Preventive Services

Applies to the following Tufts Health Plan products:

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

Applies to the following Tufts Health Public Plans products:

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

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

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

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

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

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

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

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

Included in this policy:
Preventive Services: Office Visit, Immunization Administration, Venipuncture
Routine Health Screening: Adult
Routine Health Screenings: Pediatric
Preventive Immunizations: Adult and Pediatric
Preventive Counseling Services

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink® when Tufts Health Plan is the primary administrator.
## Preventive Services

### Preventive Office Visits

<table>
<thead>
<tr>
<th>CPT/HCPCS Code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381 - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)</td>
<td></td>
</tr>
<tr>
<td>99382 - ; early childhood (age 1 through 4 years)</td>
<td></td>
</tr>
<tr>
<td>99383 - ; late childhood (age 5 through 11 years)</td>
<td></td>
</tr>
<tr>
<td>99384 - ; adolescent (age 12 through 17 years)</td>
<td></td>
</tr>
<tr>
<td>99385 - ; 18-39 years</td>
<td></td>
</tr>
<tr>
<td>99386 - ; 40-64 years</td>
<td></td>
</tr>
<tr>
<td>99387 - ; 65 years and older</td>
<td></td>
</tr>
<tr>
<td>99391 - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)</td>
<td></td>
</tr>
<tr>
<td>99392 - ; early childhood (age 1 through 4 years)</td>
<td></td>
</tr>
<tr>
<td>99393 - ; late childhood (age 5 through 11 years)</td>
<td></td>
</tr>
<tr>
<td>99394 - ; adolescent (age 12 through 17 years)</td>
<td></td>
</tr>
<tr>
<td>99395 - ; 18-39 years</td>
<td></td>
</tr>
<tr>
<td>99396 - ; 40-64 years</td>
<td></td>
</tr>
<tr>
<td>99397 - ; 65 years and older</td>
<td></td>
</tr>
<tr>
<td>99460 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant</td>
<td></td>
</tr>
<tr>
<td>99461 - Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center</td>
<td></td>
</tr>
<tr>
<td>99462 - Subsequent hospital care, per day, for evaluation and management of normal newborn</td>
<td></td>
</tr>
<tr>
<td>99463 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date</td>
<td></td>
</tr>
<tr>
<td>G0438 - Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</td>
<td></td>
</tr>
<tr>
<td>G0439 - ; subsequent visit</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive Immunization Administration Codes

<table>
<thead>
<tr>
<th>CPT code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90460 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component</td>
<td></td>
</tr>
<tr>
<td>90461 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>90471 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</td>
<td></td>
</tr>
<tr>
<td>90472 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>90473 - Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</td>
<td></td>
</tr>
<tr>
<td>90474 - Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
</tbody>
</table>

### Venipuncture for Preventive Pathology and Laboratory Service(s)

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36415 - Collection of venous blood by venipuncture</td>
<td></td>
</tr>
<tr>
<td>36416 - Collection of capillary blood specimen (e.g., finger, heel, ear stick)</td>
<td></td>
</tr>
</tbody>
</table>

### ICD-10 Code(s):

<table>
<thead>
<tr>
<th>ICD-10 code(s):</th>
<th>Description</th>
</tr>
</thead>
</table>
## PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>ICD-10 code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O09.A – O09.A3</td>
<td>Supervision of pregnancy with history of molar pregnancy</td>
</tr>
<tr>
<td>O09.00 - O09.93</td>
<td>Supervision of high risk pregnancy</td>
</tr>
<tr>
<td>Z00.00</td>
<td>Encounter for general adult medical exam w/o abnormal findings</td>
</tr>
<tr>
<td>Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
</tr>
<tr>
<td>Z00.110</td>
<td>Health examination for newborn under 8 days old</td>
</tr>
<tr>
<td>Z00.111</td>
<td>Health examination for newborn 8 to 28 days old</td>
</tr>
<tr>
<td>Z00.121</td>
<td>Encounter for routine child health examination with abnormal findings</td>
</tr>
<tr>
<td>Z00.129</td>
<td>Encounter for routine child health exam w/o abnormal findings</td>
</tr>
<tr>
<td>Z13.1</td>
<td>Encounter for screening for diabetes mellitus</td>
</tr>
<tr>
<td>Z13.220</td>
<td>Encounter for screening for lipid disorders</td>
</tr>
<tr>
<td>Z33.1</td>
<td>Pregnant state, incidental</td>
</tr>
<tr>
<td>Z33.3</td>
<td>Pregnant state, gestational carrier</td>
</tr>
<tr>
<td>Z34.00 - Z34.93</td>
<td>Encounter for supervision of normal pregnancy</td>
</tr>
</tbody>
</table>

## ROUTINE HEALTH SCREENINGS: ADULT

### Abdominal Aortic Aneurysm: Men ages 65-75 who have ever smoked

**CPT/HCPCS codes(billed with the below ICD-10 code(s)):**
- 76700 - Ultrasound, abdominal, real time with image documentation; complete
- 76705 - ; limited (e.g., single organ, quadrant, follow-up)
- 76706 - Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
- 76770 - Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
- 76775 - ; limited

**ICD-10 code(s):**
- Z13.6 - Encounter for screening for cardiovascular disorders
- Z87.891 - Personal history of nicotine dependence

### Asymptomatic Bacteriuria Screening: Pregnant women at 12 to 16 weeks gestation or at their first prenatal visit, if later

**CPT code(billed with the below ICD-10 code(s)):**
- 81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 85013 - Blood count; spun microhematocrit
- 85014 - Blood count; hematocrit (Hct)
- 85018 - Blood count; hemoglobin (Hgb)
- 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
- 85027- ; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
- 85041 - Blood count; red blood cell (RBC), automated
- 86900 - Blood typing, serologic; ABO
- 86901 - Blood typing, serologic; Rh (D)
- G0306 - Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count
- G0307 - Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count)

**ICD-10 code(s):**
- O09.A – O09.A3 - Supervision of pregnancy with history of molar pregnancy
- O09.00 - O09.93 - Supervision of high risk pregnancy
- Z33.1 - Pregnant state, incidental
- Z33.3 - Pregnant state, gestational carrier
- Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy

### Iron Deficiency Anemia Screening: Pregnant Women

**CPT code(s) billed with the below ICD-10 code(s):**
- 81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 85013 - Blood count; spun microhematocrit
- 85014 - Blood count; hematocrit (Hct)
- 85018 - Blood count; hemoglobin (Hgb)
- 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
- 85027- ; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
- 85041 - Blood count; red blood cell (RBC), automated
- 86900 - Blood typing, serologic; ABO
- 86901 - Blood typing, serologic; Rh (D)
- G0306 - Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count
- G0307 - Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count)

**ICD-10 code(s):**
- O09.A – O09.A3 - Supervision of pregnancy with history of molar pregnancy
- O09.00 - O09.93 - Supervision of high risk pregnancy
- Z33.1 - Pregnant state, incidental
- Z33.3 - Pregnant state, gestational carrier
- Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy

### Blood Pressure Screening: Adults ages 18 and older

For measurements outside of the clinical setting for diagnostic confirmation before starting treatment; bill the following **CPT code(s) with the below ICD-10 code:**
- 93784 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
<table>
<thead>
<tr>
<th><strong>PREVENTIVE SERVICES</strong></th>
<th><strong>CPT code(s) billed with the below ICD-10 code(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>93786 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</td>
<td>81162 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
</tr>
<tr>
<td>93788 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report</td>
<td>81163 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td>93790 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report</td>
<td>81164 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
</tr>
<tr>
<td>A4670 - Automatic blood pressure monitor (when billed with modifier RR)</td>
<td>81165 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td><strong>ICD 10 code(s):</strong></td>
<td>81166 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
</tr>
<tr>
<td>R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension</td>
<td>81167 - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BRCA Genetic Testing</strong></th>
<th><strong>ICD 10 code(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Prior Authorization is required for BRCA Genetic Testing. Please refer to our Medical Necessity Guideline: Genetic Testing: BRCA-Related Breast and/or Ovarian Cancer Syndrome</td>
<td>Z80.0 - Family history of malignant neoplasm of digestive organs</td>
</tr>
<tr>
<td><strong>CPT code(s) billed with the below ICD-10 code(s):</strong></td>
<td>Z80.3 - Family history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z80.41 - Family history of malignant neoplasm of ovary</td>
<td>Z80.49 - Family history of malignant neoplasm of other genital organs</td>
</tr>
<tr>
<td>Z80.8 - Family history of malignant neoplasm of other organs or systems</td>
<td>Z85.3 - Personal history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z85.43 - Personal history of malignant neoplasm of ovary</td>
<td><strong>Breast Cancer Screening:</strong> Every 1 to 2 years for women aged 40 years and older</td>
</tr>
<tr>
<td><strong>CPT/HCPCS code(s):</strong></td>
<td>77063 - Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>77067 - Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed</td>
<td>88141 - Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician</td>
</tr>
<tr>
<td>G0202 - Screening mammography, producing direct digital image, bilateral, all views</td>
<td>88142 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening:</strong> 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)</td>
<td>88143 - Cytopathology, cervical or vaginal (any reporting system)</td>
</tr>
<tr>
<td><strong>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</strong></td>
<td>88147 - Cytopathology smears, cervical or vaginal; screening by automated system</td>
</tr>
<tr>
<td>88148 - Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening</td>
<td>88147 - Cytopathology smears, cervical or vaginal; screening by automated system</td>
</tr>
<tr>
<td>88148 - Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening</td>
<td></td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
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</tr>
<tr>
<td>88150</td>
<td>Cytopathology, slides, cervical or vaginal; manual screening</td>
</tr>
<tr>
<td>88152</td>
<td>Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening</td>
</tr>
<tr>
<td>88153</td>
<td>Cytopathology, slides, cervical or vaginal; with manual screening and rescreening</td>
</tr>
<tr>
<td>88155</td>
<td>Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation</td>
</tr>
<tr>
<td>88164</td>
<td>Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening</td>
</tr>
<tr>
<td>88165</td>
<td>Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening</td>
</tr>
<tr>
<td>88166</td>
<td>Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening</td>
</tr>
<tr>
<td>88167</td>
<td>Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review</td>
</tr>
<tr>
<td>88174</td>
<td>Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system</td>
</tr>
<tr>
<td>88175</td>
<td>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</td>
</tr>
<tr>
<td>G0101</td>
<td>Cervical or vaginal cancer screening; pelvic and clinical breast examination</td>
</tr>
<tr>
<td>G0123</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation</td>
</tr>
<tr>
<td>G0124</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician</td>
</tr>
<tr>
<td>G0141</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician</td>
</tr>
<tr>
<td>G0143</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening</td>
</tr>
<tr>
<td>G0144</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system</td>
</tr>
<tr>
<td>G0145</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening</td>
</tr>
<tr>
<td>G0147</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system</td>
</tr>
<tr>
<td>G0148</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening</td>
</tr>
<tr>
<td>P3000</td>
<td>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision</td>
</tr>
<tr>
<td>P3001</td>
<td>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician</td>
</tr>
<tr>
<td>Q0091</td>
<td>Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</td>
</tr>
</tbody>
</table>

**ICD-10 code(s):**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z01.411</td>
<td>Encounter for gynecological examination (general) (routine) with abnormal findings</td>
</tr>
<tr>
<td>Z01.419</td>
<td>Encounter for gynecological examination (general) (routine) without abnormal findings</td>
</tr>
<tr>
<td>Z12.4</td>
<td>Encounter for screening for malignant neoplasm of cervix</td>
</tr>
</tbody>
</table>

**Chlamydia and Gonorrhea Screening:**

Women age 24 & younger or 25 & older at increased risk

**CPT code(s) billed with the below ICD-10 code(s):**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>87110</td>
<td>Culture, chlamydia, any source</td>
</tr>
<tr>
<td>87270</td>
<td>Infectious agent antigen detection by immunofluorescent technique</td>
</tr>
<tr>
<td>87320</td>
<td>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</td>
</tr>
</tbody>
</table>
### Preventive Services

**PREVENTIVE SERVICES**

<table>
<thead>
<tr>
<th>ICD-10 code(s):</th>
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</thead>
<tbody>
<tr>
<td>87490</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); direct probe technique</td>
</tr>
<tr>
<td>87491</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique</td>
</tr>
<tr>
<td>87492</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); quantification</td>
</tr>
<tr>
<td>87590</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</td>
</tr>
<tr>
<td>87591</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</td>
</tr>
<tr>
<td>87850</td>
<td>Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</td>
</tr>
</tbody>
</table>

**ICD-10 code(s):**

**Z11.3** - Encounter for screening for infections with a predominantly sexual mode of transmission

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**Colorectal Cancer Screening: Adults ages 50-75**

*Ancillary services performed during screening procedure are considered preventive when appropriate.

*Prior Authorization is required for those indicated. Please refer to: [High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix](#)

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00811</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified</td>
</tr>
<tr>
<td>00812</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screen colonoscopy</td>
</tr>
<tr>
<td>45330</td>
<td>Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing</td>
</tr>
<tr>
<td>45331</td>
<td>Sigmoidoscopy, flexible; with biopsy, single or multiple</td>
</tr>
<tr>
<td>45332</td>
<td>Sigmoidoscopy, flexible; with removal of foreign body</td>
</tr>
<tr>
<td>45333</td>
<td>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</td>
</tr>
<tr>
<td>45334</td>
<td>Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)</td>
</tr>
<tr>
<td>45335</td>
<td>Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance</td>
</tr>
<tr>
<td>45337</td>
<td>Sigmoidoscopy, flexible; with decompression of volvulus, any method</td>
</tr>
<tr>
<td>45338</td>
<td>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
</tr>
<tr>
<td>45340</td>
<td>Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures</td>
</tr>
<tr>
<td>45341</td>
<td>Sigmoidoscopy, flexible; with endoscopic ultrasound examination</td>
</tr>
<tr>
<td>45342</td>
<td>Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</td>
</tr>
<tr>
<td>45346</td>
<td>Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</td>
</tr>
<tr>
<td>45378</td>
<td>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)</td>
</tr>
<tr>
<td>45379</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body</td>
</tr>
<tr>
<td>45380</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple</td>
</tr>
<tr>
<td>45381</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance</td>
</tr>
<tr>
<td>45382</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)</td>
</tr>
<tr>
<td>45384</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</td>
</tr>
<tr>
<td>45385</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
</tr>
<tr>
<td>45386</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures</td>
</tr>
<tr>
<td>45388</td>
<td>Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</td>
</tr>
<tr>
<td>45391</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination</td>
</tr>
<tr>
<td>CPT/HCPCS code(s):</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>G009 -</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</td>
</tr>
<tr>
<td>74263* -</td>
<td>Computed tomographic (CT) colonography, screening, including image postprocessing</td>
</tr>
<tr>
<td>81528 -</td>
<td>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</td>
</tr>
<tr>
<td>82270 -</td>
<td>Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening</td>
</tr>
<tr>
<td>82274 -</td>
<td>Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative; feces, 1-3 simultaneous determinations</td>
</tr>
<tr>
<td>88305 -</td>
<td>Level IV - Surgical pathology, gross and microscopic examination</td>
</tr>
<tr>
<td>99152 -</td>
<td>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older</td>
</tr>
<tr>
<td>99153 -</td>
<td>; each additional 15 minutes intraservice time (List separately in addition to code for primary service)</td>
</tr>
<tr>
<td>99156 -</td>
<td>Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older</td>
</tr>
<tr>
<td>99157 -</td>
<td>; each additional 15 minutes intraservice time (List separately in addition to code for primary service)</td>
</tr>
<tr>
<td>G0104 -</td>
<td>Colorectal cancer screening; flexible sigmoidoscopy</td>
</tr>
<tr>
<td>G0105 -</td>
<td>Colorectal cancer screening; colonoscopy on individual at high risk</td>
</tr>
<tr>
<td>G0106 -</td>
<td>Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema</td>
</tr>
<tr>
<td>G0120 -</td>
<td>Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema</td>
</tr>
<tr>
<td>G0121 -</td>
<td>Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</td>
</tr>
<tr>
<td>G0122 -</td>
<td>Colorectal cancer screening; barium enema</td>
</tr>
<tr>
<td>G0328 -</td>
<td>Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations</td>
</tr>
<tr>
<td>J2175 -</td>
<td>Injection, meperidine HCl, per 100 mg</td>
</tr>
<tr>
<td>J2250 -</td>
<td>Injection, midazolam HCl, per 1 mg</td>
</tr>
<tr>
<td>J2704 -</td>
<td>Injection, propofol, 10 mg</td>
</tr>
<tr>
<td>J3010 -</td>
<td>Injection, fentanyl citrate, 0.1 mg</td>
</tr>
<tr>
<td>J7040 -</td>
<td>Infusion, normal saline solution, sterile (500 ml=1 unit)</td>
</tr>
</tbody>
</table>

**ICD-10 code(s):**
- Z12.11 - Encounter for screening for malignant neoplasm of colon
- Z80.0 - Family history of malignant neoplasm of digestive organs

**Depression:** Adult population, including pregnant and postpartum women

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99385–99387 -</td>
<td>Preventive medicine evaluation and management, new patient</td>
</tr>
<tr>
<td>99395–99397 -</td>
<td>Preventive medicine evaluation and management, established patient</td>
</tr>
<tr>
<td>G0444 -</td>
<td>Annual depression screening, 15 minutes</td>
</tr>
</tbody>
</table>

**Hepatitis B Virus:** Persons at high risk

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86704 -</td>
<td>Hepatitis B core antibody (HBCAb); total</td>
</tr>
<tr>
<td>86706 -</td>
<td>Hepatitis B surface antibody (HBsAb)</td>
</tr>
<tr>
<td>86707 -</td>
<td>Hepatitis B antibody (HBeAb)</td>
</tr>
<tr>
<td>87340 -</td>
<td>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochromilumimetric assay [IMCA]) qualitative or semi-quantitative, multi-step method; hepatitis B surface antigen (HBsAg)</td>
</tr>
</tbody>
</table>
| G0499 - | Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed
**PREVENTIVE SERVICES**

by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)

| **ICD-10 code(s):** | O09.A – O09.A3 -Supervision of pregnancy with history of molar pregnancy  
O09.00 - O09.93 - Supervision of high risk pregnancy  
Z00.00 - Encounter for general adult medical examination without abnormal findings  
Z00.121 - Encounter for routine child health examination with abnormal findings  
Z00.129 - Encounter for routine child health examination without abnormal findings  
Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission  
Z11.59 - Encounter for screening for other viral diseases  
Z33.1 - Pregnant state, incidental  
Z33.3 - Pregnant state, gestational carrier  
Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy |

| **Hepatitis C Virus:** Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965 | **CPT/HCPCS code(s):** | 86803 - Hepatitis C antibody  
G0472 - Hepatitis C antibody screening for individual at high risk and other covered indication(s) |

| **HIV Screening:** Adolescents and adults ages 15-65 or younger adolescents & older adults at high risk and Pregnant Women | **CPT/HCPCS code(s):** | 86689 - Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)  
86701 - Antibody; HIV-1  
86702 - Antibody; HIV-2  
86703 - Antibody; HIV-1 and HIV-2, single assay  
87390 - Infectious agent antigen detection by immunoaasay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1  
87391 - Infectious agent antigen detection by immunoaasay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2  
G0432 - Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening  
G0433 - Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening  
G0435 - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening  
G0475 - HIV antigen/antibody, combination assay, screening  
S3645 - HIV-1 antibody testing of oral mucosal transudate |

| **Latent Tuberculosis Infection Screening:** Asymptomatic adults at increased risk for infection | **CPT code(s) billed with the below ICD-10 code(s):** | 86480 - Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon  
86481 - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension  
86580 - Skin test; tuberculosis, intradermal |

| **ICD-10 code(s):** | Z00.00 - Encounter for general adult medical examination without abnormal findings  
Z00.01 - Encounter for general adult medical examination with abnormal findings  
Z11.1 - Encounter for screening for respiratory tuberculosis |

| **Lipid Disorders in Adults:** Men ages 35 and older, Men ages 20-34 with an increased risk for coronary heart disease (CHD), Women ages 45 and older, and Women ages 20-44 with an increased risk for CHD | **CPT code(s) billed with the below ICD-10 code(s):** | 80061 - Lipid panel  
82465 - Cholesterol, serum or whole blood, total  
83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)  
83719 - Lipoprotein, direct measurement; VLDL cholesterol  
83721 - Lipoprotein, direct measurement; LDL cholesterol  
84478 - Triglycerides |
<table>
<thead>
<tr>
<th>Service</th>
<th>ICD-10 Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lung Cancer Screening:</strong></td>
<td>71250* - Computed tomography, thorax; without contrast material</td>
</tr>
<tr>
<td>*Prior Authorization is required for those indicated. Please refer to: <a href="#">High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</a></td>
<td></td>
</tr>
</tbody>
</table>

| **Obesity Screening:**                    | CPT Code(s): Preventive medicine evaluation and management code(s):          |
|                                          | 99385-99387 - New patient                                                     |
|                                          | 99395-99397 - Established patient                                             |

**Osteoporosis Screening:** Postmenopausal women younger than 65 years who are at increased risk of osteoporosis or women 65 years and older

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>77078 - Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)</td>
<td></td>
</tr>
<tr>
<td>77080 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)</td>
<td></td>
</tr>
<tr>
<td>77081 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)</td>
<td></td>
</tr>
<tr>
<td>77085 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment</td>
<td></td>
</tr>
<tr>
<td>77086 - Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</td>
<td></td>
</tr>
</tbody>
</table>

| **Preeclampsia Screening:**                  | CPT Code(s): Inclusion in outpatient maternity visit | |
|                                          | Refer to Women’s Health section of this document | |

**Syphilis and Gonorrhea Screening:** Pregnant Women

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>86592 - Syphilis test, non-treponemal antibody; qualitative</td>
<td></td>
</tr>
<tr>
<td>86593 - Syphilis test, non-treponemal antibody; quantitative</td>
<td></td>
</tr>
<tr>
<td>87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</td>
<td></td>
</tr>
<tr>
<td>87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</td>
<td></td>
</tr>
<tr>
<td>87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O09.A - O09.A3 - Supervision of pregnancy with history of molar pregnancy</td>
<td></td>
</tr>
<tr>
<td>O09.00 - O09.93 - Supervision of high risk pregnancy</td>
<td></td>
</tr>
<tr>
<td>Z33.1 - Pregnant state, incidental</td>
<td></td>
</tr>
<tr>
<td>Z33.3 - Pregnant state, gestational carrier</td>
<td></td>
</tr>
<tr>
<td>Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

**Syphilis Screening:** Men and Women at increased risk

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)</td>
<td></td>
</tr>
<tr>
<td>86593 - Syphilis test, non-treponemal antibody; quantitative</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</td>
<td></td>
</tr>
</tbody>
</table>

**Type 2 Diabetes Mellitus Screening:** Adults aged 40 to 70 years who are overweight or obese or those persons who may be at increased risk at a younger age or at a lower body mass

<table>
<thead>
<tr>
<th>CPT code(s) billed with the below ICD-10 code(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>82947 - Glucose; quantitative, blood (except reagent strip)</td>
<td></td>
</tr>
<tr>
<td>82948 - Glucose, blood, reagent strip</td>
<td></td>
</tr>
<tr>
<td>82951 - Glucose; tolerance test (GTT), 3 specimens (includes glucose)</td>
<td></td>
</tr>
<tr>
<td>82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>83036 - Hemoglobin; glycosylated (A1C)</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE SERVICES</td>
<td>ICD-10 code(s):</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>ROUTINE HEALTH SCREENINGS: PEDIATRIC</strong></td>
<td></td>
</tr>
<tr>
<td>Application of Fluoride Varnish: Infants and children birth through age 5</td>
<td>Z13.1 - Encounter for screening for diabetes mellitus</td>
</tr>
<tr>
<td><strong>ICD-10 code(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Z00.121</strong> - Encounter for routine child health examination with abnormal findings</td>
<td></td>
</tr>
<tr>
<td><strong>Z00.129</strong> - Encounter for routine child health examination without abnormal findings</td>
<td></td>
</tr>
<tr>
<td><strong>Z229.3</strong> - Encounter for prophylactic fluoride administration</td>
<td></td>
</tr>
<tr>
<td><strong>CPT code(s) billed with the below ICD-10 code(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Z00.121</strong> - Encounter for routine child health examination with abnormal findings</td>
<td></td>
</tr>
<tr>
<td><strong>Z00.129</strong> - Encounter for routine child health examination without abnormal findings</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.3</strong> - Encounter for screening examination for mental health and behavioral disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.30</strong> - Encounter for screening examination for mental health and behavioral disorders, unspecified</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.39</strong> - Encounter for screening examination for other mental health and behavioral disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.40</strong> - Encounter for screening for unspecified developmental delays</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.41</strong> - Encounter for autism screening</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.42</strong> - Encounter for screening for global developmental delays (milestones)</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.49</strong> - Encounter for screening for other developmental delays</td>
<td></td>
</tr>
<tr>
<td><strong>Z13.89</strong> - Encounter for screening for other disorder (eg, depression)</td>
<td></td>
</tr>
<tr>
<td><strong>Congenital Hypothyroidism Screening:</strong> Newborns</td>
<td></td>
</tr>
<tr>
<td><strong>Depression:</strong> Adolescents ages 12-17</td>
<td></td>
</tr>
<tr>
<td><strong>G0444</strong> - Annual depression screening, 15 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>G0444</strong> - Annual depression screening, 15 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>Developmental/Behavioral Assessment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental/Behavioral Assessment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental/Behavioral Assessment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dyslipidemia Screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gonorrhea prophylactic medication:</strong> Newborns</td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>G0444</strong> - Annual depression screening, 15 minutes</td>
<td></td>
</tr>
<tr>
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<tr>
<td><strong>G0444</strong> - Annual depression screening, 15 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>G0444</strong> - Annual depression screening, 15 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>CPT code(s) billed with the below ICD-10 code(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>80061</strong> - Lipid panel</td>
<td></td>
</tr>
<tr>
<td><strong>82465</strong> - Cholesterol, serum or whole blood, total</td>
<td></td>
</tr>
<tr>
<td><strong>83718</strong> - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)</td>
<td></td>
</tr>
<tr>
<td><strong>83719</strong> - Lipoprotein, direct measurement; VLDL cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>83721</strong> - Lipoprotein, direct measurement; LDL cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>84478</strong> - Triglycerides</td>
<td></td>
</tr>
<tr>
<td><strong>ICD-10 code(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Z13.220</strong> - Encounter for screening for lipoid disorders</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE SERVICES</td>
<td>disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>ICD-10 code(s):</strong> <strong>Z00.121</strong> - Encounter for routine child health examination with abnormal findings</td>
</tr>
<tr>
<td></td>
<td><strong>Z00.129</strong> - Encounter for routine child health examination without abnormal findings</td>
</tr>
<tr>
<td></td>
<td><strong>Z38.00</strong> – <strong>Z38.8</strong> - Liveborn infants according to place of birth and type of delivery</td>
</tr>
<tr>
<td>Hematocrit or Hemoglobin</td>
<td><strong>CPT code(s):</strong> <strong>85013</strong> - Blood count; spun microhematocrit</td>
</tr>
<tr>
<td></td>
<td><strong>85018</strong> - Blood count; hemoglobin</td>
</tr>
<tr>
<td></td>
<td><strong>85025</strong> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count</td>
</tr>
<tr>
<td></td>
<td><strong>85027</strong> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)</td>
</tr>
<tr>
<td>HIV Screening: All sexually pediatric active patients</td>
<td>Refer to <strong>HIV Screening</strong> section of this document</td>
</tr>
<tr>
<td>Lead: Infants and children ages 0 through age 6</td>
<td><strong>CPT code(s) billed with the below ICD-10 code(s):</strong> <strong>83655</strong> - Lead</td>
</tr>
<tr>
<td></td>
<td><strong>ICD-10 code(s):</strong> <strong>Z13.88</strong> - Encounter for screening for disorder due to exposure to contaminants</td>
</tr>
<tr>
<td>Metabolic/Hemoglobin Screening: Newborns</td>
<td><strong>CPT code(s):</strong> <strong>85013</strong> - Blood count; spun microhematocrit</td>
</tr>
<tr>
<td></td>
<td><strong>85025</strong> - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count</td>
</tr>
<tr>
<td></td>
<td><strong>S3620</strong> - 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)</td>
</tr>
<tr>
<td>Obesity Screening: Children and Adolescents ages 6-17</td>
<td><strong>CPT code(s):</strong> Preventive medicine evaluation and management code(s): <strong>99383, 99384</strong> - New patient</td>
</tr>
<tr>
<td>Phenylketonuria Screening: Newborns</td>
<td>Included in hospital charges</td>
</tr>
<tr>
<td>Sexually Transmitted Infection (STI) Screening: All sexually active patients</td>
<td><strong>CPT code(s) billed with the below ICD-10 code(s):</strong> <strong>86631</strong> - Antibody; Chlamydia</td>
</tr>
<tr>
<td></td>
<td><strong>87081</strong> - Culture, presumptive, pathogenic organisms, screening only; <strong>87110</strong> - Culture, chlamydia, any source</td>
</tr>
<tr>
<td></td>
<td><strong>87210</strong> - Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)</td>
</tr>
<tr>
<td></td>
<td><strong>87270</strong> - Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis</td>
</tr>
<tr>
<td></td>
<td><strong>87320</strong> - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochromatimetric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis</td>
</tr>
<tr>
<td></td>
<td><strong>87490</strong> - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique</td>
</tr>
<tr>
<td></td>
<td><strong>87491</strong> - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique</td>
</tr>
<tr>
<td></td>
<td><strong>87590</strong> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</td>
</tr>
<tr>
<td></td>
<td><strong>87591</strong> - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</td>
</tr>
<tr>
<td></td>
<td><strong>87800</strong> - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique</td>
</tr>
<tr>
<td></td>
<td><strong>87801</strong> - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique</td>
</tr>
<tr>
<td></td>
<td><strong>87810</strong> - Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis</td>
</tr>
</tbody>
</table>
### Preventive Services

**ICD-10 code(s):**
- Z00.121 - Encounter for routine child health examination with abnormal findings
- Z00.129 - Encounter for routine child health examination without abnormal findings
- Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission
- Z11.8 - Encounter for screening for other infectious and parasitic diseases
- Z11.9 - Encounter for screening for infectious and parasitic diseases, unspecified

#### Screening/Risk Assessment

**CPT code(s) billed with the below ICD-10 code(s):**
- 96160 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161 - Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

**ICD-10 code(s):**
- Z00.110 - Health examination for newborn under 8 days old
- Z00.111 - Health examination for newborn 8 to 28 days old
- Z00.00 - Encounter for general adult medical examination without abnormal findings
- Z00.01 - Encounter for general adult medical examination with abnormal findings
- Z00.121 - Encounter for routine child health examination with abnormal findings
- Z00.129 - Encounter for routine child health examination without abnormal findings

**Syphilis Screening:** Adolescents who are at increased risk for syphilis infection

**CPT code(s) billed with the below ICD-10 code(s):**
- 86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
- 86593 - Syphilis test, non-treponemal antibody; quantitative

**ICD-10 code(s):**
- Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission

**Tuberculin Test**

**CPT code(s):**
- 86480 - Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
- 86481 - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
- 86580 - Skin test; tuberculosis, intradermal

**Visual Acuity Screening**

**CPT code(s) billed with the below ICD-10 code(s):**
- 99173 - Screening test of visual acuity, quantitative, bilateral
- 99174 - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral
- 99177 - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis

**ICD-10 code(s):**
- Z00.121 - Encounter for routine child health examination with abnormal findings
- Z00.129 - Encounter for routine child health examination without abnormal findings

**Visual Impairment: Children younger than 5**

Preventive medicine evaluation and management code(s):
- 99381–99382 - New patient
- 99391–99392 - Established patient

### Preventive Immunizations

Subject to availability. Refer to our [List of Unavailable Vaccines and Drugs](#). Subject to Federal Drug Administration (FDA) licensed indications.

**ICD-10 code(s):**
- Z00.121 - Encounter for routine child health examination with abnormal findings
- Z00.129 - Encounter for routine child health examination without abnormal findings

**CPT/HCPCS code(s):**
- 90581 - Anthrax vaccine, for subcutaneous or intramuscular
- 90585 - Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90586</td>
<td>Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use</td>
</tr>
<tr>
<td>90620</td>
<td>Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90621</td>
<td>Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90630</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use</td>
</tr>
<tr>
<td>90649*</td>
<td>Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90650*</td>
<td>Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90651**</td>
<td>Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90653</td>
<td>Influenza vaccine, inactivated (IV), subunit, adjuvanted, for intramuscular use</td>
</tr>
<tr>
<td>90654</td>
<td>Influenza virus vaccine, split virus, preservative-free, for intradermal use</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use</td>
</tr>
<tr>
<td>90661</td>
<td>Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90662</td>
<td>Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</td>
</tr>
<tr>
<td>90670</td>
<td>Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use</td>
</tr>
<tr>
<td>90672</td>
<td>Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use</td>
</tr>
<tr>
<td>90673</td>
<td>Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</td>
</tr>
<tr>
<td>90674</td>
<td>Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90675</td>
<td>Rabies vaccine, for intramuscular use</td>
</tr>
<tr>
<td>90676</td>
<td>Rabies vaccine, for intradermal use</td>
</tr>
<tr>
<td>90680</td>
<td>Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use</td>
</tr>
<tr>
<td>90681</td>
<td>Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use</td>
</tr>
<tr>
<td>90682</td>
<td>Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90688</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90689</td>
<td>Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90690</td>
<td>Typhoid vaccine, live, oral</td>
</tr>
<tr>
<td>90691</td>
<td>Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use</td>
</tr>
<tr>
<td>90697</td>
<td>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</td>
</tr>
<tr>
<td>90698</td>
<td>Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use</td>
</tr>
<tr>
<td>90707</td>
<td>Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use</td>
</tr>
<tr>
<td>90710</td>
<td>Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use</td>
</tr>
<tr>
<td>CPT code(s):</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>90625</td>
<td>Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use</td>
</tr>
<tr>
<td>90632</td>
<td>Hepatitis A vaccine (HepA), adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90636</td>
<td>Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90736</td>
<td>Zoster (shingles) vaccine (HZV), live, for subcutaneous injection</td>
</tr>
<tr>
<td>90739</td>
<td>Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90746</td>
<td>Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90750</td>
<td>Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection</td>
</tr>
</tbody>
</table>

**Adult Immunizations**

<table>
<thead>
<tr>
<th>CPT code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90714</td>
<td>Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use</td>
</tr>
<tr>
<td>90715</td>
<td>Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</td>
</tr>
<tr>
<td>90716</td>
<td>Varicella virus vaccine (VAR), live, for subcutaneous use</td>
</tr>
<tr>
<td>90717</td>
<td>Yellow fever vaccine, live, for subcutaneous use</td>
</tr>
<tr>
<td>90718</td>
<td>Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use</td>
</tr>
<tr>
<td>90723</td>
<td>Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use</td>
</tr>
<tr>
<td>90732</td>
<td>Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use</td>
</tr>
<tr>
<td>90733</td>
<td>Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use</td>
</tr>
<tr>
<td>90738</td>
<td>Japanese encephalitis virus vaccine, inactivated, for intramuscular use</td>
</tr>
<tr>
<td>90740</td>
<td>Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90747</td>
<td>Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90748</td>
<td>Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use</td>
</tr>
<tr>
<td>90756</td>
<td>Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>Q2035</td>
<td>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)</td>
</tr>
<tr>
<td>Q2036</td>
<td>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)</td>
</tr>
<tr>
<td>Q2037</td>
<td>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)</td>
</tr>
<tr>
<td>Q2038</td>
<td>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)</td>
</tr>
<tr>
<td>Q2039</td>
<td>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)</td>
</tr>
</tbody>
</table>

* covered for ages 9-26 based on FDA licensed indications
** covered for ages 9-45 based on FDA licensed indications

**Pediatric Immunizations**

<table>
<thead>
<tr>
<th>CPT code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90633</td>
<td>Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use</td>
</tr>
</tbody>
</table>
### PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90634</td>
<td>Hepatitis A vaccine (HepA), pediatric/adolescent dosage; 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90644</td>
<td>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</td>
</tr>
<tr>
<td>90648</td>
<td>Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90655</td>
<td>Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90685</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use</td>
</tr>
<tr>
<td>90687</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90696</td>
<td>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</td>
</tr>
<tr>
<td>90700</td>
<td>Diphtheria, tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use</td>
</tr>
<tr>
<td>90702</td>
<td>Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use</td>
</tr>
</tbody>
</table>

### PREVENTIVE COUNSELING SERVICES

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99078</td>
<td>Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)</td>
</tr>
<tr>
<td>99401</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</td>
</tr>
<tr>
<td>99403</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</td>
</tr>
<tr>
<td>99404</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</td>
</tr>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</td>
</tr>
<tr>
<td>99408</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes</td>
</tr>
<tr>
<td>99409</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes</td>
</tr>
<tr>
<td>99411</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</td>
</tr>
<tr>
<td>99412</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</td>
</tr>
<tr>
<td>G0442</td>
<td>Annual alcohol misuse screening, 15 minutes</td>
</tr>
<tr>
<td>G0443</td>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</td>
</tr>
<tr>
<td>G0445</td>
<td>High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes:</td>
</tr>
</tbody>
</table>
## Preventive Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>CPT Code(s) Billed with the Below ICD-10 Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes</td>
<td>G0446 - Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes</td>
</tr>
<tr>
<td></td>
<td>G0447 - Face-to-face behavioral counseling for obesity, 15 minutes</td>
</tr>
<tr>
<td></td>
<td>G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes</td>
</tr>
<tr>
<td></td>
<td>S0453 - Smoking cessation classes, non-physician provider, per session</td>
</tr>
</tbody>
</table>

Preventive medicine evaluation and management code(s):
- 99383 - 99387 - New patient
- 99393 - 99397 - Established patient

### Weight Loss Behavioral Intervention:
Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions

Included in Preventive Office Visit

### BRCA Genetic Counseling

<table>
<thead>
<tr>
<th>CPT code(s) Billed with the Below ICD-10 Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>96040 - Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</td>
</tr>
<tr>
<td>S0265 - Genetic counseling, under physician supervision, each 15 minutes</td>
</tr>
</tbody>
</table>

**ICD-10 code(s):**
- Z15.01 - Genetic susceptibility to malignant neoplasm of breast
- Z15.02 - Genetic susceptibility to malignant neoplasm of ovary
- Z80.0 - Family history of malignant neoplasm of digestive organs
- Z80.3 - Family history of malignant neoplasm of breast
- Z80.41 - Family history of malignant neoplasm of ovary
- Z80.49 - Family history of malignant neoplasm of other genital organs
- Z80.8 - Family history of malignant neoplasm of other organs or systems

### Falls Prevention:
Community-dwelling adults 65 years or older who are at increased risk for falls

*Prior Authorization is required for some services. See applicable medical necessity guidelines.

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s) Billed with the Below ICD-10 Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
<tr>
<td>97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</td>
</tr>
<tr>
<td>97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</td>
</tr>
<tr>
<td>97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</td>
</tr>
<tr>
<td>97150 - Therapeutic procedure(s), group (2 or more individuals)</td>
</tr>
<tr>
<td>97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</td>
</tr>
<tr>
<td>97161 - Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family</td>
</tr>
<tr>
<td>97162 - Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family</td>
</tr>
</tbody>
</table>
### PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>CPT code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97163</td>
<td>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.</td>
</tr>
<tr>
<td>97164</td>
<td>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.</td>
</tr>
<tr>
<td>97750</td>
<td>Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes</td>
</tr>
</tbody>
</table>

### WOMEN'S HEALTH

#### Outpatient Maternity Services: All outpatient routine prenatal and postpartum office visits will be covered in full. Any outpatient maternity services not considered routine or those related to complications or risks with a pregnancy, may be subject to cost sharing based on the member’s plan. Some examples of services not considered routine include, but are not limited to, amniocentesis, fetal stress testing, and OB ultrasounds.

**Note:** This does not include inpatient maternity services which may be subject to cost share based on member's plan design.

<table>
<thead>
<tr>
<th>CPT code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400</td>
<td>Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care</td>
</tr>
<tr>
<td>59410</td>
<td>Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care</td>
</tr>
<tr>
<td>59425</td>
<td>Antepartum care only; 4-6 visits</td>
</tr>
<tr>
<td>59426</td>
<td>Antepartum care only; 7 or more visits</td>
</tr>
<tr>
<td>59430</td>
<td>Postpartum care only (separate procedure)</td>
</tr>
<tr>
<td>59510</td>
<td>Routine obstetric care including antepartum care, cesarean delivery, and postpartum care</td>
</tr>
<tr>
<td>59515</td>
<td>Cesarean delivery only; including postpartum care</td>
</tr>
<tr>
<td>59610</td>
<td>Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery</td>
</tr>
<tr>
<td>59614</td>
<td>Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care</td>
</tr>
<tr>
<td>59618</td>
<td>Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery</td>
</tr>
<tr>
<td>59622</td>
<td>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4281</td>
</tr>
<tr>
<td>A4282</td>
</tr>
<tr>
<td>A4283</td>
</tr>
<tr>
<td>A4284</td>
</tr>
</tbody>
</table>

#### Skin Cancer Behavioral Counseling:

Young adults, adolescents, children, and parents of young children

<table>
<thead>
<tr>
<th>ICD-10 code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>R26.81</td>
</tr>
<tr>
<td>R54</td>
</tr>
<tr>
<td>Z91.81</td>
</tr>
</tbody>
</table>

#### Breastfeeding support, education, equipment, supplies and counseling for pregnant and postpartum women

<table>
<thead>
<tr>
<th>HCPCS code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4281</td>
</tr>
<tr>
<td>A4282</td>
</tr>
<tr>
<td>A4283</td>
</tr>
<tr>
<td>A4284</td>
</tr>
</tbody>
</table>
### PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polycarbonate bottle for use with breast pump, replacement</td>
<td>A4285</td>
</tr>
<tr>
<td>Locking ring for breast pump, replacement</td>
<td>A4286</td>
</tr>
<tr>
<td>Breast pump, manual, any type</td>
<td>E0602</td>
</tr>
<tr>
<td>Breast pump, electric (AC and/or DC), any type</td>
<td>E0603</td>
</tr>
<tr>
<td>Breast pump, hospital grade, electric (AC and/or DC), any type</td>
<td>E0604</td>
</tr>
<tr>
<td>Lactation classes, nonphysician provider, per session</td>
<td>S9443</td>
</tr>
</tbody>
</table>

### Contraception: Surgical Procedures

*Ancillary services performed in conjunction with surgical procedure are considered preventive when appropriate

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>00851</strong> - Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection</td>
</tr>
<tr>
<td><strong>00952</strong> - Anesthesia for vaginal procedures; hysteroscopy and/or hysteroaspirationography</td>
</tr>
<tr>
<td><strong>58555</strong> - Hysteroscopy, diagnostic</td>
</tr>
<tr>
<td><strong>58565</strong> - Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</td>
</tr>
<tr>
<td><strong>58600</strong> - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral</td>
</tr>
<tr>
<td><strong>58605</strong> - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization</td>
</tr>
<tr>
<td><strong>58611</strong> - Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)</td>
</tr>
<tr>
<td><strong>58615</strong> - Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach</td>
</tr>
<tr>
<td><strong>58670</strong> - Laparoscopy, surgical; with fulguration of oviducts (with or without transection)</td>
</tr>
<tr>
<td><strong>58671</strong> - Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)</td>
</tr>
<tr>
<td><strong>88302</strong> - Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization</td>
</tr>
<tr>
<td><strong>99144</strong> - Moderate sedation age 5 years or older, first 30 minutes intra-service time (when billed with CPT codes 00952 or 58555)</td>
</tr>
<tr>
<td><strong>99145</strong> - Moderate sedation each additional 15 minutes intra-service time (when billed with CPT codes 00952 or 58555)</td>
</tr>
<tr>
<td><strong>A4264</strong> - Permanent implantable contraceptive intratubal occlusion device(s) and delivery system</td>
</tr>
</tbody>
</table>

**ICD-10 code(s):**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.2 - Encounter for sterilization</td>
</tr>
</tbody>
</table>

### Contraception and Contraceptive Counseling: FDA-approved over-the-counter female contraceptives are considered preventive when prescribed by a licensed provider and dispensed at a pharmacy pursuant to a prescription. Emergency contraceptives, including Ella® and generics of Plan B® and Plan B One-Step® are considered preventive

*Covered under the Pharmacy benefit

<table>
<thead>
<tr>
<th>CPT/HCPCS code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11976</strong> - Removal, Implantable contraceptive capsules</td>
</tr>
<tr>
<td><strong>57170</strong> - Diaphragm &amp; cervical cap fitting</td>
</tr>
<tr>
<td><strong>58300</strong> - Insertion of IUD</td>
</tr>
<tr>
<td><strong>58301</strong> - Removal of IUD</td>
</tr>
<tr>
<td><strong>A4266</strong> - Cervical cap for contraceptive use</td>
</tr>
<tr>
<td><em><em>A4266</em> - Diaphragm for contraceptive use</em>*</td>
</tr>
<tr>
<td><strong>A4268</strong> - Contraceptive supply, condom, female, each</td>
</tr>
<tr>
<td><strong>A4269</strong> - Contraceptive supply, spermicide (e.g., foam, gel), each</td>
</tr>
<tr>
<td><strong>J1050</strong> - Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera)</td>
</tr>
<tr>
<td><strong>J7296</strong> - Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg</td>
</tr>
<tr>
<td><strong>J7297</strong> - Levonorgestrel-releasing intrauterine contraceptive system, 52mg (Liletta)</td>
</tr>
<tr>
<td><strong>J7298</strong> - Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)</td>
</tr>
<tr>
<td><strong>J7300</strong> - Intrauterine Copper Contraceptive</td>
</tr>
<tr>
<td><strong>J7301</strong> - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg</td>
</tr>
<tr>
<td><strong>J7303</strong> - Contraceptive supply, hormone containing vaginal ring, each</td>
</tr>
<tr>
<td><strong>J7304</strong> - Contraceptive supply, hormone containing patch, each</td>
</tr>
<tr>
<td><strong>J7307</strong> - Ethinogestrel (contraceptive) implant system, including implant and supplies</td>
</tr>
<tr>
<td><strong>S4989</strong> - Contraceptive intrauterine device (e.g., Progestacert IUD, including implants and supplies)</td>
</tr>
<tr>
<td><strong>S4993</strong> - Contraceptive pills for birth control</td>
</tr>
</tbody>
</table>

**CPT code(s) billed with the below ICD-10 code(s):**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.2 - Encounter for sterilization</td>
</tr>
</tbody>
</table>
PREVENTIVE SERVICES

11981 - Insertion, non-biodegradable drug delivery implant
11982 - Removal, non-biodegradable drug delivery implant
11983 - Removal with reinsertion, non-biodegradable drug delivery implant
96372 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services
99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family

ICD-10 code(s):
Z30.013 – Z30.019 - Encounter for initial prescription of contraceptives
Z30.40 – Z30.9 - Encounter for surveillance of contraceptives or Encounter for contraceptive management
Z97.5 - Presence of (intrauterine) contraceptive device

Domestic Violence
Screening for domestic violence covered as part of the annual well-woman visit. Refer to Preventive Office Visit section of this document.

Gestational Diabetes
CPT code(s) billed with the below ICD-10 code(s):
80422 - Glucagon tolerance panel; for insulinoma
82950 - Glucose; post glucose dose (includes glucose)
82951 - Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)

ICD-10 code(s):
O09.A – O09.A3 - Supervision of pregnancy with history of molar pregnancy
O09.00 – O09.93 - Supervision of high risk pregnancy
Z33.1 - Pregnant state, incidental
Z33.3 - Pregnant state, gestational carrier
Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy

HIV Screening and Counseling
Refer to the HIV Screening & HIV Counseling section(s) of this document

HPV DNA Testing for Women ages 30 or older
CPT/HCPCS code(s):
0500T - Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)
87624 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
G0476 - Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test

Sexually Transmitted Infections (STI) Screening and Counseling
Refer STI related Screenings -Chlamydia and Gonorrhea, Hepatitis B, Hepatitis C, HIV Screening, Syphilis and STI Counseling section(s) of this document

Well-Woman Visit
Refer to the Preventive Office Visit section of this document

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

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Applies To</th>
<th>Special Coverage Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin 81 mg</td>
<td>OTC Generics Only</td>
<td>Covered in full for women of childbearing age (12 – 52 years)</td>
</tr>
<tr>
<td>Aspirin ≤ 325 mg</td>
<td>OTC Generics Only</td>
<td>Covered in full for Members age 45 years and older</td>
</tr>
<tr>
<td>Bowel preparations:</td>
<td>Rx Brands* and Generics</td>
<td>Covered in full for generic and single-source brand bowel preparations for Members age 50 through 74 years old</td>
</tr>
<tr>
<td><strong>Brand names:</strong> Clenpiq™, GoLYTELY®, Moviprep®, Plenvu®, Prepopik®, Suprep® <strong>Generics:</strong> GaviLyte™-C, GaviLyte™-G, GaviLyte™-H and Bisacodyl, TriLyte®</td>
<td>*Brand-name medications are covered in full until a generic is available</td>
<td></td>
</tr>
<tr>
<td>Fluoride drops &amp; tablets</td>
<td>Rx Brands and Generics</td>
<td>Covered in full for preschool children age 6 months through age 6</td>
</tr>
<tr>
<td>Folic acid 0.4 mg, 0.8 mg, 1mg</td>
<td>OTC and Rx Generic Only</td>
<td>Covered in full for women of childbearing age (12 – 52 years)</td>
</tr>
<tr>
<td>Iron liquid supplements</td>
<td>OTC Brands and Generics</td>
<td>Covered in full for children up to 12 months of age</td>
</tr>
<tr>
<td>Low to moderate dosed statins: Atorvastatin 10 mg, 20 mg, Fluvastatin 20 mg, 40 mg, Fluvastatin ER 80 mg, Lovastatin 10 mg, 20 mg, 40 mg, Pravastatin 10 mg, 20 mg, 40 mg, 80 mg, Rosuvastatin 5 mg, 10 mg, Simvastatin 5 mg, 10 mg, 20 mg, 40 mg</td>
<td>Generics only</td>
<td></td>
</tr>
<tr>
<td>Preventive medications for the risk reduction of primary breast cancer in women: Evista®, Soltamox®, Raloxifene and Tamoxifen</td>
<td>Rx Brands and Generics</td>
<td>Covered in full for women</td>
</tr>
<tr>
<td>Smoking Cessation products</td>
<td>Rx Brands and Generics; OTC Generics Only</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

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

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

| Contraceptive films          |
| Contraceptive foams          |
| Contraceptive gels           |
| Emergency contraceptives     |
| Female condoms               |

**Prescription Contraceptives for Women**

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

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

This coverage does not apply to members of “grandfathered” plans, and certain religious group employers are exempt from the requirement to cover contraceptive services.
Note: Male contraceptives are not covered under the Patient Protection and Affordable Care Act.

**DOCUMENT HISTORY**

- Dates prior to 2017: Changes archived.
- 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.
- 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.
- October 16, 2018: Added CPT code 99212 to Contraception and Contraceptive Counseling section.
- November 8, 2018: Added bowel prep medications to pharmacy section. Clarified age and frequency in Cervical Cancer Screening section. Added "Weight Loss Behavioral Intervention" to counseling section based on new USPSTF recommendation.
- November 23, 2018: Formatting updates.
- December 28, 2018: For 1/1/19 effective date – added new CPT codes 81163, 81164, 81165, 81166, 81167, removed deleted CPT codes 81211, 81213, 81214 and updated descriptions for CPT codes 81162, 81212, 81215, 81216, 81217 in BRCA genetic testing section and added CPT code 90689 to adult and pediatric immunization section. Removed Vitamin D coverage from Pharmacy section.
- February 1, 2019: Updated age on CPT code 90651. Formatting updates.
- March 15, 2019: Formatting updates. Added diagnosis code Z00.01 to venipuncture section.
- April 30, 2019: Formatting updates.
- May 10, 2019: Add codes 99152, 99153, 99156 & 99157 to colorectal cancer screening section.
- July 26, 2019: Formatting update.