

Preventive Services

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial
- 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 through CDC), and Health Resources and Services Administration (HRSA).

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](#)
- [Women's Health](#)
- [Pharmacy](#)

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

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| | <p>vaccine/toxoid) (List separately in addition to code for primary procedure)</p> <p>96380- Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional</p> <p>96381- Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection</p> <p>G0008 - Administration of influenza virus vaccine</p> <p>G0009 - Administration of pneumococcal vaccine</p> <p>G0010 - Administration of hepatitis B vaccine</p> |
| Venipuncture for preventive pathology and laboratory service(s) | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u></p> <p>36415 - Collection of venous blood by venipuncture</p> <p>36416 - Collection of capillary blood specimen (e.g., finger, heel, ear stick)</p> <p><u>ICD-10 code(s):</u></p> <p>009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy</p> <p>009.00 - 009.93 - Supervision of high risk pregnancy</p> <p>Z00.00 - Encounter for general adult medical exam w/o abnormal findings</p> <p>Z00.01 - Encounter for general adult medical examination with abnormal findings</p> <p>Z00.110 - Health examination for newborn under 8 days old</p> <p>Z00.111 - Health examination for newborn 8 to 28 days old</p> <p>Z00.121 - Encounter for routine child health examination with abnormal findings</p> <p>Z00.129 - Encounter for routine child health exam w/o abnormal findings</p> <p>Z13.1 - Encounter for screening for diabetes mellitus</p> <p>Z13.220 - Encounter for screening for lipid disorders</p> <p>Z30.2 - Encounter for sterilization</p> <p>Z33.1 - Pregnant state, incidental</p> <p>Z33.3 - Pregnant state, gestational carrier</p> <p>Z34.00 - Z34.93 - Encounter for supervision of normal pregnancy</p> |
| ROUTINE HEALTH SCREENINGS: ADULT | |
| Abdominal Aortic Aneurysm: One-time screening for men ages 65-75 who have ever smoked | <p><u>CPT/HCPCS codes(s) billed with the below ICD-10 code(s):</u></p> <p>76706 - Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)</p> <p><u>ICD-10 code(s):</u></p> <p>Z13.6 - Encounter for screening for cardiovascular disorders</p> <p>Z87.891 - Personal history of nicotine dependence</p> <p>F17.210 - Nicotine dependence, cigarettes, uncomplicated</p> <p>F17.211 - Nicotine dependence, cigarettes, in remission</p> <p>F17.213 - Nicotine dependence, cigarettes, with withdrawal</p> <p>F17.218- Nicotine dependence, cigarettes, with other nicotine-induced disorders</p> <p>F17.219 - Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders</p> |

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| <p>Asymptomatic Bacteriuria Screening: Pregnant women at 12 to 16 weeks gestation or at their first prenatal visit, if later</p> <p>Rh (D) Blood Typing: First pregnancy related visit and at 24 to 28 weeks gestation for all unsensitized Rh (D)-negative women unless the biological father is known to be Rh (D)-negative</p> <p>Iron Deficiency Anemia Screening: Pregnant Women</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 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 81007 - Urinalysis; bacteriuria screen, except by culture or dipstick 85013 - Blood count; spun microhematocrit 85014 - Blood count; hematocrit (Hct) 85018 - Blood count; hemoglobin (Hgb) 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count 85027 - ; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) 85041 - Blood count; red blood cell (RBC), automated 86900 - Blood typing, serologic; ABO 86901 - Blood typing, serologic; Rh (D) G0306 - Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count G0307 - Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count)</p> <p><u>ICD-10 code(s):</u> 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 – 009.93 - Supervision of high risk pregnancy Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy</p> |
| <p>Blood Pressure Screening: Adults ages 18 and older</p> | <p>Included in Preventive Office Visit</p> <p>For measurements outside of the clinical setting for diagnostic confirmation before starting treatment; bill the following CPT code(s) with the below ICD-10 code: 93784 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report 93786 - Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only 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 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 A4660 - Sphygmomanometer/blood pressure apparatus with cuff and stethoscope A4663 - Blood pressure cuff only (when billed with modifier RR) A4670 - Automatic blood pressure monitor (when billed with modifier RR)</p> <p><u>ICD 10 code(s):</u> R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension</p> |

BRCA Genetic Testing

*Prior Authorization is required for BRCA Genetic Testing. Please refer to our Medical Necessity Guideline: [Genetic](#)

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

81162 - *BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and*

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| <p>Testing: BRCA-Related Breast and/or Ovarian Cancer Syndrome</p> | <p><i>full duplication/deletion analysis (ie, detection of large gene arrangements)</i></p> <p>81163 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p> <p>81164 - BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81165 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</p> <p>81166 - BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81167 - BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</p> <p>81212 - <i>185delAG, 5385insC, 6174delT variants</i></p> <p>81215 - <i>known familial variant</i></p> <p>81216 - <i>BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</i></p> <p>81217 - <i>known familial variant</i></p> <p>ICD 10 code(s):</p> <p>Z12.31 - Encounter for screening mammogram for malignant neoplasm of breast</p> <p>Z12.39 - Encounter for other screening for malignant neoplasm of breast</p> <p>Z15.01 - Genetic susceptibility to malignant neoplasm of breast</p> <p>Z15.02 - Genetic susceptibility to malignant neoplasm of ovary</p> <p>Z80.0 - Family history of malignant neoplasm of digestive organs</p> <p>Z80.3 - Family history of malignant neoplasm of breast</p> <p>Z80.41 - Family history of malignant neoplasm of ovary</p> <p>Z80.49 - Family history of malignant neoplasm of other genital organs</p> <p>Z80.8 - Family history of malignant neoplasm of other organs or systems</p> <p>Z85.09 - Personal history of malignant neoplasm of other digestive organs</p> <p>Z85.3 - Personal history of malignant neoplasm of breast</p> <p>Z85.43 - Personal history of malignant neoplasm of ovary</p> <p>Z85.44 - Personal history of malignant neoplasm of other female genital organs</p> |
| <p>Breast Cancer Screening: Every 1 to 2 years for women aged 40 years and older</p> | <p>CPT/HCPCS code(s):</p> <p>77063 - Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)</p> <p>77067 - Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed</p> |

Cervical Cancer Screening: Every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting)

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

87623 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)

88141 - Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician

88142 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, manual screening under physician supervision

88143 - Cytopathology, cervical or vaginal (any reporting system)

88147 - Cytopathology smears, cervical or vaginal; screening by automated system

88148 - Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening

88150 - Cytopathology, slides, cervical or vaginal; manual screening

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88152 - Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening

88153 - Cytopathology, slides, cervical or vaginal; with manual screening and rescreening

88155 - Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation

88164 - Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening

88165 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening

88166 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening

88167 - Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review

88174 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system

88175 - Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review

G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination

G0123 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation

G0124 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician

G0141 - Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician

G0143 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening

G0144 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system

G0145 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening

G0147 - Screening cytopathology smears, cervical or vaginal, performed by automated system

G0148 - Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

P3000 - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision

P3001 - Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician

Q0091 - Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

ICD-10 code(s):

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| | <p>Z01.411 - Encounter for gynecological examination (general) (routine) with abnormal findings</p> <p>Z01.419 - Encounter for gynecological examination (general) (routine) without abnormal findings</p> <p>Z12.4 - Encounter for screening for malignant neoplasm of cervix</p> |
| <p>Chlamydia and Gonorrhea Screening: Women age 24 & younger or 25 & older at increased risk</p> | <p>CPT code(s) billed with the below ICD-10 code(s):</p> <p>87110 - Culture, chlamydia, any source</p> <p>87270 - Infectious agent antigen detection by immunofluorescent technique</p> <p>87320 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis</p> <p>87490 - Infectious agent detection by nucleic acid (DNA or RNA); direct probe technique</p> <p>87491 - Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique</p> <p>87492 - Infectious agent detection by nucleic acid (DNA or RNA); quantification</p> <p>87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique</p> <p>87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe Technique</p> <p>87592 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification</p> <p>87810 - Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis</p> <p>87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p>ICD-10 code(s):</p> <p>Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</p> <p>Z00.00 - Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01 - Encounter for general adult medical examination with abnormal findings</p> |

Colorectal Cancer Screening: Adults ages 45-75

*Cologuard (81528) is covered once every 3 years

*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](#)

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

00811 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

00812 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, screen colonoscopy

45330 - Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing

45331 - Sigmoidoscopy, flexible; with biopsy, single or multiple

45332 - Sigmoidoscopy, flexible; with removal of foreign body

45333 - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

45334 - Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

45335 - Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

45337 - Sigmoidoscopy, flexible; with decompression of volvulus, any method

45338 - Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

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45340 - Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341 - Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342 - Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346 - Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45378 - Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimens(s) by brushing or washing, with or without colon decompression (separate procedure)
45379 - Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381 - Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382 - Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45384 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386 - Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45388 - Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45391 - Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392 - Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
74263* - Computed tomographic (CT) colonography, screening, including image postprocessing
81528 - Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result
82270 - Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening
82272 - Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82274 - Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
88304 - Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue

Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

88305 - Level IV - Surgical pathology, gross and microscopic examination

99152 - Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

99153 -; each additional 15 minutes intraservice time (List separately in addition to code for primary service)

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99156 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports: initial 15 minutes of intraservice time, patient age 5 years or older
99157; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
G0104 - Colorectal cancer screening; flexible sigmoidoscopy
G0105 - Colorectal cancer screening; colonoscopy on individual at high risk
G0106 - Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120 - Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121 - Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0122 - Colorectal cancer screening; barium enema
G0328 - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations
G0500 -Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)
J2175 - Injection, meperidine HCl, per 100 mg
J2250 - Injection, midazolam HCl, per 1 mg
J2704 - Injection, propofol, 10 mg
J3010 - Injection, fentanyl citrate, 0.1 mg
J7040 - Infusion, normal saline solution, sterile (500 ml=1 unit)

ICD-10 code(s):

Z12.11 - Encounter for screening for malignant neoplasm of colon
Z80.0 - Family history of malignant neoplasm of digestive organs
Z83.710 - Family history of adenomatous and serrated polyps
Z83.711 - Family history of hyperplastic colon polyps
Z83.718 - Other family history of colon polyps
Z83.719 - Family history of colon polyps, unspecified
Z83.79 - Family history of other diseases of the digestive system
Z83.72 - FAMILY HISTORY OF FAMILIAL ADENOMATOUS POLYPOSIS
Z86.0100 - PERSONAL HISTORY OF COLON POLYPS UNSPECIFIED
Z86.0101 - PERSONAL HIST ADENOMATOUS/SERRATED COLON POLYPS
Z86.0102 - PERSONAL HISTORY OF HYPERPLASTIC COLON POLYPS
Z86.0109 - PERSONAL HISTORY OF OTHER COLON POLYPS

Depression Screening: Adult population, including pregnant and postpartum persons

CPT/HCPCS code(s):

99385-99387 - Preventive medicine evaluation and management, new patient
99395- 99397 - Preventive medicine evaluation and management, established patient
G0444 - Annual depression screening, 15 minutes

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| | <p>ICD-10 code(s): Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z13.31 - Encounter for screening for depression Z13.32 - Encounter for screening for maternal depression Z13.89 - Encounter for screening for other disorder</p> |
| <p>Hepatitis B Virus: Persons at high risk for infection</p> | <p>CPT code(s) billed with the below ICD-10 code(s): 86704 - Hepatitis B core antibody (HBcAb); total 86706 - Hepatitis B surface antibody (HBsAb) 86707 - Hepatitis Be antibody (HBeAb) 87340 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semi-quantitative, multi-step method; hepatitis B surface antigen (HBsAg) 87341 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization 87516 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique 87517 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification G0499 - Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially</p> |

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

| PREVENTIVE SERVICES | |
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| | <p>G0435 - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening</p> <p>G0475 - HIV antigen/antibody, combination assay, screening</p> <p>S3645 - HIV-1 antibody testing of oral mucosal transudate</p> |
| <p>HIV PrEP: Ongoing follow-up and monitoring</p> <p>This includes:</p> <ul style="list-style-type: none"> • HIV testing • Hepatitis B and C testing • Creatinine testing and calculated estimated creatine clearance (eCrCl) omerular filtration rate (eGFR) • Pregnancy testing • Sexually transmitted infection (STI) screening and counseling • Adherence counseling • Office visits | <p>CPT code(s) billed with the below ICD-10 code(s):</p> <p>82565 - Creatinine; blood</p> <p>82570 - Creatinine; other source</p> <p>82575 - Creatinine; clearance</p> <p>82610 - Cystatin C</p> <p>84702 - Gonadotropin, chorionic (hCG); quantitative</p> <p>84703 - Gonadotropin, chorionic (hCG); qualitative</p> <p>81025 - Urine pregnancy test, by visual color comparison method</p> <p>87389 - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result</p> <p>87491 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique</p> <p>87534 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique</p> <p>87535 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed</p> <p>87536 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed</p> <p>87537 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique</p> <p>87538 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed</p> <p>87539 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed</p> <p>87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique</p> <p>G0011 - INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL (QHP)TO PREVENT HUMAN IMMUNODEFICIENCY VIRUS (HIV), INCLUDES HIV RISK ASSESSMENT (INITIAL OR CONTINUED ASSESSMENT OF RISK), HIV RISK REDUCTION AND MEDICATION ADHERENCE, 15-30 MINUTES</p> <p>G0012 - INJECTION OF PRE-EXPOSURE PROPHYLAXIS (PREP) DRUG FOR HIV PREVENTION, UNDER SKIN OR INTO MUSCLE</p> <p>G0013 - INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY CLINICAL STAFF TO PREVENT HUMAN IMMUNODEFICIENCY VIRUS (HIV), INCLUDES: HIV RISK ASSESSMENT (INITIAL OR CONTINUED ASSESSMENT OF RISK), HIV RISK REDUCTION AND MEDICATION ADHERENCE</p> <p>Q0516 - Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 30-days</p> |

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| | <p>Q0517 - Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 60-days Q0518 - Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 90-days Q0519 - Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription injectable drug, per 30-days Q0520 - Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription injectable drug, per 60-days J0750 - EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV) J0751 - EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV) J0799 - FDA APPROVED PRESCRIPTION DRUG, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV), NOT OTHERWISE CLASSIFIED</p> <p>ICD-10 code(s): Z11.4 - Encounter for screening for human immunodeficiency virus [HIV] Z20.6 - Contact with and (suspected) exposure to human immunodeficiency virus [HIV] Z29.81- Encounter for HIV pre-exposure prophylaxis B20 - Human immunodeficiency virus [HIV] disease</p> <p style="text-align: center;">OR</p> <p>For procedure codes not listed above, 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 modifier 33 to the procedure code.</p> |
| <p>Latent Tuberculosis Infection Screening: Asymptomatic adults at increased risk for infection</p> | <p>CPT code(s) billed with the below ICD-10 code(s): 86480 - Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon 86481 - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension 86580 - Skin test; tuberculosis, intradermal</p> |

| PREVENTIVE SERVICES | |
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| | <p><u>ICD-10 code(s):</u> Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z11.7 - Encounter for testing for latent tuberculosis infection</p> |
| <p>Lipid Disorders in Adults: Men ages 35 and older, Men ages 20-34 with an increased risk for coronary heart disease (CHD), Women ages 45 and older, and Women ages 20-44 with an increased risk for CHD</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 80061 - Lipid panel 82465 - Cholesterol, serum or whole blood, total 83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) 83719 - Lipoprotein, direct measurement; VLDL cholesterol 83721 - Lipoprotein, direct measurement; LDL cholesterol 84478 - Triglycerides</p> <p><u>ICD-10 code(s):</u> 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 Z13.220 - Encounter for screening for lipoid disorders</p> |

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| <p>Lung Cancer Screening: Adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years</p> <p>*Prior Authorization is required for those indicated. Please refer to: High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix</p> | <p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u> 71271* - Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) G0296 - Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</p> <p><u>ICD-10 code(s):</u> F17.200 - Nicotine dependence, unspecified, uncomplicated F17.201 - Nicotine dependence, unspecified, in remission F17.210 - Nicotine dependence, cigarettes, uncomplicated F17.211 - Nicotine dependence, cigarettes, in remission F17.218 - Nicotine dependence, cigarettes, with other nicotine-induced disorders F17.219 - Nicotine dependence, cigarettes, with unspecified nicotine-induced disorder F17.220 - Nicotine dependence, chewing tobacco, uncomplicated F17.221 - Nicotine dependence, chewing tobacco, in remission F17.290 - Nicotine dependence, other tobacco product, uncomplicated F17.291 - Nicotine dependence, other tobacco product, in remission F17.293 - Nicotine dependence, other tobacco product, with withdrawal F17.298 - Nicotine dependence, other tobacco product, with other nicotine-induced disorders F17.299 - Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders Z12.2 - Encounter for screening for malignant neoplasm of respiratory organs Z13.89 - Encounter for screening for other disorder (eg, depression) Z13.9 - Encounter for screening, unspecified Z72.0 - Tobacco use Z87.891 - Personal history of nicotine dependence</p> |
| <p>Obesity Screening: Adults</p> | <p><u>CPT code(s):</u></p> |

PREVENTIVE SERVICES

Preventive medicine evaluation and management code(s):

99385-99387 - New patient

99395- 99397 - Established patient

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

97802 - Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97803 - Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97804 - Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

S9470 - Nutritional counseling, dietitian visit

ICD-10 code(s):

E66.01 - Morbid (severe) obesity due to excess calories

E66.09 - Other obesity due to excess calories

E66.1 - Drug-induced obesity

E66.9 - Obesity, unspecified

E66.81 - OBESITY CLASS

E66.811 - OBESITY CLASS 1

E66.812 - OBESITY CLASS 2

E66.813 - OBESITY CLASS 3

E66.89 - OTHER OBESITY NOT ELSEWHERE CLASSIFIED

E88.82 - OBESITY DUE TO DISRUPTION OF MC4R PATHWAY

Z00.00 - Encounter for general adult medical exam w/o abnormal findings

Z00.01 - Encounter for general adult medical examination with abnormal findings

Z68.30 - Body mass index [BMI] 30.0-30.9, adult

Z68.31 - Body mass index [BMI] 31.0-31.9, adult

Z68.32 - Body mass index [BMI] 32.0-32.9, adult

Z68.33 - Body mass index [BMI] 33.0-33.9, adult

Z68.34 - Body mass index [BMI] 34.0-34.9, adult

Z68.35 - Body mass index [BMI] 35.0-35.9, adult

Z68.36 - Body mass index [BMI] 36.0-36.9, adult

Z68.37 - Body mass index [BMI] 37.0-37.9, adult

Z68.38 - Body mass index [BMI] 38.0-38.9, adult

Z68.39 - Body mass index [BMI] 39.0-39.9, adult

Z68.41 - Body mass index [BMI] 40.0-44.9, adult

Z68.42 - Body mass index [BMI] 45.0-49.9, adult

Z68.43 - Body mass index [BMI] 50.0-59.9, adult

Z68.44 - Body mass index [BMI] 60.0-69.9, adult

Z68.45 - Body mass index [BMI] 70 or greater, adult

Z71.3 - Dietary counseling and surveillance

Z72.4 - Inappropriate diet and eating habits

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| <p>Osteoporosis Screening: Postmenopausal women younger than 65 years who are at increased risk of osteoporosis or women 65 years and older</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 76977 - Ultrasound bone density measurement and interpretation, peripheral site(s), any method 77078 - Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine) 77080 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine) 77081 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) 77085 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment 77086 - Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) G0130 - Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) <u>ICD-10 code(s):</u> Z78.0 - Asymptomatic menopausal state</p> |
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| | <p>Z00.00 - Encounter for general adult medical exam w/o abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z13.820 - Encounter for screening for osteoporosis Z82.62 - Family history of osteoporosis</p> |
| <p>Preeclampsia Screening: Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension before starting treatment and screening for preeclampsia in pregnant persons with blood pressure measurements throughout pregnancy</p> | <p>Included in outpatient maternity visit</p> <p>Refer to Women's Health section of this document</p> |
| <p>Syphilis and Gonorrhea Screening: Pregnant Women</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 86592 - Syphilis test, non-treponemal antibody; qualitative 86593 - Syphilis test, non-treponemal antibody; quantitative 86780 - Antibody; Treponema pallidum 87590 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique 87591 - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique 87850 - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae</p> <p><u>ICD-10 code(s):</u> 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 – 009.93 - Supervision of high risk pregnancy Z29.81 - Encounter for HIV pre-exposure prophylaxis Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy</p> |
| <p>Syphilis Screening: Men and Women at increased risk</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) 86593 - Syphilis test, non-treponemal antibody; quantitative 86780 - Antibody; Treponema pallidum</p> <p><u>ICD-10 code(s):</u> Z00.00 - Encounter for general adult medical exam w/o abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z01.411 - Encounter for gynecological examination (general) (routine) with abnormal findings Z01.419 - Encounter for gynecological examination (general) (routine) without abnormal findings Z11.2 - Encounter for screening for malignant neoplasm of cervix Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission Z29.81 - Encounter for HIV pre-exposure prophylaxis</p> |

Type 2 Diabetes Mellitus Screening:

Adults aged 40 to 70 years who are overweight or obese or those persons who may be at increased risk at a younger age or at a lower body mass

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

82947 - Glucose; quantitative, blood (except reagent strip)

82948 - Glucose; blood, reagent strip

82951 - Glucose; tolerance test (GTT), 3 specimens (includes glucose)

82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)

83036 - Hemoglobin; glycosylated (A1C)

ICD-10 code(s):

Z13.1 - Encounter for screening for diabetes mellitus

ROUTINE HEALTH SCREENINGS: PEDIATRIC

| PREVENTIVE SERVICES | |
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| <p>Application of Fluoride Varnish: Infants and children birth through age 5</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 99188 - Application of topical fluoride varnish by a physician or other qualified health care professional</p> <p><u>ICD-10 code(s):</u> Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z29.3 - Encounter for prophylactic fluoride administration</p> |
| <p>Congenital Hypothyroidism Screening: Newborns</p> | <p>Included in hospital charges or</p> <p><u>CPT(s) billed with the below ICD-10 code(s):</u> 84437 - Thyroxine; requiring elution (eg, neonatal) 84443 - Thyroid stimulating hormone (TSH)</p> <p><u>ICD-10 code(s):</u> Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z13.0 - Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</p> |
| <p>Anxiety and Depression Screening: Adolescents ages 12-17</p> | <p><u>CPT/HCPCS code(s):</u> 99384 – New patient 99394 – Established patient G0444 - Annual depression screening, 15 minutes</p> <p><u>ICD-10 code(s):</u> Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z13.31- Encounter for screening for depression Z13.39- Encounter for screening examination for other mental health and behavioral disorders Z13.89 - Encounter for screening for other disorder</p> |

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| <p>Developmental/Behavioral Assessment</p> | <p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u> 96110 - Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument 96127 - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</p> <p><u>ICD-10 code(s):</u> Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z13.30 - Encounter for screening examination for mental health and behavioral disorders, unspecified Z13.31 - Encounter for screening for depression Z13.39 - Encounter for screening examination for other mental health and behavioral disorders Z13.40 - Encounter for screening for unspecified developmental delays Z13.41 - Encounter for autism screening Z13.42 - Encounter for screening for global developmental delays (milestones) Z13.49 - Encounter for screening for other developmental delays Z13.89 - Encounter for screening for other disorder (eg, depression)</p> |
| <p>Dyslipidemia Screening</p> | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u></p> |

| PREVENTIVE SERVICES | |
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| | <p>80061 - Lipid panel 82465 - Cholesterol, serum or whole blood, total 83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) 83719 - Lipoprotein, direct measurement; VLDL cholesterol 83721 - Lipoprotein, direct measurement; LDL cholesterol 84478 - Triglycerides</p> <p>ICD-10 code(s): Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z13.220 - Encounter for screening for lipid disorders</p> |
| Gonorrhea prophylactic medication: Newborns | Included in hospital charges |
| Hearing Screening | <p>CPT code(s) billed with the below ICD-10 code(s): 92551 - Screening test, pure tone, air only 92552 - Pure tone audiometry (threshold); air only 92567 - Tympanometry (impedance testing) 92558 - Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis 92587 - Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report 92588 - Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report 92650 - Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis</p> <p>ICD-10 code(s): Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z01.10 - Encounter for examination of ears and hearing without abnormal findings Z01.110 - Encounter for hearing examination following failed hearing screening Z01.118 - Encounter for examination of ears and hearing with other abnormal findings P09.6 - Abnormal findings on neonatal screening for neonatal hearing loss Z38.00 – Z38.8 - Liveborn infants according to place of birth and type of delivery</p> |
| Hematocrit or Hemoglobin | <p>CPT code(s): 85013 - Blood count; spun microhematocrit 85014 - Blood count; hematocrit 85018 - Blood count; hemoglobin 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count</p> |

| PREVENTIVE SERVICES | |
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| | 85027 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) |
| HIV Screening: All sexually active pediatric patients | Refer to HIV Screening section of this document |
| Lead: Infants and children ages 0 through age 6 | <u>CPT code(s) billed with the below ICD-10 code(s):</u> 83655 - Lead <u>ICD-10 code(s):</u> Z13.88 - Encounter for screening for disorder due to exposure to contaminants |
| Metabolic/Hemoglobin Screening: Newborns | <u>CPT code(s):</u> 83020 - Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F) 83021 - Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F) 83030 - Hemoglobin; F (fetal), chemical 83033 - Hemoglobin; F (fetal), qualitative 83051 - Hemoglobin; plasma 85013 - Blood count; spun microhematocrit 85018 - Blood count; hemoglobin 85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count 85660 - Sickling of RBC, reduction S3620 - Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylamine (PKU); and thyroxine, total) Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings Z13.0 - Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Obesity Screening: Children and Adolescents ages 6-17 | <u>CPT code(s):</u> Preventive medicine evaluation and management code(s): 99383, 99384 - New patient 99393, 99394 - Established patient <u>ICD-10 codes:</u> Z68.55 - BMI PED 120% TO < 140% OF 95TH PERCNTL FOR AGE Z68.56 - BMI PED >= TO 140% OF THE 95TH PERCNTL FOR AGE |
| Phenylketonuria Screening: Newborns | Included in hospital charges |

Sexually Transmitted Infection (STI)**Screening:** All sexually active pediatric patients**CPT code(s) billed with the below ICD-10 code(s):****86631** - Antibody; Chlamydia**86632** - Antibody; Chlamydia, Ig**86780** - Antibody; Treponema pallidum**87081** - Culture, presumptive, pathogenic organisms, screening only;**87110** - Culture, chlamydia, any source**87210** - Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)**87270** - Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis**87320** - Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis**87490** - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique**87491** - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique**87590** - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique**87591** - Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique**87800** - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique**87801** - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique**87810** - Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis**87850** - Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae

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| | <p><u>ICD-10 code(s):</u> 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 Z29.81 - Encounter for HIV pre-exposure prophylaxis</p> |
| Screening/Risk Assessment | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 96160 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument 96161 - Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument</p> <p><u>ICD-10 code(s):</u> Z00.110 - Health examination for newborn under 8 days old Z00.111 - Health examination for newborn 8 to 28 days old Z00.00 - Encounter for general adult medical examination without abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z00.121 - Encounter for routine child health examination with abnormal findings Z00.129 - Encounter for routine child health examination without abnormal findings</p> |
| Syphilis Screening: Adolescents who are at increased risk for syphilis infection | <p><u>CPT code(s) billed with the below ICD-10 code(s):</u> 86592 - Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) 86593 - Syphilis test, non-treponemal antibody; quantitative 86780 - Antibody; Treponema pallidum</p> <p><u>ICD-10 code(s):</u> 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 Z29.81 - Encounter for HIV pre-exposure prophylaxis</p> |
| Tuberculin Test | <p><u>CPT code(s):</u> 86480 - Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response 86481 - Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension 86580 - Skin test; tuberculosis, intradermal</p> |

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| Visual Acuity Screening | <u>CPT code(s) billed with the below ICD-10 code(s):</u> 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 <u>ICD-10 code(s):</u> |
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| PREVENTIVE SERVICES | |
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| | <p>Z00.121 - Encounter for routine child health examination with abnormal findings</p> <p>Z00.129 - Encounter for routine child health examination without abnormal findings</p> |
| Visual Impairment: Children younger than 5 | <p>Preventive medicine evaluation and management code(s):</p> <p>99381-99382 - New patient</p> <p>99391- 99392 - Established patient</p> |
| PREVENTIVE IMMUNIZATIONS | |
| <p>Subject to availability. Refer to our List of Unavailable Vaccines and Drugs. Subject to Federal Drug Administration (FDA) licensed indications.</p> | |
| Adult or Pediatric Immunizations | <p>CPT/HCPCS code(s):</p> <p>90380- RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE</p> <p>90381- RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE</p> <p>90581 - Anthrax vaccine, for subcutaneous or intramuscular</p> <p>90585 - Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use</p> <p>90586 - Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use</p> <p>90589 - CHIKUNGUNYA VIRUS VACCINE, LIVE ATTENUATED, FOR INTRAMUSCULAR USE</p> <p>90611- SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESERVATIVE FREE, 0.5 ML DOSAGE, SUSPENSION, FOR SUBCUTANEOUS USE</p> <p>90619 - Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use</p> <p>90620 - Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use</p> <p>90621 - Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use</p> <p>90622-VACCINIA (SMALLPOX) VIRUS VACCINE, LIVE, LYOPHILIZED, 0.3 ML DOSAGE, FOR PERCUTANEOUS USE</p> <p>90623 - MENINGOCOCCAL PENTAVALENT VACCINE, CONJUGATED MEN A, C, W, Y-TETANUS TOXOID CARRIER, AND MEN B-FHBP, FOR INTRAMUSCULAR USE</p> <p>90630 - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use</p> <p>90637 - Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use</p> <p>90638 - Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use</p> <p>90649* - Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use (*Covered for Ages 9-26)</p> <p>90650*- Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use (*Covered for Ages 9-26)</p> <p>90651*- Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use (*Covered for Ages 9-45)</p> <p>90653 - Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use</p> <p>90654 - Influenza virus vaccine, split virus, preservative-free, for intradermal use</p> <p>90656 - Influenza virus vaccine, trivalent (IIV3), split</p> |

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| | <p>virus, preservative free, 0.5 mL dosage, for intramuscular use</p> <p>90658 - Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use</p> <p>90661 - Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</p> <p>90662 - Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</p> <p>90670 - Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use</p> <p>90672 - Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use</p> <p>90673 - Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</p> <p>90674 - Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</p> <p>90675 - Rabies vaccine, for intramuscular use</p> <p>90676 - Rabies vaccine, for intradermal use</p> <p>90678- Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use</p> <p>90679- Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use</p> <p>90680 - Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use</p> <p>90681 - Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use</p> <p>90682 - Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</p> <p>90684 - Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use</p> <p>90686 - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use</p> <p>90688 - Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use</p> <p>90689 - Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use</p> <p>90690 - Typhoid vaccine, live, oral</p> <p>90691 - Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use</p> <p>90694 - Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use</p> |
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PREVENTIVE SERVICES

90697 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use

90698 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use

90707 - Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use

90710 - Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use

90714 - Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use

90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

90716 - Varicella virus vaccine (VAR), live, for subcutaneous use

90717 - Yellow fever vaccine, live, for subcutaneous use

90718 - Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use

90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use

90732 - Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

90733 - Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use

90734 - Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use

90738 - Japanese encephalitis virus vaccine, inactivated, for intramuscular use

90740 - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use

90747 - Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

90748 - Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use

90756 - Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use

Q2035 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)

Q2036 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)

Q2037 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)

Q2038 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)

Q2039 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)

| PREVENTIVE SERVICES | |
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| Adult Immunizations | <p>CPT code(s): 90625 - Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use 90632 - Hepatitis A vaccine (HepA), adult dosage, for intramuscular use 90636 - Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use 90671 - Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use 90677 - Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use 90736 - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection 90739 - Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use 90746 - Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use 90750 - Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection</p> |
| Pediatric Immunizations | <p>CPT code(s): 90633 - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use 90634 - Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use 90644 - Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use 90648 - Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use 90655 - Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use 90657 - Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use 90685 - Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use</p> |

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| | <p>90687 - Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use</p> <p>90696 - Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use</p> <p>90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use</p> <p>90702 - Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use</p> <p>90713 - Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use</p> <p>90743 - Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use</p> <p>90744 - Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</p> |
| <p>Coronavirus [COVID-19] Immunizations, Monoclonal Antibodies and Self-administered Tests</p> <p>*Coverage and availability subject to Federal Drug Administration (FDA) licensed indications, FDA approval and CDC guidance. For additional information, see COVID-19 Updates available on our website.</p> | <p>90480- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose</p> <p>91318- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91319- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91320- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91321- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use</p> <p>91322- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use</p> |

| PREVENTIVE SERVICES | |
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| PREVENTIVE COUNSELING SERVICES | |
| Alcohol Misuse Counseling | <p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u> 99408 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes 99409 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes G0442 - Annual alcohol misuse screening, 15 minutes G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</p> <p><u>ICD-10 code(s):</u> Z00.00 - Encounter for general adult medical exam w/o abnormal findings Z00.01 - Encounter for general adult medical examination with abnormal findings Z13.89 - Encounter for screening for other disorder (eg, depression)</p> |

| PREVENTIVE SERVICES | |
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| <p>Healthy Diet Counseling: Adults with hyperlipidemia and other risk factors for cardiovascular disease and diet-related chronic disease</p> <p>Obesity Counseling</p> <p>Prenatal Counseling</p> <p>Sexually Transmitted Infections/HIV Counseling: Sexually Active Adolescents and Adults at increased risk</p> <p>Tobacco Use Counseling and Intervention: Children, Adolescents and Adults including Pregnant Women</p> | <p>CPT/HCPCS code(s):</p> <p>99078 - Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)</p> <p>99401 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</p> <p>99402 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</p> <p>99403 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</p> <p>99404 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</p> <p>99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</p> <p>99407 - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</p> <p>99411 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</p> <p>99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</p> <p>G0445 - High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes</p> <p>G0446 - Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes</p> <p>G0447 - Face-to-face behavioral counseling for obesity, 15 minutes</p> <p>G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes</p> <p>S9453 - Smoking cessation classes, non-physician provider, per session</p> <p>Preventive medicine evaluation and management code(s):</p> <p>99383 - 99387 - New patient</p> <p>99393 - 99397 - Established patient</p> |
| <p>Weight Loss Behavioral Intervention: Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions</p> | <p>Included in Preventive Office Visit</p> |
| <p>BRCA Genetic Counseling</p> | <p>CPT code(s) billed with the below ICD-10 code(s):</p> <p>96040 - Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</p> <p>S0265 - Genetic counseling, under physician supervision, each 15 minutes</p> <p>ICD-10 code(s):</p> <p>Z15.01 - Genetic susceptibility to malignant neoplasm of breast</p> <p>Z15.02 - Genetic susceptibility to malignant neoplasm of ovary</p> <p>Z80.0 - Family history of malignant neoplasm of digestive organs</p> <p>Z80.3 - Family history of malignant neoplasm of breast</p> <p>Z80.41 - Family history of malignant neoplasm of ovary</p> |

| PREVENTIVE SERVICES | |
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| | <p>Z80.49 - Family history of malignant neoplasm of other genital organs Z80.8 - Family history of malignant neoplasm of other organs or systems</p> |
| <p>Falls Prevention: Community-dwelling adults 65 years or older who are at increased risk for falls</p> <p>*Prior Authorization is required for some services. See applicable medical necessity guidelines</p> | <p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u></p> <p>97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 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 97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises 97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97150 - Therapeutic procedure(s), group (2 or more individuals) 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 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 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. 97163 - 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. 97164 - Re-evaluation of physical therapy established plan of care, requiring these components: An examination</p> |

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| | <p>including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.</p> <p>97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</p> <p>G0151 - Services of physical therapist in home health setting, each 15 minutes</p> <p>G0157 - Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes</p> <p>G0159 - Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes</p> <p>S8990 - Physical or manipulative therapy performed for maintenance rather than restoration</p> <p>S9131 - Physical therapy; in the home, per diem</p> <p>ICD-10 code(s): R26.81 - Unsteadiness on feet R54 - Age-related physical debility Z91.81 - History of falling</p> |
| <p>Skin Cancer Behavioral Counseling: Young adults, adolescents, children, and parents of young children</p> | <p>Included in Preventive Office Visit</p> |
| WOMEN'S HEALTH | |
| <p>Outpatient Maternity Services: Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension before starting treatment and screening for preeclampsia in pregnant persons with blood pressure measurements throughout pregnancy</p> <p>All outpatient routine prenatal and postpartum office visits will be covered in full. Any outpatient maternity services not considered routine or those related to complications or risks with a pregnancy, may be subject to cost sharing based on the member's plan. Some examples of services not considered routine include, but are not limited to, amniocentesis, fetal stress testing, and OB ultrasounds.</p> <p>Note: This does not include inpatient maternity services which may be subject to cost share based on member's plan design.</p> | <p>CPT code(s): 59400 - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care 59410 - Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care 59425 - Antepartum care only; 4-6 visits 59426 - Antepartum care only; 7 or more visits 59430 - Postpartum care only (separate procedure) 59510 - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care 59515 - Cesarean delivery only; including postpartum care 59610 - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery 59614 - Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care 59618 - Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery 59622 - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care</p> |
| <p>Breastfeeding support, education, equipment, supplies and counseling for pregnant and postpartum women</p> | <p>CPT/HCPCS code(s): A4281 - Tubing for breast pump, replacement A4282 - Adapter for breast pump, replacement A4283 - Cap for breast pump bottle, replacement A4284 - Breast shield and splash protector for use with breast pump, replacement</p> |

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| | <p>A4285 - Polycarbonate bottle for use with breast pump, replacement A4287 - DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH A4286 - Locking ring for breast pump, replacement E0602 - Breast pump, manual, any type E0603 - Breast pump, electric (AC and/or DC), any type E0604 - Breast pump, hospital grade, electric (AC and/or DC), any type S9443 - Lactation classes, nonphysician provider, per session 99502 - Home visit for newborn care and assessment</p> |
| <p>Contraception: Surgical Procedures *Anillary services performed in conjunction with surgical procedure are considered preventive when appropriate</p> | <p><u>CPT/HCPCS code(s) billed with the below ICD-10 code(s):</u> 00851 - Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection 00952 - Anesthesia for vaginal procedures; hysteroscopy and/or hysterosalpingography 58565 - Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants 58600 - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral 58605 - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization 58611 - Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) 58615 - Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach 58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) 58670 - Laparoscopy, surgical; with fulguration of oviducts (with or without transection) 58671 - Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring) 58700 - Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) 64435- Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve 88302 - Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization 99144 - Moderate sedation age 5 years or older, first 30 minutes intra-service time (<i>when billed with CPT codes 00952 or 58555</i>) 99145 - Moderate sedation each additional 15 minutes intra-service time (<i>when billed with CPT codes 00952 or 58555</i>) A4264 - Permanent implantable contraceptive intratubal occlusion device(s) and delivery system <u>ICD-10 code(s):</u> Z30.2 - Encounter for sterilization</p> |
| <p>Contraception and Contraceptive Counseling: FDA-approved over-the-counter female contraceptives are considered preventive when prescribed by a licensed provider and dispensed at a pharmacy pursuant to a prescription.</p> | <p><u>CPT/HCPCS code(s):</u> 11976 - Removal, Implantable contraceptive capsules 57170 - Diaphragm & cervical cap fitting 58300 - Insertion of IUD 58301 - Removal of IUD A4261 - Cervical cap for contraceptive use A4266* - Diaphragm for contraceptive use A4268* - Contraceptive supply, condom, female, each</p> |

| PREVENTIVE SERVICES | |
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| <p>Emergency contraceptives, including Ella® and generics of Plan B® and Plan B One-Step® are considered preventive</p> <p>The Natural Cycles Birth Control App is covered under procedure code A9293 (Fertility Cycle (contraception & conception) tracking software application, FDA-cleared, when billed with diagnosis code Z31.89.</p> <p>*Covered under the Pharmacy benefit</p> | <p>A4269* - Contraceptive supply, spermicide (e.g., foam, gel), each</p> <p>J1050 - Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera)</p> <p>J7296 - Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg</p> <p>J7297 - Levonorgestrel-releasing intrauterine contraceptive system, 52mg (Liletta)</p> <p>J7298 - Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)</p> <p>J7300 - Intrauterine Copper Contraceptive</p> <p>J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg</p> <p>J7294*- Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each</p> <p>J7304* - Contraceptive supply, hormone containing patch, each</p> <p>J7307 - Etonogestrel (contraceptive) implant system, including implant and supplies</p> <p><u>CPT code(s) billed with the below ICD-10 code(s):</u></p> <p>A9293- Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)</p> <p>11981 - Insertion, non-biodegradable drug delivery implant</p> <p>11982 - Removal, non-biodegradable drug delivery implant</p> <p>11983 - Removal with reinsertion, non-biodegradable drug delivery implant</p> <p>96372 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</p> <p>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</p> <p>99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family</p> <p><u>ICD-10 code(s):</u></p> <p>Z30.013 – Z30.019 - Encounter for initial prescription of contraceptives</p> <p>Z30.40 – Z30.9 - Encounter for surveillance of contraceptives or Encounter for contraceptive management</p> <p>Z31.89- Encounter for other procreative management</p> <p>Z97.5 Presence of (intrauterine) contraceptive device</p> |
| <p>Domestic Violence</p> | <p>Screening for domestic violence is included in a preventive care wellness examination. Refer to Preventive Office Visit section of this document.</p> |

**Screening for Diabetes During Pregnancy
and Screening for Diabetes After
Pregnancy**

CPT code(s) billed with the below ICD-10 code(s):
82950 - Glucose; post glucose dose (includes glucose)
82951 - Glucose; tolerance test (GTT), 3 specimens
(includes glucose)

| PREVENTIVE SERVICES | |
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| | <p>82952 - Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)</p> <p>ICD-10 code(s): 009.A – 009.A3 -Supervision of pregnancy with history of molar pregnancy 009.00 – 009.93 - Supervision of high-risk pregnancy Z33.1 - Pregnant state, incidental Z33.3 - Pregnant state, gestational carrier Z34.00 – Z34.93 - Encounter for supervision of normal pregnancy</p> |
| HIV Screening and Counseling | Refer to the HIV Screening & HIV Counseling section(s) of this document |
| HPV DNA Testing for Women ages 30 or older | <p>CPT/HCPCS code(s): 0500T - Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) 87624 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) 87625 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed G0476 - Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test</p> |
| Sexually Transmitted Infections (STI) Screening and Counseling | Refer STI related Screenings - Chlamydia and Gonorrhea , Hepatitis B , Hepatitis C , HIV Screening , Syphilis and STI Counseling section(s) of this document |
| Well-Woman Visit | Refer to the Preventive Office Visit section of this document |

PHARMACY

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

Tufts Health Plan has included certain categories of medications in the preventive services coverage based on recommendations from the U.S. Preventive Services Task Force and the Institute of Medicine. These preventive medications are covered under the Patient Protection and Affordable Care Act at no cost (\$0 copayment) to Members when prescribed by a licensed provider and filled at a network pharmacy. Coverage limitations such as age and 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 that are listed in the table below are covered in full when prescribed by a licensed Provider and dispensed at a pharmacy pursuant to a prescription.

| Medication | Applies To | Special Coverage Considerations |
|---|-------------------------|--|
| Aspirin 81 mg | OTC Generics Only | Covered in full for women of childbearing age (12 – 52 years) |
| Bowel preparations: Generics: polyethylene glycol-electrolyte | Rx Generics | Covered in full for bowel preparations for Members age 45 through 75 years old |
| Fluoride drops & tablets | Rx Generics | Covered in full for children age 6 months through age 16 |
| Folic acid 0.4 mg, 0.8 mg, 1mg | OTC and Rx Generic Only | Covered in full for persons of childbearing age |
| Iron liquid supplements | OTC Brands and Generics | Covered in full for children up to 12 months of age |

| Medication | Applies To | Special Coverage Considerations |
|---|---|---|
| Low to moderate dosed statins: atorvastatin 10 mg, 20 mg, fluvastatin 20 mg, 40 mg, fluvastatin er 80 mg, lovastatin 10 mg, 20 mg, 40 mg, pravastatin 10 mg, 20 mg, 40 mg, 80 mg, rosuvastatin 5 mg, 10 mg, simvastatin 5 mg, 10 mg, 20 mg, 40 mg | Generics only | Covered in full for adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater |
| Preventive medications for the risk reduction of primary breast cancer in women: raloxifene, tamoxifen, anastrozole, exemestane | Rx Brands and Generics | Covered in full for women |
| Smoking Cessation products: bupropion extended release (SR) 150 mg tablets, Chantix, nicotine gum, patch, lozenges, Nicotrol Inhaler, Nicotrol Nasal Spray | Rx single-source Brands and Generics; OTC Generics Only | Covered in full |
| HIV pre-exposure prophylaxis (PrEP): emtricitabine-tenofovir disoproxil fumarate (generic for Truvada), Descovy (emtricitabine/tenofovir alafenamide) | Rx Brands* and Generics *Brand-name medications are covered in full until a generic is available | Covered in full when used for pre-exposure prophylaxis, includes pre-prescription consultation, ongoing follow-up and monitoring services, including office visits and testing when not billed separately. See HIV PrEP section for applicable codes. Coverage of Descovy is subject to prior authorization. |

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

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

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

Prescription Contraceptives for Women

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

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

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

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

DOCUMENT HISTORY

- Dates prior to 2018: Changes archived
- January 19, 2018: Added diagnosis code Z00.121 to the following sections – Venipuncture, STI screening for pediatrics, Visual Acuity screening, Hepatitis B screening, Hearing Screening and Developmental/Behavioral Screening for pediatrics. Added diagnosis code Z13.89 to Developmental/Behavioral Screening for pediatrics and removed diagnosis code Z01.10 from Hearing screening section. Added CPT code 86900 to Rh (D) Blood Typing section.
- April 26, 2018: Updated language in Skin Cancer Behavioral Counseling section.
- July 11, 2018: Formatting updates. Removed diagnosis requirement for certain CPT/HCPCS codes in Contraception and Contraceptive Counseling section.
- August 1, 2018: Formatting update.
- August 31, 2018: Added CPT code 90672 to adult and pediatric immunization section. Updated age for osteoporosis screening based on new USPSTF recommendation. For effective date 9/1/18 – added “Falls Prevention” section based on new USPSTF recommendation.
- September 28, 2018: For 10/1/18 effective date - removed diagnosis code Z13.4 and added diagnosis code(s) Z13.3, Z13.30, Z13.39, Z13.40, Z13.41, Z13.42, Z13.49 to Developmental/Behavioral screening for pediatrics section.
- October 16, 2018: Added CPT code 99212 to Contraception and Contraceptive Counseling section.
- November 8, 2018: Added bowel prep medications to pharmacy section. Clarified age and frequency in Cervical Cancer Screening section. Added “Weight Loss Behavioral Intervention” to counseling section based on new USPSTF recommendation.
- November 23, 2018: Formatting updates.
- December 28, 2018: For 1/1/19 effective date – added new CPT codes 81163, 81164, 81165, 81166, 81167, removed deleted CPT codes 81211, 81213, 81214 and updated descriptions for CPT codes 81162, 81212, 81215, 81216, 81217 in BRCA genetic testing section and added CPT code 90689 to adult and pediatric immunization section. Removed Vitamin D coverage from Pharmacy section.
- February 1, 2019: Updated age on CPT code 90651. Formatting updates.
- March 15, 2019: Formatting updates. Added diagnosis code Z00.01 to venipuncture section.
- April 30, 2019: Formatting updates.
- May 10, 2019: Add codes 99152, 99153, 99156 & 99157 to colorectal cancer screening section.
- July 26, 2019: Formatting update.
- September 3, 2019: Formatting update.
- October 1, 2019: Added new diagnosis code Z11.7 and removed end-dated diagnosis code Z11.1 in Latent Tuberculosis Infection Screening section per annual ICD-10 updates.
- December 3, 2019: Added diagnosis code Z15.01 & Z15.02 to BRCA Screening section.
- January 29, 2020: Added HCPCS codes G0008-G0010 to Immunization Administration section. Added CPT code 87806 to HIV Screening section. Added language to Abdominal Aortic Aneurysm screening section to indicate this is a one-time screening per USPSTF recommendation.
- July 28, 2020: Added CPT codes 86804, 87520-87522, 87902 to Hepatitis C Screening section.
- September 15, 2020: Added CPT code 90694 to immunization section.
- December 15, 2020: Added Coronavirus immunization codes to Immunization section.
- December 31, 2020: Added additional Coronavirus (COVID) vaccine and administration codes to immunization section. For Effective Date 1/1/21 – For lung cancer screening, added new code 71271 and removed end-dated code G0297. Colorectal cancer screening age modified from 50-75 to 45-75.
- February 3, 2021: Added additional Coronavirus (COVID) vaccine codes to immunization section.
- April 14, 2021: Updated diagnosis code Z13.31 in Developmental Screening section. Added new dental codes for covid vaccine administration.
- June 3, 2021: Updated the preventive pharmacy medication section; Added aromatase inhibitors (anastrozole, exemestane), added HIV PrEP to the table, added examples of smoking cessation products, updated the bowel prep list.
- August 6, 2021: Added new HCPCS code M0201 to COVID vaccine section. For effective date 8/1/21, age expanded for bowel prep medications to reflect 45 through 74.
- September 10, 2021: Added information to HIV PrEP section regarding coverage of ongoing care.

- January 6, 2022: Added CPT code 99502 to Breastfeeding section, added CPT code 81007 to Asymptomatic Bacteremia screening section, added 87810 to Chlamydia screening sections for women, added HCPCS code A4663 to Blood Pressure Screening section and added codes 90671, 90677, 91304, 0071A & 0072A to immunization section.
- February 28, 2022: For effective date 3/1/22, updated age from "55 to 80" to "50 to 80" and coding in lung cancer screening section, added diagnosis code Z00.00 & Z00.01 to lipid disorder screening section (adults).
- March 31, 2022: For effective date 3/1/22, added codes M0220, M0221 and Q0220.
- June 10, 2022: Coding updates to Hepatitis B Screening, Obesity Screening, Osteoporosis Screening, Congenital Hypothyroidism Screening, Alcohol Misuse Counseling and Syphilis Screening for Adults & Pediatrics.
- June 15, 2022: Formatting update.
- July 7, 2022: Added codes 0073A, 0074A, 0083A, 0111A, 0112A, 91305, 91307, 91308, 91311, K1034 to covid section.
- July 20, 2022: Formatting update.
- July 27, 2022: Updated HIV PrEP section.
- Sept 27, 2022: Added codes 87389, 87534, 87535, 87536, 87537, 87538, 87539 to HIVPrEP section.
- October 11, 2022: Added codes 58661 and 58700 to contraception surgical procedures section.
- January 10, 2023: Correct formatting error in "lung cancer screening" section, Added codes 92588, 92650, Z00.110, Z00.111, Z01.10, Z01.110, Z01.118, P09.6 to Hearing Screening section Effective date 12/8/22 - added new codes 91316, 91317, 0164A, 0173A to covid vaccine section
- March 3, 2023: Added code 90619 to Adult and Pediatric immunization section for effective date 01/13/2023, Added code K1005 to Breastfeeding support, education, equipment, supplies and counseling for pregnant and postpartum women section for effective date 1/1/23.
- March 30, 2023: Added codes 82272, 88304, G0500, Z83.71 and Z83.79 to the Colorectal Cancer Screening section, effective April 1, 2023, Code J7303 was removed from the Contraception and Contraceptive Counseling section and code J7294 was added to the Contraception and Contraceptive Counseling section, effective April 1, 2023. Code 64435 was added to the Contraception: Surgical Procedures section, effective April 1, 2023. Code 58555 was removed from the Contraception: Surgical Procedures section, effective April 1, 2023. Code 80422 was removed from the Gestational Diabetes section, effective April 1, 2023. Code 87592 was added to the Chlamydia and Gonorrhea Screening section, effective April 1, 2023. Domestic Violence section language was updated to align with HPHC-L language. Fluoride drops & tablets age criteria expanded to 16 years of age. Folic Acid age requirements were updated to 12-50 years of age. The HIV PrEP section language was expanded to include covered services.
- May 5, 2023: Added codes 83020, 83021, 83030, 83033, 83051, 85660, Z00.110, Z00.111, Z00.121, Z00.129, and Z13.0 to the Metabolic/Hemoglobin Screening (Newborns) section, effective April 20, 2023, Code Z71.3 added to the Obesity Screening (Adults) Section, effective April 15, 2023, Code Z78.0 added to the Osteoporosis Screening section, effective April 15, 2023, Codes S4993 and S4989 were removed from the Preventive Services Policy effective May 5, 2023, Code Z12.39 was added to the BRCA Genetic Testing section, effective May 5, 2023, Codes Z85.09, Z85.44, Z12.31 were added to the BRCA Genetic Testing section effective March, 20, 2023, code 87623 was added to the Cervical Cancer Screening Section, Code A4660 was added to the Blood Pressure Screening (Adult) section, effective May 5, 2023, code G0451 was removed from the Preventive Services Policy, Codes Z00.121 and Z00.129 were added to the Lipid Disorders in Adults section, effective April 15, 2023
- June 12, 2023: Added codes Z00.00, Z00.01 to the Chlamydia Screening section for Adults, all codes were removed from the Abdominal Aortic Aneurysm section except code 76706, Removed listing of Aspirin < 325mg as no longer a covered preventive pharmacy benefit, removed brand name bowel preparations from a covered preventive pharmacy benefit, updated fluoride to include children age 6 months through 16 years, reformatted Medications section.
- July 1, 2023: Added codes 0121A, 0141A, 0142A, 0151A, 0171A, and 0172A to the Coronavirus [COVID-19] Immunizations, Monoclonal Antibodies and Self-administered Tests section, added code 90679 to the Adult and Pediatric Immunizations section, effective July 1, 2023
- August 16, 2023: Added Language to Colorectal Cancer Screening Section "Cologuard (81528) is covered once every 3 years"
- September 15, 2023: Added codes 90678, 90611, 90622, 90380, and 90381 to the "Adult or Pediatric Immunizations section, effective September 15, 2023
- October 1, 2023: Removed all end-dated Covid-19 codes associated with the November 1, 2023 update and added new Covid-19 codes (91318, 91319, 91320, 91321, 91322, and 90480) effective September 11, 2023, added Z13.31 and Z13.39 to the Adult depression screening section and added Z13.31 and Z13.39 to the Adolescent Anxiety and Depression screening section. The section was renamed "Adolescent Anxiety and Depression screening". Diagnosis code Z29.81 was added to the HIV Prep section.
- October 24, 2023: Added new RSV administration codes 96380 & 96381, effective October 6, 2023,

Removed all HCPCS codes from Covid-19 section due to EUA revocation, except for K1034, Removed code 92586 from the Newborn Screening section per PPACA alignment.

- November 1, 2023: Added ICD-10 codes F17.210, F17.211, F17.213, F17.218, F17.219 to the Abdominal Aortic Aneurysm section, removed language for Aspirin counseling from the Preventive Counseling Services section, and removed code K1034 from the Covid-19 section. Added codes 87591 and 87491 to the HIV Prep Section.
- January 1, 2024: Added language to the Outpatient Maternity Services section, changed language related to Diabetes screening before and after pregnancy, changed language in the Preeclampsia Screening section, added Health Resources and Services Administration (HRSA) to the Preventive sources section at the beginning of the document, Added codes 90859 and 90623 to the Adult and Pediatric Immunizations section as part of Q1 2024 new codes, removed end-dated code K1005 from policy, added code replacement code A4287 to the Breastfeeding Support, education, equipment, supplies and counseling for pregnant and postpartum women section, added codes G0011, G0012, G0013, Q0516, Q0517, J0750, J0751, J0799 to the HIV PrEP section as part of Q1 2024 new codes.
- March 30, 2024: Added codes Z83.710, Z83.711, Z83.718, Z83.719 to the Colorectal Cancer Screening section retroactive to October 1, 2023. Code Z83.71 was replaced by these specific codes and was end-dated on 09/30/2023.
- May 6, 2024: Codes M0224 and Q0224 added to the COVID-19 section. Codes were released retroactively and are effective March 22, 2024.
- May 30, 2024: Codes A9293 and Z31.89 were added to the Contraception and Contraceptive Counseling section, retroactive to April 1, 2024. Language surrounding "Natural Cycles" added to the Contraceptive Counseling section.
- July 1, 2024: Codes 90637, 90638, and 90684 were added to the Adult or Pediatric Immunizations section as part of the Q3 2024 PCIT process.
- August 7, 2024: Code Q0518 was added to the HIV Prep Section, effective January 1, 2024.
- September 4, 2024: Codes 86780 and Z29.81 were added to Syphilis and Gonorrhea: Pregnant women and all other pediatric and adult Syphilis screening sections, retroactively to January, 1 2024.
- October 1, 2024: ICD-10 Codes added to the Colorectal Cancer Screening and the Obesity Screening sections as part of the ICD-10 code release, effective October 1, 2024. (codes are: E66.81, E66.811, E66.812, E66.813, E66.89, E88.82, Z68.55, Z68.56, Z83.72, Z86.0100, Z86.0101, Z86.0102, and Z86.0109) Removed code E66.8 from the Adult Obesity Screening section, as this was replaced by the specific codes mentioned previously. Added codes Q0519 and Q0520 to the HIV PrEP section, effective September 15, 2024, Codes Z00.00, Z00.01, Z00.121, Z00.129, Z13.32, and Z13.89 were added to the Adult Depression Screening and the Child and Adolescent Depression screening sections, respectively. Updated code descriptions for Q0516, Q0517, and Q0518 based on the Q4 2024 HCPCS code updates, effective October 1, 2024.
- October 15, 2024: Codes M0224 and Q0224 were removed from the Covid-19 section to align with HPHC-L PPACA. Codes will continue to pay with no cost-share for MA THP Commercial and MA Direct Members.