> - Colorectal cancer screening; flexible sigmoidoscopy</p> <p><b>G0105</b> - Colorectal cancer screening; colonoscopy on individual at high risk</p> <p><b>G0106</b> - Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema</p> <p><b>G0120</b> - Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema</p> <p><b>G0121</b> - Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</p> <p><b>G0122</b> - Colorectal cancer screening; barium enema</p> <p><b>G0328</b> - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations</p> <p><b>ICD-10 code(s):</b></p> <p><b>Z12.11</b> - Encounter for screening for malignant neoplasm of colon</p> <p><b>Z80.0</b> - Family history of malignant neoplasm of digestive organs</p> |
| <b>Depression:</b> Adult population, including pregnant and postpartum women | <p><b>CPT/HCPSCS code(s):</b></p> <p><b>99385-99387</b> - Preventive medicine evaluation and management, new patient</p> <p><b>99395- 99397</b> - Preventive medicine evaluation and management, established patient</p> <p><b>G0444</b> - Annual depression screening, 15 minutes</p>  |
| <b>Hepatitis B Virus:</b> Persons at high risk                               | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b></p> <p><b>86704</b> - Hepatitis B core antibody (HBcAb); total</p> <p><b>86706</b> - Hepatitis B surface antibody (HBsAb)</p> <p><b>86707</b> - Hepatitis Be antibody (HBeAb)</p> <p><b>87340</b> - 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> <p><b>G0499</b> - 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><b>ICD-10 code(s):</b></p> <p><b>O09.A - O09.A3</b> -Supervision of pregnancy with history of molar pregnancy</p> <p><b>O09.00 - O09.93</b> - Supervision of high risk pregnancy</p> <p><b>Z00.00</b> - Encounter for general adult medical examination without abnormal findings</p> <p><b>Z00.121</b> - Encounter for routine child health examination with abnormal findings</p> <p><b>Z00.129</b> - Encounter for routine child health examination without abnormal findings</p> <p><b>Z11.3</b> - Encounter for screening for infections with a predominantly sexual mode of transmission</p> <p><b>Z11.59</b> - Encounter for screening for other viral diseases</p> <p><b>Z33.1</b> - Pregnant state, incidental</p> <p><b>Z33.3</b> - Pregnant state, gestational carrier</p>   |

| <b>PREVENTIVE SERVICES</b>   |   |
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|  | <b>Z34.00 - Z34.93</b> - Encounter for supervision of normal pregnancy  |
| <b>Hepatitis C Virus:</b> Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965   | <b>CPT/HCPCS code(s):</b><br><b>86803</b> - Hepatitis C antibody<br><b>G0472</b> - Hepatitis C antibody screening for individual at high risk and other covered indication(s)   |
| <b>HIV Screening:</b> Adolescents and adults ages 15-65 or younger adolescents & older adults at high risk and Pregnant Women  | <b>CPT/HCPCS code(s):</b><br><b>86689</b> - Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)<br><b>86701</b> - Antibody; HIV-1<br><b>86702</b> - Antibody; HIV-2<br><b>86703</b> - Antibody; HIV-1 and HIV-2, single assay<br><b>87390</b> - 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<br><b>87391</b> - 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<br><b>G0432</b> - Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening<br><b>G0433</b> - Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening<br><b>G0435</b> - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening<br><b>G0475</b> - HIV antigen/antibody, combination assay, screening<br><b>S3645</b> - HIV-1 antibody testing of oral mucosal transudate |
| <b>Latent Tuberculosis Infection Screening:</b> Asymptomatic adults at increased risk for infection  | <b>CPT code(s) billed with the below ICD-10 code(s):</b><br><b>86480</b> - Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon<br><b>86481</b> - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension<br><b>86580</b> - Skin test; tuberculosis, intradermal<br><br><b>ICD-10 code(s):</b><br><b>Z00.00</b> - Encounter for general adult medical examination without abnormal findings<br><b>Z00.01</b> - Encounter for general adult medical examination with abnormal findings<br><b>Z11.1</b> - Encounter for screening for respiratory tuberculosis   |
| <b>Lipid Disorders in Adults:</b> 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  | <b>CPT code(s) billed with the below ICD-10 code(s):</b><br><b>80061</b> - Lipid panel<br><b>82465</b> - Cholesterol, serum or whole blood, total<br><b>83718</b> - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)<br><b>83719</b> - Lipoprotein, direct measurement; VLDL cholesterol<br><b>83721</b> - Lipoprotein, direct measurement; LDL cholesterol<br><b>84478</b> - Triglycerides<br><br><b>ICD-10 code(s):</b><br><b>Z13.220</b> - Encounter for screening for lipid disorders  |
| <b>Lung Cancer Screening:</b> Adults ages 55 to 80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years<br><br>*Prior Authorization is required for those indicated. Please refer to: <a href="#">High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</a> | <b>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</b><br><b>71250*</b> - Computed tomography, thorax; without contrast material<br><b>G0296</b> - Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)<br><b>G0297*</b> - Low dose CT scan (LDCT) for lung cancer screening<br><br><b>ICD-10 code(s):</b><br><b>Z12.2</b> - Encounter for screening for malignant neoplasm of respiratory organs<br><b>Z87.891</b> - Personal history of nicotine dependence   |
| <b>Obesity Screening:</b> Adults   | <b>CPT code(s):</b><br>Preventive medicine evaluation and management code(s):<br><b>99385-99387</b> - New patient<br><b>99395- 99397</b> - Established patient  |



| <b>PREVENTIVE SERVICES</b>  |   |
|---|---|
| <p><b>Osteoporosis Screening:</b> Postmenopausal women younger than 65 years who are at increased risk of osteoporosis or women 65 years and older</p>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>77078</b> - Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)<br/> <b>77080</b> - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)<br/> <b>77081</b> - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)<br/> <b>77085</b> - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment<br/> <b>77086</b> - Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</p> <p><b>ICD-10 code(s):</b><br/> <b>Z13.820</b> - Encounter for screening for osteoporosis<br/> <b>Z82.62</b> - Family history of osteoporosis</p>                                 |
| <p><b>Preeclampsia Screening:</b><br/>Blood pressure measurements throughout pregnancy</p>  | <p>Included in outpatient maternity visit</p> <p>Refer to <a href="#">Women's Health</a> section of this document</p>   |
| <p><b>Syphilis and Gonorrhea Screening:</b><br/>Pregnant Women</p>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>86592</b> - Syphilis test, non-treponemal antibody; qualitative<br/> <b>86593</b> - Syphilis test, non-treponemal antibody; quantitative<br/> <b>87590</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique<br/> <b>87591</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique<br/> <b>87850</b> - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p><b>ICD-10 code(s):</b><br/> <b>009.A – 009.A3</b> -Supervision of pregnancy with history of molar pregnancy<br/> <b>009.00 – 009.93</b> - Supervision of high risk pregnancy<br/> <b>Z33.1</b> - Pregnant state, incidental<br/> <b>Z33.3</b> - Pregnant state, gestational carrier<br/> <b>Z34.00 – Z34.93</b> - Encounter for supervision of normal pregnancy</p> |
| <p><b>Syphilis Screening:</b> Men and Women at increased risk</p>   | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>86592</b> - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)<br/> <b>86593</b> - Syphilis test, non-treponemal antibody; quantitative</p> <p><b>ICD-10 code(s):</b><br/> <b>Z11.3</b> - Encounter for screening for infections with a predominantly sexual mode of transmission</p>   |
| <p><b>Type 2 Diabetes Mellitus Screening:</b><br/>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> | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>82947</b> - Glucose; quantitative, blood (except reagent strip)<br/> <b>82948</b> - Glucose; blood, reagent strip<br/> <b>82951</b> - Glucose; tolerance test (GTT), 3 specimens (includes glucose)<br/> <b>82952</b> - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)<br/> <b>83036</b> - Hemoglobin; glycosylated (A1C)</p> <p><b>ICD-10 code(s):</b><br/> <b>Z13.1</b> - Encounter for screening for diabetes mellitus</p>  |
| <b>ROUTINE HEALTH SCREENINGS: PEDIATRIC</b>   |   |
| <p><b>Application of Fluoride Varnish:</b> Infants and children birth through age 5</p>   | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>99188</b> - Application of topical fluoride varnish by a physician or other qualified health care professional</p> <p><b>ICD-10 code(s):</b><br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings<br/> <b>Z29.3</b> - Encounter for prophylactic fluoride administration</p>  |
| <p><b>Congenital Hypothyroidism Screening:</b><br/>Newborns</p>   | <p>Included in hospital charges</p>   |
| <p><b>Depression:</b> Adolescents ages 12-17</p>  | <p><b>CPT/HCPCS code(s):</b><br/> <b>99384</b> – New patient<br/> <b>99394</b> – Established patient</p>  |

| <b>PREVENTIVE SERVICES</b>                            |  |
|---|--|
|   | <b>G0444</b> - Annual depression screening, 15 minutes   |
| <b>Developmental/Behavioral Assessment</b>            | <p><b><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u></b><br/> <b>96110</b> - Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument<br/> <b>96127</b> - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument<br/> <b>G0451</b> - Developmental testing, with interpretation and report, per standardized instrument form</p> <p><b><u>ICD-10 code(s):</u></b><br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings<br/> <b>Z13.3</b> - Encounter for screening examination for mental health and behavioral disorders<br/> <b>Z13.30</b> - Encounter for screening examination for mental health and behavioral disorders, unspecified<br/> <b>Z13.39</b> - Encounter for screening examination for other mental health and behavioral disorders<br/> <b>Z13.40</b> - Encounter for screening for unspecified developmental delays<br/> <b>Z13.41</b> - Encounter for autism screening<br/> <b>Z13.42</b> - Encounter for screening for global developmental delays (milestones)<br/> <b>Z13.49</b> - Encounter for screening for other developmental delays<br/> <b>Z13.89</b> - Encounter for screening for other disorder (eg, depression)</p> |
| <b>Dyslipidemia Screening</b>                         | <p><b><u>CPT code(s) billed with the below ICD-10 code(s):</u></b><br/> <b>80061</b> - Lipid panel<br/> <b>82465</b> - Cholesterol, serum or whole blood, total<br/> <b>83718</b> - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)<br/> <b>83719</b> - Lipoprotein, direct measurement; VLDL cholesterol<br/> <b>83721</b> - Lipoprotein, direct measurement; LDL cholesterol<br/> <b>84478</b> - Triglycerides</p> <p><b><u>ICD-10 code(s):</u></b><br/> <b>Z13.220</b> - Encounter for screening for lipid disorders</p>  |
| <b>Gonorrhea prophylactic medication:</b><br>Newborns | Included in hospital charges   |
| <b>Hearing Screening</b>                              | <p><b><u>CPT code(s) billed with the below ICD-10 code(s):</u></b><br/> <b>92551</b> - Screening test, pure tone, air only<br/> <b>92552</b> - Pure tone audiometry (threshold); air only<br/> <b>92567</b> - Tympanometry (impedance testing)<br/> <b>92558</b> - Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis<br/> <b>92586</b> - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited<br/> <b>92587</b> - 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</p> <p><b><u>ICD-10 code(s):</u></b><br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings<br/> <b>Z38.00 – Z38.8</b> - Liveborn infants according to place of birth and type of delivery</p>  |
| <b>Hematocrit or Hemoglobin</b>                       | <p><b><u>CPT code(s):</u></b><br/> <b>85013</b> - Blood count; spun microhematocrit<br/> <b>85014</b> - Blood count; hematocrit<br/> <b>85018</b> - Blood count; hemoglobin<br/> <b>85025</b> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count<br/> <b>85027</b> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)</p>   |

| <b>PREVENTIVE SERVICES</b>  |   |
|---|---|
| <b>HIV Screening:</b> All sexually pediatric active patients                        | Refer to <a href="#">HIV Screening</a> section of this document   |
| <b>Lead:</b> Infants and children ages 0 through age 6                              | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>83655</b> - Lead</p> <p><b>ICD-10 code(s):</b><br/> <b>Z13.88</b> - Encounter for screening for disorder due to exposure to contaminants</p>  |
| <b>Metabolic/Hemoglobin Screening:</b><br>Newborns                                  | <p><b>CPT code(s):</b><br/> <b>85013</b> - Blood count; spun microhematocrit<br/> <b>85018</b> - Blood count; hemoglobin<br/> <b>85025</b> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count<br/> <b>S3620</b> - 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)</p>   |
| <b>Obesity Screening:</b> Children and Adolescents ages 6-17                        | <p><b>CPT code(s):</b><br/> Preventive medicine evaluation and management code(s):<br/> <b>99383, 99384</b> - New patient<br/> <b>99393, 99394</b> - Established patient</p>  |
| <b>Phenylketonuria Screening:</b> Newborns  | Included in hospital charges  |
| <b>Sexually Transmitted Infection (STI) Screening:</b> All sexually active patients | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>86631</b> - Antibody; Chlamydia<br/> <b>86632</b> - Antibody; Chlamydia, IgM<br/> <b>87081</b> - Culture, presumptive, pathogenic organisms, screening only;<br/> <b>87110</b> - Culture, chlamydia, any source<br/> <b>87210</b> - Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)<br/> <b>87270</b> - Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis<br/> <b>87320</b> - 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<br/> <b>87490</b> - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique<br/> <b>87491</b> - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique<br/> <b>87590</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique<br/> <b>87591</b> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique<br/> <b>87800</b> - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique<br/> <b>87801</b> - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique<br/> <b>87810</b> - Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis<br/> <b>87850</b> - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p><b>ICD-10 code(s):</b><br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings<br/> <b>Z11.3</b> - Encounter for screening for infections with a predominantly sexual mode of transmission<br/> <b>Z11.8</b> - Encounter for screening for other infectious and parasitic diseases<br/> <b>Z11.9</b> - Encounter for screening for infectious and parasitic diseases, unspecified</p> |
| <b>Screening/Risk Assessment</b>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>96160</b> - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument</p>   |

| <b>PREVENTIVE SERVICES</b>  |   |
|---|---|
|   | <p><b>96161</b> - 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><b>ICD-10 code(s):</b><br/> <b>Z00.110</b> - Health examination for newborn under 8 days old<br/> <b>Z00.111</b> - Health examination for newborn 8 to 28 days old<br/> <b>Z00.00</b> - Encounter for general adult medical examination without abnormal findings<br/> <b>Z00.01</b> - Encounter for general adult medical examination with abnormal findings<br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings</p>  |
| <b>Syphilis Screening:</b> Adolescents who are at increased risk for syphilis infection   | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>86592</b> - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)<br/> <b>86593</b> - Syphilis test, non-treponemal antibody; quantitative</p> <p><b>ICD-10 code(s):</b><br/> <b>Z11.3</b> - Encounter for screening for infections with a predominantly sexual mode of transmission</p>   |
| <b>Tuberculin Test</b>  | <p><b>CPT code(s):</b><br/> <b>86480</b> - Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response<br/> <b>86481</b> - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension<br/> <b>86580</b> - Skin test; tuberculosis, intradermal</p>   |
| <b>Visual Acuity Screening</b>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>99173</b> - Screening test of visual acuity, quantitative, bilateral<br/> <b>99174</b> - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral<br/> <b>99177</b> - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis</p> <p><b>ICD-10 code(s):</b><br/> <b>Z00.121</b> - Encounter for routine child health examination with abnormal findings<br/> <b>Z00.129</b> - Encounter for routine child health examination without abnormal findings</p>  |
| <b>Visual Impairment: Children younger than 5</b>   | <p>Preventive medicine evaluation and management code(s):<br/> <b>99381-99382</b> - New patient<br/> <b>99391- 99392</b> - Established patient</p>  |
| <b>PREVENTIVE IMMUNIZATIONS</b>   |   |
| Subject to availability. Refer to our <a href="#">List of Unavailable Vaccines and Drugs</a> . Subject to Federal Drug Administration (FDA) licensed indications. |   |
| <b>Adult or Pediatric Immunizations</b>   | <p><b>CPT/HCPCS code(s):</b><br/> <b>90581</b> - Anthrax vaccine, for subcutaneous or intramuscular<br/> <b>90585</b> - Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use<br/> <b>90586</b> - Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use<br/> <b>90620</b> - Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use<br/> <b>90621</b> - Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use<br/> <b>90630</b> - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use<br/> <b>90649*</b> - Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use<br/> <b>90650*</b> - Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use<br/> <b>90651**</b> - Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use<br/> <b>90653</b> - Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use</p> |

**PREVENTIVE SERVICES**

**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, 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  
**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

| <b>PREVENTIVE SERVICES</b>     |   |
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|                                | <p><b>90734</b> - Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use</p> <p><b>90738</b> - Japanese encephalitis virus vaccine, inactivated, for intramuscular use</p> <p><b>90740</b> - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use</p> <p><b>90747</b> - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</p> <p><b>90748</b> - Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use</p> <p><b>90756</b> - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use</p> <p><b>Q2035</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)</p> <p><b>Q2036</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)</p> <p><b>Q2037</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)</p> <p><b>Q2038</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)</p> <p><b>Q2039</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)</p> <p>* covered for ages 9-26 based on FDA licensed indications<br/>** covered for ages 9-45 based on FDA licensed indications</p> |
| <b>Adult Immunizations</b>     | <p><b>CPT code(s):</b></p> <p><b>90625</b> - Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use</p> <p><b>90632</b> - Hepatitis A vaccine (HepA), adult dosage, for intramuscular use</p> <p><b>90636</b> - Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</p> <p><b>90736</b> - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection</p> <p><b>90739</b> - Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use</p> <p><b>90746</b> - Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use</p> <p><b>90750</b> - Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection</p>  |
| <b>Pediatric Immunizations</b> | <p><b>CPT code(s):</b></p> <p><b>90633</b> - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use</p> <p><b>90634</b> - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use</p> <p><b>90644</b> - Meningococcal conjugate vaccine, serogroups C &amp; 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</p> <p><b>90648</b> - Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use</p> <p><b>90655</b> - Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use</p> <p><b>90657</b> - Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use</p> <p><b>90685</b> - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use</p> <p><b>90687</b> - Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use</p> <p><b>90696</b> - 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</p>  |

| <b>PREVENTIVE SERVICES</b>   |   |
|--|---|
|  | <p><b>90700</b> - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use</p> <p><b>90702</b> - Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use</p> <p><b>90713</b> - Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use</p> <p><b>90743</b> - Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use</p> <p><b>90744</b> - Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</p>   |
| <b>PREVENTIVE COUNSELING SERVICES</b>  |   |
| <p><b>Alcohol Misuse Counseling</b></p> <p><b>Aspirin Counseling:</b> 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><b>Healthy Diet Counseling:</b> Adults with hyperlipidemia and other risk factors for cardiovascular disease and diet-related chronic disease</p> <p><b>Obesity Counseling</b></p> <p><b>Prenatal Counseling</b></p> <p><b>Sexually Transmitted Infections/HIV Counseling:</b> Sexually Active Adolescents and Adults at increased risk</p> <p><b>Tobacco Use Counseling and Intervention:</b> Children, Adolescents and Adults including Pregnant Women</p> | <p><b>CPT/HCPCS code(s):</b></p> <p><b>99078</b> - Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)</p> <p><b>99401</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</p> <p><b>99402</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</p> <p><b>99403</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</p> <p><b>99404</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</p> <p><b>99406</b> - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</p> <p><b>99407</b> - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</p> <p><b>99408</b> - 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><b>99409</b> - 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><b>99411</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</p> <p><b>99412</b> - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</p> <p><b>G0442</b> - Annual alcohol misuse screening, 15 minutes</p> <p><b>G0443</b> - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</p> <p><b>G0445</b> - High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes</p> <p><b>G0446</b> - Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes</p> <p><b>G0447</b> - Face-to-face behavioral counseling for obesity, 15 minutes</p> <p><b>G0473</b> - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes</p> <p><b>S9453</b> - Smoking cessation classes, non-physician provider, per session</p> <p>Preventive medicine evaluation and management code(s):</p> <p><b>99383 - 99387</b> - New patient</p> <p><b>99393 - 99397</b> - Established patient</p> |
| <p><b>Weight Loss Behavioral Intervention:</b> Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions</p>  | <p>Included in <a href="#">Preventive Office Visit</a></p>  |
| <p><b>BRCA Genetic Counseling</b></p>  | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b></p> <p><b>96040</b> - Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</p> <p><b>S0265</b> - Genetic counseling, under physician supervision, each 15 minutes</p>   |

| <b>PREVENTIVE SERVICES</b>  |  |
|---|--|
|   | <p><b><u>ICD-10 code(s):</u></b><br/> <b>Z15.01</b> - Genetic susceptibility to malignant neoplasm of breast<br/> <b>Z15.02</b> - Genetic susceptibility to malignant neoplasm of ovary<br/> <b>Z80.0</b> - Family history of malignant neoplasm of digestive organs<br/> <b>Z80.3</b> - Family history of malignant neoplasm of breast<br/> <b>Z80.41</b> - Family history of malignant neoplasm of ovary<br/> <b>Z80.49</b> - Family history of malignant neoplasm of other genital organs<br/> <b>Z80.8</b> - Family history of malignant neoplasm of other organs or systems</p>   |
| <p><b>Falls Prevention:</b> 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><b><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u></b><br/> <b>97110</b> - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility<br/> <b>97112</b> - 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<br/> <b>97113</b> - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises<br/> <b>97116</b> - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)<br/> <b>97150</b> - Therapeutic procedure(s), group (2 or more individuals)<br/> <b>97530</b> - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes<br/> <b>97161</b> - 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<br/> <b>97162</b> - 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.<br/> <b>97163</b> - Physical therapy evaluation: high complexity, requiring 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.<br/> <b>97164</b> - 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.<br/> <b>97750</b> - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</p> |



| <b>PREVENTIVE SERVICES</b>  |  |
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|   | <p><b>G0151</b> - Services of physical therapist in home health setting, each 15 minutes<br/> <b>G0157</b> - Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes<br/> <b>G0159</b> - 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<br/> <b>S8990</b> - Physical or manipulative therapy performed for maintenance rather than restoration<br/> <b>S9131</b> - Physical therapy; in the home, per diem</p> <p><b>ICD-10 code(s):</b><br/> <b>R26.81</b> - Unsteadiness on feet<br/> <b>R54</b> - Age-related physical debility<br/> <b>Z91.81</b> - History of falling</p>   |
| <p><b>Skin Cancer Behavioral Counseling:</b><br/> Young adults, adolescents, children, and parents of young children</p>  | <p>Included in <a href="#">Preventive Office Visit</a></p>   |
| <b>WOMEN'S HEALTH</b>   |  |
| <p><b>Outpatient Maternity Services:</b> 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><b>Note:</b> This does not include inpatient maternity services which may be subject to cost share based on member's plan design.</p> | <p><b>CPT code(s):</b><br/> <b>59400</b> - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care<br/> <b>59410</b> - Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care<br/> <b>59425</b> - Antepartum care only; 4-6 visits<br/> <b>59426</b> - Antepartum care only; 7 or more visits<br/> <b>59430</b> - Postpartum care only (separate procedure)<br/> <b>59510</b> - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care<br/> <b>59515</b> - Cesarean delivery only; including postpartum care<br/> <b>59610</b> - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery<br/> <b>59614</b> - Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care<br/> <b>59618</b> - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery<br/> <b>59622</b> - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care</p> |
| <p><b>Breastfeeding support, education, equipment, supplies and counseling for pregnant and postpartum women</b></p>  | <p><b>HCPCS code(s):</b><br/> <b>A4281</b> - Tubing for breast pump, replacement<br/> <b>A4282</b> - Adapter for breast pump, replacement<br/> <b>A4283</b> - Cap for breast pump bottle, replacement<br/> <b>A4284</b> - Breast shield and splash protector for use with breast pump, replacement<br/> <b>A4285</b> - Polycarbonate bottle for use with breast pump, replacement<br/> <b>A4286</b> - Locking ring for breast pump, replacement<br/> <b>E0602</b> - Breast pump, manual, any type<br/> <b>E0603</b> - Breast pump, electric (AC and/or DC), any type<br/> <b>E0604</b> - Breast pump, hospital grade, electric (AC and/or DC), any type<br/> <b>S9443</b> - Lactation classes, nonphysician provider, per session</p>  |
| <p><b>Contraception:</b> Surgical Procedures</p> <p>*Ancillary services performed in conjunction with surgical procedure are considered preventive when appropriate</p>   | <p><b>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</b><br/> <b>00851</b> - Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transaction<br/> <b>00952</b> - Anesthesia for vaginal procedures; hysteroscopy and/or hysterosalpingography<br/> <b>58555</b> - Hysteroscopy, diagnostic<br/> <b>58565</b> - Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants<br/> <b>58600</b> - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral<br/> <b>58605</b> - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization</p>   |

| <b>PREVENTIVE SERVICES</b>  |  |
|---|--|
|   | <p><b>58611</b> - Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)</p> <p><b>58615</b> - Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach</p> <p><b>58670</b> - Laparoscopy, surgical; with fulguration of oviducts (with or without transection)</p> <p><b>58671</b> - Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)</p> <p><b>88302</b> - Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization</p> <p><b>99144</b> - Moderate sedation age 5 years or older, first 30 minutes intra-service time (<i>when billed with CPT codes 00952 or 58555</i>)</p> <p><b>99145</b> - Moderate sedation each additional 15 minutes intra-service time (<i>when billed with CPT codes 00952 or 58555</i>)</p> <p><b>A4264</b> - Permanent implantable contraceptive intratubal occlusion device(s) and delivery system</p> <p><b>ICD-10 code(s):</b><br/> <b>Z30.2</b> - Encounter for sterilization</p>   |
| <p><b>Contraception and Contraceptive Counseling:</b> 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<sup>®</sup> and generics of Plan B<sup>®</sup> and Plan B One-Step<sup>®</sup> are considered preventive</p> <p><b>*Covered under the Pharmacy benefit</b></p> | <p><b>CPT/HCPCS code(s):</b></p> <p><b>11976</b> - Removal, Implantable contraceptive capsules</p> <p><b>11981</b> - Insertion, non-biodegradable drug delivery implant</p> <p><b>11982</b> - Removal, non-biodegradable drug delivery implant</p> <p><b>11983</b> - Removal with reinsertion, non-biodegradable drug delivery implant</p> <p><b>57170</b> - Diaphragm &amp; cervical cap fitting</p> <p><b>58300</b> - Insertion of IUD</p> <p><b>58301</b> - Removal of IUD</p> <p><b>A4261</b> - Cervical cap for contraceptive use</p> <p><b>A4266*</b> - Diaphragm for contraceptive use</p> <p><b>A4268*</b> - Contraceptive supply, condom, female, each</p> <p><b>A4269*</b> - Contraceptive supply, spermicide (e.g., foam, gel), each</p> <p><b>J1050</b> - Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera)</p> <p><b>J7296</b> - Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg</p> <p><b>J7297</b> - Levonorgestrel-releasing intrauterine contraceptive system, 52mg (Liletta)</p> <p><b>J7298</b> - Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)</p> <p><b>J7300</b> - Intrauterine Copper Contraceptive</p> <p><b>J7301</b> - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg</p> <p><b>J7303*</b> - Contraceptive supply, hormone containing vaginal ring, each</p> <p><b>J7304*</b> - Contraceptive supply, hormone containing patch, each</p> <p><b>J7307</b> - Etonogestrel (contraceptive) implant system, including implant and supplies</p> <p><b>S4989</b>- Contraceptive intrauterine device (e.g., Progestacert IUD, including implants and supplies)</p> <p><b>S4993*</b>- Contraceptive pills for birth control</p> <p><b>CPT code(s) billed with the below ICD-10 code(s):</b></p> <p><b>96372</b> - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</p> <p><b>99211</b> - 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</p> <p><b>99212</b> - 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> |

| <b>PREVENTIVE SERVICES</b>  |   |
|---|---|
|   | <p><b>ICD-10 code(s):</b><br/> <b>Z30.013 – Z30.019</b> - Encounter for initial prescription of contraceptives<br/> <b>Z30.40 – Z30.9</b> - Encounter for surveillance of contraceptives or Encounter for contraceptive management<br/> <b>Z97.5</b> Presence of (intrauterine) contraceptive device</p>  |
| <b>Domestic Violence</b>  | Screening for domestic violence covered as part of the annual well-woman visit. Refer to <a href="#">Preventive Office Visit</a> section of this document.  |
| <b>Gestational Diabetes</b>   | <p><b>CPT code(s) billed with the below ICD-10 code(s):</b><br/> <b>80422</b> - Glucagon tolerance panel; for insulinoma<br/> <b>82950</b> - Glucose; post glucose dose (includes glucose)<br/> <b>82951</b> - Glucose; tolerance test (GTT), 3 specimens (includes glucose)<br/> <b>82952</b> - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)</p> <p><b>ICD-10 code(s):</b><br/> <b>009.A – 009.A3</b> -Supervision of pregnancy with history of molar pregnancy<br/> <b>009.00 – 009.93</b> - Supervision of high risk pregnancy<br/> <b>Z33.1</b> - Pregnant state, incidental<br/> <b>Z33.3</b> - Pregnant state, gestational carrier<br/> <b>Z34.00 – Z34.93</b> - Encounter for supervision of normal pregnancy</p>   |
| <b>HIV Screening and Counseling</b>                                   | Refer to the <a href="#">HIV Screening</a> & <a href="#">HIV Counseling</a> section(s) of this document   |
| <b>HPV DNA Testing for Women ages 30 or older</b>                     | <p><b>CPT/HCPCS code(s):</b><br/> <b>0500T</b> - 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)<br/> <b>87624</b> - 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)<br/> <b>87625</b> - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed<br/> <b>G0476</b> - 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> |
| <b>Sexually Transmitted Infections (STI) Screening and Counseling</b> | Refer STI related Screenings - <a href="#">Chlamydia and Gonorrhea</a> , <a href="#">Hepatitis B</a> , <a href="#">Hepatitis C</a> , <a href="#">HIV Screening</a> , <a href="#">Syphilis</a> and <a href="#">STI Counseling</a> section(s) of this document  |
| <b>Well-Woman Visit</b>   | Refer to the <a href="#">Preventive Office Visit</a> 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.

| <b>Medication</b> | <b>Applies To</b> | <b>Special Coverage Considerations</b>                        |
|-------------------|-------------------|---|
| 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            |

| Medication   | Applies To  | Special Coverage Considerations  |
|--|---|--|
| Bowel preparations:<br><b>Brand names:</b> Clenpiq™, GoLYTELY®, Moviprep®, Plenvu®, Prepopik®, Suprep®<br><b>Generics:</b> GaviLyte™-C, GaviLyte™-G, GaviLyte™-H and Bisacodyl, TriLyte®   | Rx Brands* and Generics<br><br>*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:<br>Atorvastatin 10 mg, 20 mg,<br>Fluvastatin 20 mg, 40 mg,<br>Fluvastatin ER 80 mg, Lovastatin 10 mg, 20 mg, 40 mg, Pravastatin 10 mg, 20 mg, 40 mg, 80 mg,<br>Rosuvastatin 5 mg, 10 mg,<br>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

- July 3, 2013: Added CPT codes 99460, 99461, 99462, 99463, 58555, 99144, 99145, removed CPT code Q0090.
- August 7, 2013: Added CPT code 90664.
- September 25, 2013: Updated language. Added HCPCS codes A4268, A4269, removed HCPCS code J8499.
- October 24, 2013: Formatting changes. Added CPT Code 90661.
- November 5, 2013: Removed CPT code 77079.
- December 30, 2013: Formatting changes. Added CPT/HCPCS code(s) 90673, J7301, S0195, removed HCPCS code Q2033.
- January 7, 2014: Formatting changes.
- January 23, 2014: Formatting changes.
- March 10, 2014: Added new recommendation section(s) "BRCA Genetic Counseling" "BRCA Genetic Testing" and "Lung Cancer Screening".

- March 12, 2014: Formatting changes.
- April 11, 2014: Added "Raloxifene" to Pharmacy Section, removed diagnosis component requirement from Immunization section.
- May 30, 2014: Formatting changes. Added CPT code 84478.
- June 9, 2014: Formatting changes. Added CPT code 82465. Clarified coding for "Gestational Diabetes Screening" and "Type 2 Diabetes Mellitus", added diagnosis component to "Venipuncture" section.
- July 9, 2014: Added CPT code 36416
- August 13, 2014: Added CPT/HCPCS Codes 87340, 90581, 90585, 90586, 90675, 90676, 90690, 90691, 90692, 90693, 90696, 90717, 90720, 90735, 90738, 92551, 92552, 92567, 92558, 92586, 92587, 99174, 99420, 99429 and G0451, removed CPT codes 86255 & 86256.
- September 12, 2014: Added CPT 90723, updated smoking cessation section to include "OTC Generic only" & remove "quantity limitations may apply" language.
- September 23, 2014: Formatting changes.
- October 23, 2014: Added CPT codes 90698, 90703, 90704, 90705, 90706, 90721, 90740, 90748 to Immunizations, added ICD-9/ ICD-10 codes V72.31, Z01.411, Z01.419 to Cervical Cancer screening , added CPT/HCPCS codes 71250, S8032 to Lung Cancer screening, added CPT code 45345 and ICD-9/ICD-10 codes V16.0, Z80.0 to Colorectal Cancer screening, removed CPT code 11980 from Contraception and Contraceptive counseling, added ICD-9/ICD-10 code V07.31, Z41.8 to Application of Fluoride Varnish: Infants and children.
- December 23, 2014: Updated coding Effective 1/1/15: Added new CPT codes 90620, 90621, 90630, 90651, 90697 to Pediatric & Adolescent & Adult Immunizations section, added CPT 99188, ICD-9/ICD-10 codes V20.2, Z00.121 & Z00.129 and removed unlisted CPT code 99429, ICD-9/ICD-10 code V07.31, Z41.8 from Application of Fluoride Varnish: Infants and children section, added CPT/HCPCS codes G0464, G6022, G6024, 45346, 45388 and removed 45339, 45345, 45355, 45383, 45387 from Colorectal Cancer section, added HCPCS code G0472 to Hepatitis C section, added HCPCS code G0473 to obesity counseling section, added CPT codes 77085, 77086 and ICD-9/ICD-10 codes V17.81 V82.81 , Z13.820, Z82.62 (diagnosis criteria effective 11/24/14) and removed 77082 from Bone Density section, removed 87620, 87621 from HPV DNA testing section, added ICD-9 code V23.42 to pregnancy-related sections (diagnosis criteria effective 11/24/14), added "aspirin 81mg" to pharmacy section.
- April 9, 2015: Added HCPCS codes P3000 & P3001 to Cervical Cancer section; added HCPCS code G0328 to Colorectal Cancer section, added ICD-9 code V25.5 to Contraceptive section.
- June 26, 2015: Added ICD-9 code V10.3 and ICD-10 code Z85.3 to BRCA Genetic Testing section.
- July 16, 2015: Added HCPCS code S3890 to Colorectal Cancer section.
- October 9, 2015: Clarified age in lead screening section, formatting changes, added code S3620 to Newborn Metabolic/Hemoglobin screening, added language to Colorectal Cancer section about associated labs/anesthesia.
- October 20, 2015: Wording update, Added codes 87624 & 87625 to HPV DNA testing section for effective date of 1/1/15.
- November 30, 2015: Added CPT code 77063 to Breast Cancer Screening section for effective date of 12/1/15, Formatting updates.
- December 28, 2015: Added diagnosis code Z85.43 to BRCA Screening for effective date 12/14/15. Changed language in "Type 2 Diabetes" section based on updated US Task Force recommendation. Added new codes for effective date 1/1/16: 81162 (BRCA), 81528 (Colorectal Cancer Screening), 90625 (Immunizations), 99177 (Visual Acuity), O403T (Healthy Diet), G0296 & G0297 (Lung Cancer Screening), G0475 (HIV), G0476 (HPV), J7297 & J7298 (Contraceptives). Removed end-dated codes 90645, 90646, 90669, 90692, 90693, 90703-90706, 90719-90721, 90735, G6022, G6024, J7302, S3890.
- January 15, 2016: Added code 86593 (Syphilis), 99411 & 99412 (Preventive Counseling), G0432, G0433, G0435 & S3645 (HIV).
- February 3, 2016: Changed language in "Depression Screening" sections based on updated US Task Force recommendation.
- March 15, 2016: Clarified which Tufts Health Plan plans this policy applies to.
- June 30, 2016: Removed ICD-9 Codes. Reformatted policy. Added codes 85013, 85014, 85018, 85041, G0306, G0307 to anemia screening for pregnant women. Added code 82951, 82952, 83036 to diabetes screening. Added bowel prep medications to pharmacy section. Removed code S8092 from lung cancer screening.
- July 28, 2016: Added STI screening codes to pediatric section & ambulatory blood pressure monitoring codes to adult section for effective date 8/1/16.
- September 28, 2016: Removed LAIV Influenza vaccines, CPT codes 90660, 90664 & 90672 based on CDC recommendation. For effective date 10/1/16, ICD-10 codes - O09.A-O09.A3 (added to Venipuncture, Asymptomatic Bacteriuria Screening, Rh (D) Blood Typing, Iron Deficiency Anemia, Gonorrhea & Syphilis, Gestational Diabetes and Hepatitis B sections), Z33.3 (added to Venipuncture, Asymptomatic Bacteriuria Screening, Rh (D) Blood Typing, Iron Deficiency Anemia, Gonorrhea & Syphilis, Gestational Diabetes and Hepatitis B sections), Z29.3 (added to Application of Fluoride Varnish section).
- November 10, 2016: Added CPT code 96127 & ICD-10 code Z13.4 to Developmental/Behavioral Assessment in pediatric section for effective date 11/1/16.
- December 27, 2016: For 1/1/17 effective date- added new code 76706 and removed deleted code G0389 in abdominal aortic aneurysm (AAA) screening section, added new code 77067 and removed deleted code 77052 and 77057 in breast cancer screening section, added new code 90674, 90682 and 90750 to adult and pediatric immunization section, added new code G0499 to hepatitis B screening section, removed deleted code 99420 from screening/risk assessment section and removed deleted code S8032 from lung cancer screening section.
- February 7, 2017: Removed deleted code G0436 and G0437 from preventive counseling section, updated code descriptions for CPT/HCPCS codes- 90644, 90655-90658, 90661, 90685-90688, 90698, 90734, J7297 and J7298.
- April 28, 2017: Removed code 87623 from HPV testing section, removed deleted code G0464 from Colorectal Cancer screening section, added language to breastfeeding section.
- May 12, 2017: Added codes 96160 & 96161 to screening/risk assessment section, added new section for preeclampsia screening, added new section for latent tuberculosis screening.

- May 25, 2017: Removed shingles vaccine from pediatric immunization section as not appropriate for age group.
- June 29, 2017: For 7/1/17 effective date - revised code description for codes 90620, 90621, 90651 and added code Q9984 to contraceptive section per quarterly CPT and HCPCS code updates.
- July 19, 2017: Added clarifying language to Type 2 Diabetes Mellitus screening section.
- September 1, 2017: Added diagnoses to BRCA screening section- Z80.0, Z80.49, Z80.8 and BRCA genetic counseling section – Z15.01, Z15.02, Z80.0, Z80.49, Z80.8.
- September 28, 2017: Formatting change. Added statin coverage to pharmacy section.
- October 6, 2017: Updated preventive counseling section.
- December 29, 2017: For 1/1/18 effective date – added new codes 00811 & 00812 to colorectal cancer screening section, added code 90756 to adult and pediatric immunization section, added code 0500T to HPV testing section, removed deleted code 88154 from cervical cancer screening section, added code J7296 and removed code Q9984 to contraceptive section.
- 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 update.
- 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.