

# Patient Protection and Affordable Care Act (Federal Health Care Reform)

## Applicable to Tufts Health Direct only

### Introduction

Tufts Health Direct members will have no cost-sharing responsibility when Preventive Care Services (as described below) 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 Care Service visit.

Preventive Care 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 the Women's Preventive Health Listing (HRSA).

Employer groups maintaining "grandfathered" status under the Patient Protection and Affordable Care Act (PPACA), as determined by USPSTF, may be exempt from certain provisions.

Before using this guideline, please check the member's evidence of coverage (EOC): Handbook, Schedule of Benefits (SOB), and RX coverage.

### Coverage and Services

- All diagnosis codes for preventive, screening, counseling, or wellness, should be billed in the primary position
- When a service is performed for preventive screening and is appropriately reported it will be adjudicated under the Preventive Care Services benefit.
- When a service is done for diagnostic purposes, it will be adjudicated under the applicable non-preventive medical benefit

The following list of Preventive Care Services is provided for reference purposes only and may not be all inclusive:

- Routine annual OB/GYN visits
- Routine pediatric well visits
- Routine annual physical exams
- Select preventive services and diagnostic tests
- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening

*Please see Preventive Care Services Grid with covered diagnosis and procedure codes*

## Preventive Services

### Modifier 33

Tufts Health Plan considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether Preventive Care Services benefits apply. While Modifier 33 may be reported, it is not used in making these benefit determinations *unless specifically indicated in the comments section*.

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Abdominal Aortic Aneurysm (AAA) Screening</b>	<b>Procedure codes:</b> 76706 <b>ICD-10 diagnosis codes:</b> F17.210, F17.211, F17.213, F17.218, F17.219, Z00.00, Z00.01, Z13.6, Z87.891	Once per lifetime screening for men ages 65-75 (ends on 76th birthday) who have prior history of smoking Covered when billed with one of the listed ICD-10 Codes
<b>Alcohol Misuse Screening</b>	<b>Procedure Codes:</b> 99408, 99409 <b>HCPC Codes:</b> G0442, G0443 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z13.89	
<b>Anemia Screening (Iron Deficiency)</b>	<b>Procedure Codes:</b> 85013, 85014, 85025, 85018, 85027 <b>ICD-10 Diagnosis Codes:</b> Z13.0, Z13.1, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Covered when billed with one of the listed ICD-10 diagnosis codes or Supervision of Pregnancy ICD-10 diagnosis code
<b>Anxiety Disorder Screening</b>	<b>Procedure Codes:</b> 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 <b>ICD-10 Diagnosis Codes:</b> Z13.39	Screening for anxiety in primary care settings, for adults, children and adolescents, includes E&M visits; performed during a preventive and/or annual well visit
<b>Aspirin for Prevention of Pre-eclampsia in Pregnant Persons</b>	<b>Procedure Codes:</b> 99383-99387, 99393-99397, 99401-99404	Covered as preventive after 12 weeks of gestation in pregnant persons at high risk Must have RX coverage
<b>Autism Screening / Developmental &amp; Behavioral Assessment</b>	<b>Procedure Codes:</b> 96110, 96127 <b>ICD-10 Diagnosis Codes:</b> Z00.121, Z00.129, Z13.30, Z13.31, Z13.39, Z13.40, Z13.41, Z13.42, Z13.49, Z13.89	Covered as Preventive for children through age 21, in a primary care setting, with the listed ICD-10 dx codes
<b>Bacteriuria Screening</b>	<b>Procedure Code:</b> 81000, 81007	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code Covered at 12-16 week's gestation or at their first prenatal visit
<b>Breast Cancer Screening</b>  <b>(BRCA Screening/BRCA Lab Testing and Genetic Counseling and Evaluation)</b>	<b>BRCA Testing</b> <b>Procedure Codes:</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 <b>Counseling Procedure Codes:</b> 96041, 99385-99387, 99395-99397 <b>ICD-10 Diagnosis Codes:</b> Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z80.8, Z85.09, Z85.3, Z85.43, Z85.44	Breast Cancer Medications must have RX coverage; are covered for members at increased risk for breast cancer and at low risk for adverse medication effects; Rx Brands and Generics  <b>BRCA Testing, Genetic Counseling &amp; Evaluation</b> payable as preventive with one of the diagnosis codes listed in the primary position; <b>BRCA testing</b> requires prior authorization
<b>Breast Cancer – Chemoprevention Counseling</b>	<b>Chemoprevention Counseling</b> <b>Procedure Codes:</b> 99385-99387, 99395-99397, 99401-99404, 99411-99412 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.001, Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z85.09, Z85.3, Z85.43, Z85.44	<b>Chemoprevention Counseling</b> payable as preventive when billed with one of the diagnosis codes listed and when billed in the primary position
<b>Mammogram (Screening)</b>	<b>Screening Mammograms</b> Procedure Codes: 77063, 77067	<b>Screening Mammograms</b> are covered when billed with a screening procedure code

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Breastfeeding Interventions, Services, Supplies and Equipment</b>	<p><b>Visits</b>  <b>Procedure Codes:</b> 59430, 99502  <b>HCPC Codes:</b> <b>S9443</b> (lactation class)</p> <p><b>Equipment</b>  <b>Procedure Codes:</b> E0602 (manual), E0603 (electric), E0604 (hospital grade)</p> <p><b>Supplies</b>  <b>HCPC Codes:</b> A4281, A4282, A4283, A4284, A4285, A4286, A4287</p> <p><b>Lactation Class (S9443)</b>  <b>ICD-10 Diagnosis Codes:</b> N64.0, O75.9, O91.22, O92.13, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, P92.2, P92.5, P92.9, Z39.0, Z39.1, Z39.2</p>	<p><b>99502</b> is limited to one visit every 8 rolling months</p> <p><b>E0602</b> and <b>E0603</b> purchase frequency limits may apply, this is a purchase item only</p> <p><b>E0604</b> Rental for 3 months, then pump must be returned to vendor at the end of the rental period, purchase frequency limits may apply</p> <p><b>A4281-A4287</b> purchase frequency limits may apply</p> <p><b>S9443</b> is covered when billed with one of the diagnosis codes listed</p>
<b>Cervical Cancer Screening (HPV), (Pap Smear)</b>	<p><b>Procedure Codes:</b> 00952, 0500T, 87623, 87624, 87625, 87626, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p><b>HCPC Codes:</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.6, Z00.8, Z01.411, Z01.419, Z01.42, Z04.41, Z04.6, Z11.51, Z12.4</p>	Covered when billed with one of the listed ICD-10 Diagnosis codes
<b>Chlamydia Screening</b>	<p><b>Procedure Codes:</b> 86631, 86632, 87110, 87270, 87320, 84790, 87491, 87492, 87810, 99401, 99402, 99403, 99404</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z01.42, Z11.3, Z11.8, Z12.4, Z20.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93</p>	Covered when billed with one of the listed ICD-10 codes or Supervision of Pregnancy ICD-10 diagnosis code
<b>Cholesterol Screening</b>	<p><b>Procedure Codes:</b> 80061, 82465, 83718, 83719, 83721, 84478</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z13.220</p>	Payable as preventive with one of the diagnosis codes listed for adults, children, and adolescents
<b>Colorectal Cancer Screening (Colonoscopy)</b>	<p><b>Procedure Codes:</b> 00811, 00812, 44388, 44389, 44392, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45391, 45392, 81528, 82270, 82272, 82274, 88304, 88305, 99151, 99152, 99153, 99155, 99156, 99157</p> <p><b>HCPC Codes:</b> G0104, G0105, G0106, G0120, G0121, G0122, G0328, G0500, J2175, J2250, J3010, J7040</p> <p><b>REV Codes:</b> 250, 258, 270, 272, 370, 710</p> <p><b>ICD-10 Diagnosis Codes:</b> K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818,</p>	<p>Payable as preventive with one of the ICD-10 dx codes listed; Excludes Inpatient and ER; Diagnosis must be billed in primary position</p> <p>00812 should be used when billing for a screening colonoscopy</p> <p>00811 should be used when billing for a screening colonoscopy that turns into a diagnostic colonoscopy</p> <p>Cologuard (81528) is covered for ages 45-75, once every 3 years</p> <p>Prep Kits/Items must have RX coverage and are covered by prescription only; OTC prep items/prep kits are not covered; RX Generics (Generics: polyethylene glycol-electrolyte); Covered in full for bowel preparations for Members aged 45 through 75 years old</p> <p>Virtual CT Colonoscopy (<b>74263</b>); is covered when medically necessary</p>

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
	K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, Z00.00, Z00.01, Z12.0, Z12.10, Z12.11, Z12.12, Z12.13, Z12.79, Z12.89, Z12.9, Z80.0, Z80.9, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79, Z85.00, Z85.038, Z85.048, Z86.010, Z86.004, Z86.010, Z86.0101, Z86.0102, Z86.0109	
<b>Contraception – Contraceptive Drugs and Devices; Including Sterilizations</b>	<p><b>Contraceptive Management:</b>  <b>Procedure Codes:</b> 11976, 11981, 11982, 11983, 57170, 57800, 58300, 58301, 64435, 81025, 84702, 84703, 96372</p> <p><b>HCPC Codes:</b> A4261, A4264, A4266, A9293, J1050, J7294, J7295, J7296, J7297, J7298, J7300, J7301, J7304, J7306, J7307</p> <p><b>ICD-10 Diagnosis Codes:</b> Z30.013, Z30.014, Z30.017, Z30.02, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9, Z31.89, Z33.3</p> <p><b>Voluntary Sterilization:</b>  <b>Procedure Codes:</b> 00851, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700</p> <p><b>HCPC Codes:</b> J0330, J0690, J1100, J1170, J1630, J1644, J1790, J1810, J1885, J2001, J2250, J2270, J2405, J2704, J2710, J2765, J3010, J7040, J7120</p> <p><b>REV Codes:</b> 250, 258, 259, 270, 272, 370, 710</p> <p><b>ICD-10 Diagnosis Codes:</b> Z30.2</p>	<p>Please refer to the members SOB/Rider            Member must have RX coverage to have prescription contraceptives covered in full</p> <p>The <u>Natural Cycles</u> Birth Control App is covered under procedure code A9293 Fertility Cycle (contraception &amp; conception) tracking software application, FDA-cleared, when billed with diagnosis code Z31.89</p>
<b>Dental Caries – Prevention Pre-School Children</b>	<b>Procedure Codes:</b> Preventive Visits and Evaluation Management (E&M) services	Age 6 months thru 11 years
<b>Depression and Suicide Risk Screening</b>	<p><b>Procedure Codes:</b> 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397</p> <p><b>HCPC Codes:</b> G0444</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z13.31, Z13.32, Z13.89</p>	Screening for depression and suicide risk, in primary care settings, for adults, children and adolescents, includes E&M visits; performed during a preventive and/or annual well visit
<b>Diabetes Mellitus Screening (Type 2 Diabetes)</b>	<p><b>Procedure Codes:</b> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><b>Diabetes:</b>            ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.1, Z83.3</p>	<p>Covered when billed with one of the listed ICD-10 diagnosis codes for abnormal blood glucose as part of Cardiovascular Risk Assessment in adults aged 40-70 years who are overweight or obese; or persons who may be at increased risk at 18 years or older</p> <p>Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code; age limits do not apply</p> <p><u>Screening for Diabetes in Pregnancy:</u></p> <p>Recommended screening for pregnant persons for gestational diabetes mellitus after 24 weeks of gestation to prevent adverse birth outcomes</p> <p>Recommended screening for pregnant persons with risk factors for type 2 diabetes or GDM before 24 weeks of gestation</p> <p><u>Screening for Diabetes after Pregnancy:</u>            Recommended for type 2 diabetes in persons with a history of gestational diabetes (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes.</p>

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
		Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension before starting treatment and screening for pre-eclampsia in pregnant persons, with blood pressure measurements throughout pregnancy
<b>Domestic Violence / Intimate Partner Violence</b>	This service is included in a preventive care wellness examination	This service is included in a preventive care wellness examination
<b>Falls Prevention</b>	This service is included in a preventive care wellness examination or focused E&M visit	This service is included in a preventive care wellness examination or focused E&M visit
<b>Folic Acid</b>	0.4 mg, 0.8 mg	Covered in full for persons of childbearing age (12–52 years); Must have RX coverage
<b>Fluoride Application in Primary Care</b>	<b>Procedure Codes:</b> 99188 <b>ICD-10 Diagnosis Codes:</b> Z00.121, Z00.129, Z29.3, Z91.841, Z91.842, Z91.843, Z94.849	Covered for preschool children ages 6 months through 5 years Fluoride drops, rinse & tablets covered thru age 16; Must have RX coverage; RX Brands and Generics
<b>Gonorrhea Screening</b>	<b>Procedure Codes:</b> 87590, 87591, 87592, 87850, 99401, 99402, 99403, 99404, 99411, 99412 <b>HCPC Codes:</b> G0445 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z04.41, Z11.3, Z20.2, Z76.1, Z76.2	Covered when billed with one of the listed ICD-10 codes or when billed with a Supervision of Pregnancy ICD-10 diagnosis code
<b>Health Risk Assessment Screening</b>	<b>Procedure Codes:</b> 96160, 96161 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Covered as preventive when billed with one of the listed ICD-10 codes
<b>Hepatitis B Screening</b>	<b>Procedure Codes:</b> 86704, 86706, 86707, 87340, 87341, 87516, 87517 <b>HCPC Codes:</b> G0499 <b>ICD-10 Diagnosis Code:</b> Covered as preventive regardless of diagnosis	Covered as preventive regardless of diagnosis
<b>Hepatitis C Screening</b>	<b>Procedure Codes:</b> 86803, 86804, 87520, 87521, 87522, 87902 <b>HCPC Codes:</b> G0472 <b>ICD-10 Diagnosis Codes:</b> Covered as preventive regardless of diagnosis	Covered as preventive regardless of diagnosis for adults aged 18 to 79 years
<b>High Blood Pressure Screening Adult – (Monitors and Monitoring)</b>	<b>Procedure Codes:</b> 93784, 93786, 93788 or 93790 <b>HCPC Codes:</b> A4660, A4663, A4670 <b>ICD-10 Diagnosis Codes:</b> R03.0	Covered with a physician's order and when billed with one of the CPT and ICD-10 codes listed <b>A4660, A4663, A4670</b> are limited to one in 36 months Included in the payment of a Preventive Care Visit ( <b>99385-99387</b> and <b>99395-99397</b> )
<b>HIV PrEP and HIV Screening (Human Immunodeficiency Virus)</b>	<b>Procedure Codes:</b> 81025, 82565, 82570, 82575, 82610, 84702, 84703, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, 99401, 99402, 99403, 99404 <b>HCPC Codes:</b> G0011, G0012, G0013, G0432, G0433, G0435, G0475, J0739, J0750, J0751, J0799, Q0521, S3645 <b>ICD-10 Diagnosis Codes:</b> B20, Z11.4, Z20.6, Z29.81	HIV screening is covered as a Preventive Service for adolescents and adults ages 15 to 65; younger adolescents and older adults who are at increased risk; and all pregnant persons when billed with one of the listed ICD-10 codes. This includes HIV Testing: <ul style="list-style-type: none"> <li>• Adherence counseling</li> <li>• Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR)</li> <li>• Hepatitis B and C testing</li> <li>• Pregnancy testing</li> <li>• Office visits</li> </ul>

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
		<ul style="list-style-type: none"> <li>Sexually transmitted infection (STI) screening and counseling</li> </ul> <p><b>J0739 (Apretude) requires prior authorization</b></p>
<b>Iron Liquid Supplements</b>	OTC Brands and Generics	Covered in full for children up to 12 months of age
<b>Lead Screening</b>	<p><b>Procedure Codes:</b> 83655</p> <p><b>ICD-10 Diagnosis Codes:</b> Z13.88</p>	
<p><b>Lung Cancer Screening</b></p> <p><b>(Low-Dose Computed Tomography)</b></p>	<p><b>Procedure Codes:</b> 71271</p> <p>HCPC Codes: G0296</p> <p><b>ICD-10 Diagnosis Codes:</b> F17.200, F17.201, F17.210, F17.211, F17.218, F17.219, F17.220, F17.221, F17.290, F17.291, F17.293, F17.298, F17.299, Z12.2, Z13.89, Z13.9, Z72.0, Z87.891</p>	<p>Covered when billed with one of the listed ICD-10 Codes for adults ages 50-80 years with a 20-pack year smoking history, currently smoke, or have quit in the past 15 years</p> <p><b>71271 requires prior authorization</b></p>
<b>Mammography Screening</b>	See "Breast Cancer Screening"	See "Breast Cancer Screening"
<p><b>Newborn Screenings</b></p> <p><b>All newborns</b></p>	<p><b>Hearing Screening:</b></p> <p><b>Procedure Codes:</b> 92551, 92552, 92558, 92567, 92587, 92588, 92650</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, Z01.110, Z01.118, P09.6</p> <p><b>Hypothyroidism Screening:</b></p> <p>Procedure Codes: 84437, 84443</p> <p><b>Metabolic Screening</b></p> <p><b>HCPC Codes:</b> S3620</p> <p><b>ICD-10 Codes:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p> <p><b>Phenylketonuria Screening:</b></p> <p><b>Procedure Codes:</b> 84030, 84510</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.228</p> <p><b>Sickle Cell Screening:</b></p> <p><b>Procedure Codes:</b> 83020, 83021, 83030, 83033, 83051, 85660</p> <p><b>ICD-10 Codes:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p>Hearing Screening – Covered thru age 21 when billed with one of the listed ICD-10 codes</p> <p>Hypothyroidism Screening - Covered when billed with a preventive diagnosis for newborns ages 0-180 days</p> <p>Phenylketonuria Screening - Covered when billed with one of the listed ICD-10 codes for ages 0 through 60 days of age</p> <p>Sickle Cell – Covered when billed with one of the listed ICD-10 codes for newborns ages 0-180 days</p>
<p><b>Obesity Screening</b></p> <p><b>Adults, Children and Adolescents</b></p>	<p><b>Procedure Codes:</b> 97802, 97803, 97804, 99401, 99402, 99403, 99404</p> <p><b>HCPC Codes:</b> G0473, S9470</p> <p><b>ICD-10 Diagnosis Codes:</b> E66.01, E66.09, E66.1, E66.8, E66.81, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z00.00, Z00.01, Z00.121, Z00.129, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z68.55, Z68.56, Z71.3, Z72.4</p>	Covered when billed separately or with an E&M service; must append modifier 25
<b>Osteoporosis Screening (Bone Density Screening)</b>	<p><b>Procedure Codes:</b> 76977, 77078, 77080, 77081, 77085, 77086</p> <p><b>HCPC Codes:</b> G0130</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z13.820, Z78.0, Z82.62</p>	<p>Covered for all persons 50 and older</p> <p>Covered when billed with one of the listed CPT and ICD-10 codes</p>



Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Pre-eclampsia Screening</b>	This service is included in a preventive care wellness examination or focused E&M visit	Covered for pregnant persons with blood pressure measurements throughout pregnancy
<b>Pregnancy – Diagnosis Code Listing</b>	ICD-10 Diagnosis Codes: O09.A – O09.A3, O09.00 – O09.93, Z33.1, Z33.3, Z34.00 - Z34.93	Covered Pregnancy Diagnosis Codes
<b>Preventive Medical Exam</b>	<b>Procedure Codes:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 <b>HCPC Codes:</b> G0438, G0439	Covered as preventive regardless of diagnosis
<b>RH Incompatibility Screening</b>	<b>Procedure Codes:</b> 86900, 86901	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code
<b>Skin Cancer Prevention</b>	This service is included in a preventive care wellness examination or focused E&M visit	This service is included in a preventive care wellness examination or focused E&M visit
<b>Statin Drugs for Adult Prevention of Cardiovascular Disease</b>	Rx Brands and Generics Statins	Must have RX coverage; Low to moderate dose statin drugs for adult prevention of cardiovascular disease for adults ages 40 to 75 years with CVD risk factors
<b>Syphilis Screening</b>	<b>Procedure Codes:</b> 86592, 86593, 86780 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z11.2, Z11.3, Z29.81, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Covered when billed with one of the listed CPT codes and ICD-10 codes; or when billed with a Supervision of Pregnancy ICD-10 diagnosis code
<b>Tobacco Use Prevention Counseling</b>	<b>Procedure Codes:</b> 99406, 99407 <b>HCPC Codes:</b> G0296, G0438, G0439 <b>ICD-10 Diagnosis Codes:</b> Does not have diagnosis code requirements for the preventive benefit to apply	Does not have diagnosis code requirements for the preventive benefits to apply Prescription Smoking Cessation products must have RX coverage; quantity limitations may apply; Rx Brands and Generics
<b>Tuberculin Test – Child</b>	<b>Procedure Codes:</b> 86580 <b>ICD-10 Diagnosis Codes:</b> R76.11, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z11.7	High Risk Children
<b>Tuberculosis Screening - (Latent TB Screening for Adults)</b>	<b>Procedure Codes:</b> 86480, 86481, 86580 <b>ICD-10 Diagnosis Codes:</b> R76.11, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z11.7	Recommended screening for adults at increased risk
<b>Visual Impairment Screening – Children</b>	<b>Procedure Codes:</b> 99173, 99174, 99177 <b>ICD-10 Diagnosis Codes:</b> Z00.121, Z00.129	Covered thru age 21 in the Primary Care settings not a specialist visit; and is not under annual routine eye exam for children and adolescents up to age 22
<b>Venipuncture</b>	<b>Procedure Codes:</b> 36415, 36416	Venipuncture for Preventive pathology and laboratory services listed within this grid
<b>Voluntary Sterilization</b>	See “Contraception Methods”	See “Contraception Methods”

## Preventive Immunizations

### Definition

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied:

- FDA approval
- Explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report (MMWR) of the CDC. Implementation will typically occur within 60 days after publication in the MMWR

Preventive Immunizations			
CPT	Description	Drug	Comments
<b>ICD-10 Code for Immunizations = Z23</b>			
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 ML dosage, for intramuscular use	RSV	
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1.0 ML dosage, for intramuscular use	RSV	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	Administration	
90461	Immunization administration <b>through 18 years of age</b> via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	Administration	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	Administration	
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)	Administration	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	Administration	
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Administration	
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19] vaccine, single dose	Administration	
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	CHIKV	
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	CHIKV	
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use		
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2-dose schedule for intramuscular use	Bexsero®	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3-dose schedule for intramuscular use	Trumenba®	
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use		
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone®	
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Havrix® VAQTA®	
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix® VAQTA®	
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Havrix®	



Preventive Immunizations			
CPT	Description	Drug	Comments
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use		
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use		
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	MenHibrix®	
90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use	PedvaxHIB®	
90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use	ActHIB® Hiberix®	
90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3-dose schedule for intramuscular use	Gardasil4®	Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three.
90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3-dose schedule, for intramuscular use		Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three.
90651	Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3-dose schedule for intramuscular use	Gardasil9®	Coverage is limited to ages 9-45
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Fluad®	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone®	
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone®	
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluzone® Fluvirin® Fluarix® Flulaval®	
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Fluzone®	
90664	Influenza virus vaccine, live	Flumist®	
90666	(LAIV), pandemic formulation, for intranasal use		
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use		
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use		

Preventive Immunizations			
CPT	Description	Drug	Comments
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13® (PCV13)	
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	
90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax®	
90675	Rabies vaccine, for intramuscular use		
90676	Rabies vaccine, for intradermal use		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	RSV	
90679	Respiratory syncytial virus vaccine, preF, subunit, adjuvanted, for intramuscular use	RSV	
90680	Rotavirus vaccine, pentavalent (RV5), 3-dose schedule, live, for oral use	Rotateq®	
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use		
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	RSV	
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Fluzone®	
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use		
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluarix® FluLaval® Fluzone®	
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® FluLaval® Fluzone®	
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	Afluria® FluLaval® Fluzone®	
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use		
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Kinrix® Quadracel®	
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	Pentacel®	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Daptacel® Infanrix®	
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use		
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II®	

Preventive Immunizations			
CPT	Description	Drug	Comments
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol®	
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac® Decavac®	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adacel® Boostrix®	
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepBIPV), for intramuscular use	Pediarix®	
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	Menomune®	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra® Menveo®	
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Zostavax®	Coverage limited to age 18 years and over
90739	Hepatitis B vaccine (HepB), adult dosage, 2-dose schedule, for intramuscular use	HEPLISAV-B®	
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use	Recombivax HB®	
90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90746	Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Engerix-B®	
90748	Hepatitis B and Haemophilus influenza b vaccine (HibHepB), for intramuscular use		
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use	Shingrix®	Coverage limited to age 18 years and over
90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax®	
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use		
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	Novavax	
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	Pfizer-BioNTech	
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	Pfizer-BioNTech	
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	Pfizer-BioNTech	
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	Moderna	

Preventive Immunizations			
CPT	Description	Drug	Comments
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	Moderna	
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Administration RSV	
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Administration RSV	
G0008	Administration of influenza virus vaccine	Administration	
G0009	Administration of pneumococcal vaccine	Administration	
G0010	Administration of hepatitis B vaccine	Administration	
M0201	Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home	Administration	Administration in the home
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu®	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	Afluria®	
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	Flulaval®	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	Fluvirin®	
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Fluzone®	
Q2039	Influenza virus vaccine, not otherwise specified		

## Resources

### [Federal Health Care Reform](#)

#### PUBLICATION HISTORY

01/01/25 New policy created; prior Preventive Services Payment Policy and applicable Publication History archived. Changed 96040 to 96041 under BRCA; added 87626 to Cervical Cancer Screening; Updated language under Colonoscopy bowel preparations; Added Q0521 and removed Q0516, Q0517, Q0518, Q0519, Q0520 from HIV Screening; added 90593, 90619 to Immunizations; administrative edits