HealthChoice

HealthChoice Preventive Care Services **Effective November 1, 2026**

Released 10.28.2026

Preventive services are provided for overall health maintenance, such as routine health/wellness exams and tests, vaccinations, well-baby care and well-childcare. Health screenings and wellness exams can discover problems you may not know you have. The earlier problems are found, the greater the opportunity for treatment.

The Department of Health and Human Services Affordable Care Act has defined preventive services, to be covered with no cost-share, as described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Admin (HRSA) Guidelines including the American Academy of Pediatrics Bright Futures periodicity guidelines.

Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be considered under the HealthChoice preventive care services benefit. Diagnostic services are considered under the HealthChoice standard plan benefits.

Preventive services are those performed on a person who has not had the preventive screening done before and does not have symptoms or other studies suggesting abnormalities, has had screening done within the recommended interval with the findings considered normal, or has had diagnostic services results that were normal after which the physician recommendation is for future preventive screening studies using the preventive services intervals.

Diagnostic services are services that are performed on a person who had a previous preventive or diagnostic study which identified an abnormality that requires additional diagnostic studies, or a recommendation was made for a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals, or who had a symptom(s) that required further diagnosis or does not fall within the applicable population for a recommendation or guideline.

HealthChoice covers qualifying preventive care services at 100% of allowable amounts when rendered by a participating network provider. Qualifying coverage may be determined by age, gender or other factors. There could be certain codes not payable in all circumstances due to other policies or guidelines, including coverage limitations or exclusions, and/or certification may be required for coverage. If you receive services during a preventive care visit other than for qualifying preventive care, you may have to pay for those services.

For more details or questions on qualifying preventive care services and coverage please contact customer care at 800-323-4314 and a member advocate will be happy to assist you.

Table of Contents:

Preventive Services ..... Pg. 2
Bright Futures ..... Pg. 23
Vaccines (Immunizations) .....Pg. 26
Women's Preventive Health ..... Pg. 33
Revision Information..... Pg. 41

HealthChoice

Preventive Services

Service: A date in this column is when the listed rating was released, not when the benefit is effective.	**Code(s):** Certain codes may not be payable in all circumstances due to other policies or guidelines; certification may be required.	**Preventive Benefit Instructions:**
Abdominal Aortic Aneurysm Screening USPSTF Rating (December 2019): B The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked.	**Procedure Code(s):** *Ultrasound Screening Study for Abdominal Aortic Aneurysm:* 76706 **Diagnosis Code(s):** F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Age 65 through 75 (ends on 76th birthday). Requires at least one of the diagnosis codes listed in this row
Bacteriuria Screening USPSTF Rating (September 2019): A The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	**Procedure Code(s):** 81007, 87086, 87088 **Diagnosis Code(s):** **Pregnancy Diagnosis Codes**	Requires a Pregnancy Diagnosis Code.
Chlamydia Infection Screening USPSTF Rating (September 2021): B The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Notes: * This recommendation applies to all sexually active adolescents and adult women, including pregnant women. * Bright Futures recommends STI screening be conducted if risk assessment is positive between ages 11-21 years.	**Procedure Code(s):** *Chlamydia Infection Screening:* 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87494, 87801, 87810 *Blood Draw:* 36415, 36416 Blood draw codes only apply to lab codes 86631 or 86632 **Diagnosis Code(s):** *Pregnancy:* Pregnancy Diagnosis Code OR *Screening:* Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: **Z01.411, Z01.419,** Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	*Chlamydia Infection Screening:* Requires a Pregnancy Diagnosis Code **OR** one of the Screening diagnosis codes listed in this row. *Blood Draw:* Required to be billed with 86631 or 86632 **AND** - One of the Screening diagnosis codes listed in this row **OR** - With a Pregnancy Diagnosis Code.
Gonorrhea Screening USPSTF Rating (September 2021): B The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Note: Bright Futures recommends STI screening be conducted if risk assessment is positive between ages 11-21 years.	**Procedure Code(s):** 87590, 87591, 87592, 87801, 87850 **Diagnosis Code(s):** *Pregnancy:* Pregnancy Diagnosis Codes OR *Screening:* Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: **Z01.411, Z01.419,** Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Requires either a Pregnancy Diagnosis Code **OR** one of the Screening diagnosis codes listed in this row.
Hepatitis B Virus Infection Screening *Pregnant Women:* USPSTF Rating (July 2019): A	**Procedure Code(s):** *Hepatitis B Virus Infection Screening:* 86704, 86706, 87340, 87341, 87467, G0499 *Blood Draw:* 36415, 36416	*Hepatitis B Virus Infection Screening:* Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.

The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. *Persons at High Risk:* USPSTF Rating (Dec. 2020): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. Bright Futures (Jul. 2022) Bright Futures recommends screening between the ages 0-21 years [perform risk assessment for hepatitis B virus (HBV) infection.	**Diagnosis Code(s):** *Pregnancy:* Pregnancy Diagnosis Codes **OR** *Screening:* Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: **Z01.411, Z01.419,** Z11.3, Z11.4, Z11.59, Z20.2, Z20.6, Z29.81, Z57.8, Z72.51, Z75.52, Z72.53	*Blood Draw:* Requires one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row **AND** - A Pregnancy Diagnosis Code **OR** - One of the Screening diagnosis codes listed in this row.
Hepatitis C Virus Infection Screening USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years. Bright Futures (March 2021): Bright Futures recommends screening all individuals ages 18 to 79 years at least once for hepatitis C virus (HCV) infection.	**Procedure Code(s):** *Hepatitis C Virus Infection Screening:* 86803, 86804, G0472 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	*Hepatitis C Virus Infection Screening*: Does not have diagnosis code requirements for the preventive benefit to apply. *Blood Draw*: Requires one of the Hepatitis C Virus Infection Screening procedure codes listed in this row.
HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults USPSTF Rating (June 2019): A The USPSTF recommends that clinicians screen for HIV infection in: Adolescents and adults ages 15-65 years. Younger adolescents and older adults who are at increased risk should also be screened. All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. Note: Bright Futures recommends HIV screening lab work be conducted at least once between ages 15-21 years. Also recommended anytime between ages 11-14 years, when a risk assessment is positive. And after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently if at high risk.	**Procedure Code(s):** *HIV (Human Immunodeficiency Virus) Screening:* 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** *Pregnancy:* Pregnancy Diagnosis Codes OR *Screening:* *Adult:* Z00.00, Z00.01 *Child:* Z00.121, Z00.129, *Other:* **Z01.411, Z01.419,** Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z29.81, Z72.51, Z72.52, Z72.53 Refer also to the Expanded Women's Preventive Health section.	No age limits. *HIV – Human Immunodeficiency Virus – Screening:* Requires a Pregnancy Diagnosis Code OR one of the Screening diagnosis codes listed in this row. *Blood Draw:* Requires both of the following: - One of the listed HIV Screening procedure codes listed in this row **AND** - One of the Screening diagnosis codes listed in this row **OR** a Pregnancy Diagnosis Code
RH Incompatibility Screening USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related	**Procedure Code(s):** *RH Incompatibility Screening:* 86850, 86901 *Blood Draw:*	*RH Incompatibility Screening:* Requires a Pregnancy Diagnosis Code. *Blood Draw*: Required to be billed with 86901

care. USPSTF Rating (Feb. 2004): B Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	36415, 36416 **Diagnosis Code(s):** Pregnancy Diagnosis Codes	**AND** with a Pregnancy Diagnosis Code.
Screening for Syphilis Infection During Pregnancy Non-Pregnant Adults and Adolescents at Increased Risk: USPSTF Rating (Sept. 2022): A The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. Asymptomatic Pregnant Women USPSTF Rating (May 2025): A The USPSTF recommends early, universal screening for syphilis infection during pregnancy; if an individual is not screened early in pregnancy, the USPSTF recommends screening at the first available opportunity. Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.	**Procedure Code(s):** *Syphilis Screening:* 86592, 86593, 86780 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** *Pregnancy:* Pregnancy Diagnosis Codes OR *Screening:* Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: **Z01.411, Z01.419,** Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	*Syphilis Screening:* Requires a Pregnancy Diagnosis Code **OR** one of the Screening diagnosis codes listed in this row. *Blood Draw:* Requires **both** of the following: One of the listed Syphilis Screening procedure codes listed in this row **AND** One of the Screening diagnosis codes listed in this row **OR** a Pregnancy Diagnosis Code.
Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	***Genetic Counseling and Evaluation*** **Procedure Code(s):** *Medical Genetics and Genetic Counseling Services:* 96041 *Evaluation and Management (Office Visits):* 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417**,** G0463 **Diagnosis Code(s):** Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	***Genetic Counseling and Evaluation*** May require genetic counseling before BRCA Lab Screening. Requires one of the Genetic Counseling and Evaluation diagnosis codes listed in this row in the primary position.
	Procedure Code(s): *BRCA Lab Screening*: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** *Family History or Personal History of breast cancer and/or ovarian c*ancer: Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	Limited to one test per member, per lifetime. *BRCA Lab Screening:* Certification requirements apply to BRCA lab screening. *Blood Draw:* Requires one of the BRCA Lab Screening procedure codes listed in this row **AND** one of the BRCA Lab Screening diagnosis codes listed in this row.
Pre-Diabetes and Type 2 Diabetes Screening	**Procedure Code(s):** *Diabetes Screening:* 82947, 82948, 82950, 82951, 82952, 83036	Limited to age 35-70 years (ends on 71st birthday).

USPSTF Rating (August 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. Also see Behavioral Counseling section in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors for intensive behavioral counseling interventions. For additional diabetes screening benefits, refer also to the Expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy.	*Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Required Diagnosis Codes (requires at least one): Z00.00, Z00.01, Z13.1 **AND** One of the following additional diagnosis codes as follows: (requires at least one): *Overweight:* E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 *Obesity:* E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Body Mass Index 30.0 – 39.9:* Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 *Body Mass Index 40.0 and Over:* Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	*Diabetes Screening:* Requires one of the Required Diagnosis Codes listed in this row **AND** one of the listed Additional Diagnosis Codes in this row. *Blood Draw:* Requires ALL of the following: - One of the listed Diabetes Screening procedure codes listed in this row **AND** - One of the listed Required Diagnosis Codes **AND** - One of the listed Additional Diagnosis Codes. **Preventive Benefit Does Not Apply:** If a Diabetes Diagnosis Code is present in any position, the preventive benefit does **not** apply; refer to the Diabetes Diagnosis Code List.
	Pre-Diabetes Preventive Interventions Procedure Code(s): *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0447, G0473 **Diagnosis Code(s):** R73.03 (prediabetes)	**Pre-Diabetes Preventive Interventions** Limited to age 35-70 years (ends on 71st birthday). Requires diagnosis code 73.03.
Gestational Diabetes Mellitus Screening USPSTF Rating (Aug. 2021) B: The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant persons at 24 weeks of gestation or after. Also see Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy.	Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus codes.	Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus preventive benefit instructions. **Note**: This benefit applies regardless of the gestational week.
Screening Mammography USPSTF Rating (Apr. 2024): B The USPSTF recommends biennial screening mammography for women aged 40 to 74 years Also see Breast Cancer Screening for Average-Risk Women.	**Procedure Code(s):** 77063, 77067 ***Revenue Code***: 0403 **Diagnosis Code(s)**: Does not have diagnosis code requirements for the preventive benefit to apply.	No age limits. **Note:** This benefit only applies to screening mammography. **Note:** For HB1389, this benefit is effective 10/01/2025.** In accordance with HB1389, HealthChoice will waive member cost share for all network and non-network Screening

		Mammography services listed, including copays, deductible, and coinsurance. Non-network services remain subject to balance billing. All other preventive services are processed in accordance with qualifying preventive service provisions.
Diagnostic Mammography Oklahoma HB3504 (May 2022) Effective 11/1/2022 - Health Benefit plans shall include coverage for a low-dose mammography screening for detection of the presence of occult breast cancer **and a diagnostic examination for the detection of breast cancer**. Coverage shall not be subject to deductible, copay, coinsurance or require that a female undergo a mammography screening at a specified time as a condition of payment. Any female 35-39 shall be entitled to coverage for a low-dose mammography screening once every 5 years. Any female 40 years of age or older shall be entitled to coverage for an annual low-dose mammography screening. Oklahoma HB1389 (May 2025) Effective 11/1/2025 - Health Benefit plans shall include coverage for a low-dose mammography screening for detection of the presence of occult breast cancer and a diagnostic **and supplemental** examination for breast cancer. Coverage shall not be subject to deductible, copay, coinsurance or require that a female undergo a mammography screening at a specified time as a condition of payment. Any female 35 - 39 shall be entitled to coverage for a low-dose mammography screening once every 5 years. Any female 40 years of age or older shall be entitled to coverage for an annual low-dose mammography screening. *Federal regulations require that HDHP participants meet their annual deductible before a health plan can pay towards any services other than preventive. After the deductible is met, these services will be covered at 100% by the plan. Also see Screening Mammography	**Procedure Code(s):** *Diagnostic Mammogram* 77061, 77062, 77065, 77066, G0279, Q9967, S8080 *Ultrasound* 76641, 76642 *MRI* 77046, 77047, 77048, 77049, A9575, A9576, A9577, A9578, A9579, A9581, A9585, C8903, C8905, C8906, C8908 ***Revenue Code:*** *0401* **Biopsy** 19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101, 19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 76942, 77002, 96374, Q9967 **Cytopathology** 88172, 88173, 88177 **Pathology examination** 88305 **Moderate Sedation** 99152, 99153, 99156, 99157 **Diagnosis Code(s)**: Does not have diagnosis code requirements for the preventive benefit to apply. HDHP: Services are covered at 100% before the HDHP deductible only when billed with both the procedure code and an approved preventive diagnosis code; otherwise, the HDHP deductible must be met before services are covered at 100%.	No age limits. MRI of the breast, with or without contrast material. Note: For HB3504, this benefit is effective 10/1/2022. This benefit only applies to diagnostic mammography. * HDHP members must meet their annual deductible before benefit applies. Note: For HB1389, this benefit is effective 10/01/2025.** **In accordance with HB1389, HealthChoice will waive member cost share for network and non-network Diagnostic Mammography/Breast Imaging services listed, including copays, deductible, and coinsurance. Non-network services remain subject to balance billing. All other preventive services are processed in accordance with qualifying preventive service provisions.

and Breast Cancer Screening for Average-risk Women.		
Cervical Cancer Screening USPSTF Rating (Aug. 2018): A The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends: • Screening 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 (co-testing). Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21	***Human Papillomavirus DNA Testing (HPV):*** **Procedure Code(s):** 87624, 87625, 87626, 0502U, G0476 **Diagnosis Code(s):** Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79	***Human Papillomavirus DNA Testing (HPV):*** Requires one of the diagnosis codes listed in this row. Limited to age 30 years and up.
	Cervical Cytology (Pap Test) ***Code Group 1 Procedure Code(s):*** G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 ***Code Group 1 Diagnosis Code(s):*** Does not have diagnosis code requirements for preventive benefits to apply.	***Cervical Cytology (Pap Test)*** ***Code Group 1:*** Limited to age 21-65 years (ends on 66th birthday). Does not have diagnosis code requirements for preventive benefits to apply.
	Cervical Cytology (Pap Test) ***Code Group 2 Procedure Code(s):*** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 ***Code Group 2 Diagnosis Code(s):*** Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z12.4, Z12.72, Z12.79	***Cervical Cytology (Pap Test)*** ***Code Group 2:*** Limited to age 21-65 years (ends on 66th birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication USPSTF Rating (Aug. 2022): B The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.	**Procedure Code(s):** *Cholesterol Screening:* 80061, 82465, 83718, 83719, 83721, 83722, 84478 *Blood Draw:* 36415, 36416 *ASCVD Risk Assessment and Risk Management Services:* G0537, G0538 **Diagnosis Code(s):** Z00.00, Z00.01, Z13.220	*Cholesterol Screening:* Age 40-75 years (ends on 76th birthday). Requires one of the diagnosis codes listed in this row for CPT codes 80061, 82465, 83718, 83719, 83721, 83722, and 84478. *Blood Draw*: Ages 40-75 years (ends on 76th birthday): Requires one of the listed Cholesterol Screening procedure codes **AND** one of the Diagnosis Codes listed in this row. **ASCVD Risk Assessment and Management Services:** Ages 40-75 years (ends on 76th birthday). The diagnosis codes listed in this row are not required for HCPCS codes G0537 and G0538. **Preventive Benefit Does Not Apply:** For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does **not** apply:

		E71.30, E75.5, E78.00, E78.010, E78.011, E78.019, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89
Colorectal Cancer Screening USPSTF Rating (May 2021): A The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. USPSTF Rating (May 2021): B The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	All services performed on the same day and billed on the claim with the colonoscopy are covered as preventive, with the exception of other non-preventive surgeries.	
	Colonoscopy **Procedure Code(s):** **Colonoscopy:** G0105, G0121 Preventive Colonoscopy When Billed with Certain Codes (see Preventive Benefit Instructions to the right): 44388*, 44389*, 44392*, 44394*, 45378*, 45380*, 45381*, 45384*, 45385*, 45388* **Diagnosis Code(s):** Applies to Procedure Codes with asterisk (*) above: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79 Note: Also see the Colonoscopy Pre-Op Consultation row below.	**Colonoscopy** **Age Limits:** 45-75 years (ends on 76th birthday). Limited to one every 3 calendar years. Codes G0105 and G0121 do not have diagnosis code requirements for preventive benefits to apply. Codes with an asterisk (*) are preventive when: * Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); **or** * Billed in addition to G0104, G0105, G0121, G0328, S0285
	Sigmoidoscopy **Procedure Code(s):** **Sigmoidoscopy:** G0104 Preventive Sigmoidoscopy When Billed with Certain Codes (see Preventive Benefit Instructions to the right): 45330*, 45331*, 45333*, 45338*, 45346* **Diagnosis Code(s):** Applies to Procedure Codes with asterisk (*) above: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79	**Sigmoidoscopy** **Age Limits:** 45-75 years (ends on 76th birthday). Limited to one every 3 calendar years. Code G0104 does not have diagnosis code requirements for preventive benefits to apply. Codes with an asterisk (*) are preventive when: * Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); **or** * Billed in addition to codes G0104, G0105, G0122, G0328, S0285
	Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy) **Procedure Code(s):** Pathology: 88304, 88305 Anesthesia:	**Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy)** **Age Limits:** 45-75 years (ends on 76th birthday). Requires both of the following:

	00811, 00812, 99152, 99153, 99156, 99157, G0500 **Diagnosis Codes(s):** Applies to the Pathology and Anesthesia codes listed above: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79	- One of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); **AND** * One of the procedure codes listed in the Colonoscopy row, or the Sigmoidoscopy row. Note: Preventive benefits apply when the surgeon's claim is preventive.
	Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT) **Procedure Code(s):** Preventive: G0328 Preventive When Billed with Certain Codes (see Preventive Benefit Instructions to the right): 82270*, 82274* **Diagnosis Code(s):** Applies to Procedure Codes with asterisk (*) above: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79	**Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT)** **Age Limits:** 45-75 years (ends on 76th birthday). Limited to one test per calendar year. Code G0328 does not have diagnosis code requirements for preventive benefits to apply. Codes with an asterisk (*) are preventive when: * Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); or * Billed in addition to G0104, G0105, G0121, G0328, S0285
	Fecal DNA: 81528, 0464U **Diagnosis Code(s),** Code 81528 does not have diagnosis code requirements for preventive benefits to apply.	**Fecal DNA:** **Age Limits:** 45-75 years (ends on 76th birthday). Limited to one every 3 calendar years. Codes 81528 and 0464U does not have diagnosis code requirements for preventive benefits to apply.
	Pre-op/Consultation: **Procedure Code(s):** **Preventive:** S0285 Preventive when billed with one of the diagnosis codes listed in this row: 99202*, 99203*, 99204*, 99205*, 99211*, 99212*, 99213*, 99214*, 99215*, 99242*, 99243*, 99244*, 99245*, 99417* **Diagnosis Code(s)**	**Pre-Op Consultation** Age Limits: 45-75 years (ends on 76th birthday). Code S0285 does not have diagnosis code requirements for preventive benefits to apply. Codes with an asterisk (*) are preventive when billed with one of the diagnosis codes listed in this row (Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0,

	Applies to Procedure Codes with asterisk (*) above: Z12.10, Z12.11, Z12.12. Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79	Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79).
	Computed Tomographic Colonography (Virtual Colonoscopy) **Procedure Code(s):** 74263 **Diagnosis Code(s):** Does not have diagnosis code requirements for preventive benefit to apply.	**Computed Tomographic Colonography (Virtual Colonoscopy)** **Age Limits:** 45-75 years (ends on 76th birthday) Does not have diagnosis code requirements for the preventive benefit to apply.
Wellness Examinations *(well baby, well child, well adult)* USPSTF Rating: None HealthChoice supports AAP and AAFP age and frequency guidelines, as well as recommendations of Bright Futures. HRSA Requirements: The Wellness Examinations codes in this row include the following HRSA requirements for women, where applicable: * Breastfeeding support, counseling, and education * Contraceptive methods and sterilizations (counseling and follow-up care) * Screening and counseling for intimate partner and domestic violence * Screening for human immunodeficiency virus infection (HIV); education and risk assessment Counseling for sexually transmitted infections (STIs) * Well-woman preventive visits * Screening for urinary incontinence * Obesity prevention in midlife women (counseling) * Patient navigation services for breast and cervical cancer screening	**Procedure Code(s):** *Preventive medicine services (Evaluation and Management):* 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 *Medicare wellness exams:* G0402, G0438, G0439 *STIs behavioral counseling:* G0445 *Annual gynecological exams:* S0610, S0612, S0613 Pelvic Examination (add-on code): 99459 *Preventive medicine, individual counseling:* 99401, 99402, 99403, 99404 *Preventive medicine, group counseling:* 99411, 99412 *Newborn Care (evaluation and management)*: 99460, 99461, 99462, 99463 *Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT Scan)*: G0296 Immunization Counseling (when immunization is not administered on the same date of service): 90482, 90483, 90484 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply. Also see the Expanded Women's Preventive Health section.	Does not have diagnosis code requirements for the preventive benefit to apply. Limited to two annual wellness exams per calendar year for ages 18 and older. For ages 17 and younger, wellness visit frequency is determined in accordance with Bright Futures recommendations. STI Behavioral Counseling: G0445 is limited to twice per calendar year. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related Evaluation and Management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits. LDCT G0296 is limited to age 50 to 80 years (ends on 81st birthday) and is limited to once per calendar year.
Vaccines (Immunizations) USPSTF Rating: None A vaccine (immunization) is generally covered under the preventive care services benefit when it is listed in the applicable immunization schedule of the Centers for Disease Control and	Refer to the Preventive Vaccines (Immunizations) section.	Refer to the Preventive Vaccines (Immunizations) section

Prevention (CDC) and has explicit ACIP recommendations published in the Morbidity and Mortality Weekly Report (MMWR)* of the CDC. For age limits and additional information refer to Preventive Vaccines.		
Newborn Screenings All newborns USPSTF Rating (March 2008): A Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns. USPSTF Rating (March 2008): A Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns. USPSTF Rating (Sept. 2007): A Sickle Cell Screening: Screening for sickle cell disease in newborns. Refer to Hearing Screening/Tests (Bright Futures).	**Procedure Code(s):** *Hypothyroidism Screening:* 84437, 84443 *Phenylketonuria Screening:* 84030, S3620 *Sickle Cell Screening:* 83020, 83021, 83030, 83033, 83051, S3850 *Blood Draws:* 36415, 36416 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	*Newborn Screenings:* Does not have diagnosis code requirements for the preventive benefit to apply. *Blood Draw*: Age 0-90 days, requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.
Metabolic Screening Panel (Newborns)	**Procedure Code(s):** *Metabolic Screening Panel:* 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	*Metabolic Screening Panel:* Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply. *Blood Draw*: Age 0-90 days. Requires one of the listed Metabolic Screening Panel procedure codes listed in this row.
Osteoporosis Screening USPSTF Rating (June 2018): B Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. USPSTF Rating (June 2018): B Post-menopausal women younger than 65 years at increased risk of osteoporosis: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.	**Procedure Code(s):** 76977, 77080, 77081, G0130 **Diagnosis Code(s):** Z00.00, Z00.01, Z13.820, Z82.62	Requires one of the diagnosis codes listed in this row.
Screening and Behavioral Counseling Interventions in	**Procedure Code(s):** *Alcohol or Drug Use Screening:*	Limited to age 18 and older.

Primary Care to Reduce Unhealthy Alcohol Use in Adults USPSTF Rating (Nov. 2018): B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years. Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).	99408, 99409 *Annual Alcohol Screening:* G0442 *Brief Counseling for Alcohol:* G0443 **Diagnosis Code(s):** Does not have diagnosis code requirements for preventive benefit to apply.	Limited to two screenings per calendar year. Does not have diagnosis code requirements for preventive benefits to apply.
High Blood Pressure in Adults – Screening: USPSTF Rating (April 2021): A The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	***Blood Pressure Measurement in a Clinical Setting:*** N/A	***Blood Pressure Measurement in a Clinical Setting***: This service is included in a preventive care wellness examination.
	Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting): *Ambulatory Blood Pressure Measurement:* 93784, 93786, 93788, 93790 **Diagnosis Code(s):** *Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension:* R03.0	***Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):*** Age 18 years and up. Requires the diagnosis code listed in this row.
Breast Cancer: Medications for Risk Reduction USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	N/A	This service is included in a preventive care wellness examination or focused E&M visit. Refer to pharmacy benefits for additional coverage.

Prostate Cancer Screening: Men USPSTF Rating for Men 55 - 69 (May 2018): C The USPSTF For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; over diagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening. USPSTF Rating for Men 70 an Over (May 2018): D The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older.	**Procedure Code(s):** 84152, 84153, 84154, G0102, G0103 **Diagnosis Code(s):** Z00.00, Z00.01, Z12.5, Z80.42	Limited to males age 40 and over. Limit of one per calendar year. Requires one of the diagnosis codes listed in this row for 84152, 84153, 84154, G0102, G0103
Metabolic Screening Panel (Adults)	**Procedure Code(s):** 80050, 80053 **Diagnosis Code(s):** Does not have diagnosis code requirements for preventive benefit to apply.	Limited to age 20 and over. Limited to one per calendar year.
Primary Care Behavioral Counseling Interventions to Support Breastfeeding USPSTF Rating (April 2025): B The USPSTF recommends providing interventions or referrals, during pregnancy and after birth, to support breastfeeding.	**Procedure Code(s):** N/A Refer to the expanded Women's Preventive Health section for additional benefits.	Included in primary care or OB/GYN office visits

Depression and Suicide Risk in Adults, Screening USPSTF Rating (Jun. 2023): B The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults (65 years or older). Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2 4, and 6 months of age. Also see Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression – Preventive Interventions (Counseling).	**Procedure Code(s):** 96127, 96161, G0444 **Diagnosis Code(s):** Required for 96127 Only: *Encounter for screening for depression:* Z13.31, Z13.32	Requires one of the diagnosis codes listed in this row for 96127. The diagnosis codes listed in this row are **not** required, for 96161, G0444.
Depression and Suicide Risk in Children and Adolescents: Screening USPSTF Rating (Oct. 2022): B The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2 4, and 6 months of age. The Bright Futures Periodicity Schedule recommends depression screening begin at age 12 through 21 years. Also see Anxiety Disorders in Adults (Screening) USPSTF; Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression-Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).	**Procedure Code(s):** 96127, 96161, G0444 **Diagnosis Code(s):** Required for 96127 Only: *Encounter for screening for depression:* Z13.31, Z13.32	Requires one of the diagnosis codes listed in this row for 96127. The diagnosis codes listed in this row are not required for 96161, G0444.
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions USPSTF Rating (Nov. 2020): B	**Procedure Code(s):** *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0446, G0447, G0473 ASCVD Risk Assessment and Risk Management	Requires one of the diagnosis codes listed in this row for 97802-97804, 99401-99404, G0270, G0271. *Behavioral Counseling or Therapy:* G0446 is limited to once per calendar year.

The USPSTF recommends offering or referring adults with cardiovascular disease (CVD) risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	Services: G0537, G0538 **Diagnosis Code(s):** *Screening:* Z13.220 *Nicotine Dependence, Tobacco Use, or Family History of IHD:* F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49 *Overweight:* E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 *Body Mass Index 30.0 - 39.9:* Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 *Body Mass Index 40.0 and Over*: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Impaired Fasting Glucose:* R73.01 *Metabolic Syndrome; Insulin Resistance Syndrome Type A: Other Insulin Resistance:* E88.810, E88.811, E88.818, E88.819 *Hyperlipidemia / Dyslipidemia:* E78.00, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5 *Obesity:* E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Essential Hypertension:* I10 Resistant Hypertension: I1A.0 *Secondary Hypertension:* I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 *Hypertension Complicating Pregnancy, Childbirth and the Puerperium:* O10.011, O10.012, O10.013, O10.019, O10.02-O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9 *Urgent/Emergency/Crisis Hypertension*: I16.0, I16.1, I16.9 *Diabetes:* Diabetes Diagnosis Codes List *Atherosclerosis:* Atherosclerosis Diagnosis Code List *Coronary Atherosclerosis:* I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812	The diagnosis codes listed in this row are **not** required for G0446, G0447, and G0473.
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions USPSTF Rating (Sept. 2018): B	**Procedure Code(s):** *Medical Nutrition Therapy:* 97802, 97803, 97804 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0446,	Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.

The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.	G0447, G0473 **Diagnosis Code(s):** *Body Mass Index 30.0 - 39.9:* Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 *Body Mass Index 40.0 and over:* Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Obesity:* E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.22	*Behavioral Counseling or Therapy:* G0446 is limited to once per calendar year. The diagnosis codes listed in this row are **not** required for G0446, G0447 and G0473.
High Body Mass Index in Children and Adolescents: Interventions USPSTF Rating (June 2024: B The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	**Procedure Code(s):** *Medical Nutrition Therapy:* 97802, 97803, 97804 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0446, G0447, G0473 Refer also to the codes in the Wellness Examinations section. **Diagnosis Code(s):** *Obesity:* E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.89, E66.9, Z68.54, Z68.55, Z68.56, Z88.82	Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404. *Behavioral Counseling or Therapy:* G0446 is limited to once per calendar year. The diagnosis codes listed in this row are **not** required for G0446, G0447 and G0473.
Behavioral Counseling to Prevent Sexually Transmitted Infections USPSTF Rating (Aug. 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).	**Procedure Code(s):** *STIs Behavioral Counseling:* G0445 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	G0445 is limited to two per calendar year. Does not have diagnosis code requirements for the preventive benefit to apply.
Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons USPSTF Rating (Jan. 2021): A Pregnant Persons (A): The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco. Non-pregnant Adults (A): The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Admin–approved pharmacotherapy for cessation to non-pregnant adults who use tobacco. Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.	**Procedure Code(s):** *Behavioral Interventions:* 99406, 99407 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 Refer also to the codes in the Wellness Examinations section. **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	Does not have diagnosis code requirements for the preventive benefit to apply.

Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).		
Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents USPSTF Rating (Apr. 2020): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. Bright Futures (April 2017): Bright Futures recommends tobacco use assessments from age 11 to 21 years. Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).	**Procedure Code(s):** *Smoking and Tobacco Use Cessation Counseling Visit:* 99406, 99407 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 Refer also to the Wellness Examinations section. **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	Does not have diagnosis code requirements for the preventive benefit to apply.
Screening for Visual Impairment in Children USPSTF Rating (Sept. 2017): B The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors. Bright Futures: Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year olds. Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age.	**Procedure Code(s):** *Visual Acuity Screening (e.g., Snellen chart):* 99173 *Instrument-Based Screening:* 99174, 99177 **Diagnosis Code(s):** Refer to the Preventive Benefit Instructions.	*Visual Acuity Screening (99173):* Up to age 21 years (ends on 22nd birthday). Does not have diagnosis code requirements for preventive benefits to apply. *Instrument-Based Screening (99174 and 99177):* Age 1 to 5 (ends on 6th birthday): Does not have diagnosis code requirements for preventive benefits to apply. Age 6 to 21 years (ends on 22nd birthday): HealthChoice follows the UHC Medical Policy titled Omnibus Codes for allowable diagnoses
Behavioral Counseling to Prevent Skin Cancer USPSTF Rating (March 2018): B The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	N/A	This service is included in a preventive care wellness examination or focused E&M visit.
Falls Prevention in Community-Dwelling Older Adults: Interventions USPSTF Rating (June 2024): B	N/A	This service is included in a preventive care wellness examination or focused E&M visit.

The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.		
Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults USPSTF Rating (June 2025): B The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum. Also see Screening and Counseling for Interpersonal and Domestic Violence.	N/A	This service is included in a preventive care wellness examination.
Screening for Lung Cancer with Low-Dose Computed Tomography USPSTF Rating (Mar. 2021): B The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	**Procedure Code(s)**: 71271 **Diagnosis Code(s):** F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Requires one of the diagnosis codes listed in this row. Limitations: Limited to one per calendar year and * All of the following criteria: * Age 50 to 80 years (ends on 81st birthday), and * At least 30 pack-years* of smoking history, and * Either a current smoker or has quit within the past 15 years *A pack-year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page. http://www.cancer.gov/dictionary?CdrID=306510"
Fluoride Application in Primary Care USPSTF Rating (May 2014): B Children From Birth Through Age 5 years. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the	**Procedure Code(s):** *Application of Topical Fluoride by Physician or Other Qualified Health Care Professional:* 99188 **Diagnosis Code(s):** Does not have diagnosis code requirements for the preventive benefit to apply.	Age 0-5 years (ends on 6th birthday). Does not have diagnosis code requirements for the preventive benefit to apply. Limited to two per calendar year.

age of primary tooth eruption. Bright Futures (April 2017): For those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months between ages 6 months to 5 years.		
Latent Tuberculosis Infection: Screening, Adults USPSTF Rating (May 2023): B The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults at increased risk for latent tuberculosis infection (LTBI).	**Procedure Code(s):** *Screening:* 86480, 86481, 86580 *Follow-up Visit to Check Results:* 99211 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z20.1 **Note for age 18-21 years (ends on 22nd birthday):** In addition to the codes in this row, the preventive benefit also applies to the diagnosis codes listed in the Bright Futures row: Tuberculosis (TB) Testing.	*Screening:* Ages 18 years and up. Requires one of the diagnosis codes listed in this row for codes 86480, 86481, and 86580. *Follow-up Visit to Check Results (99211)*: CPT code 99211 requires diagnosis code R76.11 or R76.12. *Blood Draw*: Ages 18 years and up. Required to be billed with 86480 or 86481 **AND** one of the diagnosis codes listed in this row.
Hypertensive Disorders of Pregnancy: Screening USPSTF Rating (Sept. 2023): B The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit. Refer to Expanded Women's Preventive Health for Prenatal Office Visits, Prenatal Care Visits, Global Obstetrical Codes	See the following code groups in the expanded Women's Preventive Health section: • Prenatal Office Visits • Prenatal Care Visits • Global Obstetrical Codes
Perinatal Depression - Preventive Interventions (Counseling) USPSTF Rating (Feb. 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. Note: This policy addresses coding for interventions from a network medical provider only. For perinatal depression preventive interventions with a mental health provider, refer to the plan's mental health plan benefit administrator. Refer also to Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); and Depression Screening (Bright Futures).	**Code Group 1 Procedure Code(s):** *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Preventive Medicine, Group Counseling:* 99411, 99412 *Prenatal Care Visits:* 59425, 59426 *Preventive Medicine Services (Evaluation and Management):* 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	**Code Group 1:** Does not have diagnosis code requirements for the preventive benefit to apply.
	Code Group 2 Procedure Code(s): *Evaluation and Management (Office Visits):* 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463 **Diagnosis Code(s):** A **Pregnancy Diagnosis Code**; or Z39.2 (encounter for routine postpartum follow-up); or Z13.32 (encounter for screening for maternal depression)	**Code Group 2:** Requires one of the Code Group 2 diagnosis codes listed in this row.

Prevention of Acquisition of Human Immunodeficiency Virus (HIV): Pre-exposure Prophylaxis USPSTF Rating (Aug. 2023): A The USPSTF recommends that clinicians prescribe preexposure prophylaxis A using effective antiretroviral therapy to persons at increased risk of HIV acquisition to decrease the risk of acquiring HIV. Note: This Includes: * Kidney function testing (creatinine) * Serologic testing for hepatitis B and C virus * Testing for other STIs * Pregnancy testing when appropriate * Ongoing follow-up and monitoring including HIV testing every 3 months Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.	**Procedure Code(s):** *Kidney Function Testing (Creatinine):* 82565, 82575 *Pregnancy Testing:* 81025, 84702, 84703 *Office Visits:* 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 (Refer also to codes in the Wellness Examinations section) *Antiretroviral Therapy Injection:* 96372 (Administration), G0012 (Administration), J0739 (Injection cabotegravir, 1 mg) *Pharmacy Supplying Fee for HIV PrEP:* **Q0521** *Counseling for PrEP to prevent HIV:* G0011, G0013 **Diagnosis Code(s):** Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Refer also to: Behavioral Counseling to Prevent Sexually Transmitted Infections; Chlamydia Infection Screening; Gonorrhea Screening; Hepatitis B Virus Infection Screening; Hepatitis C Virus Infection Screening: Human Immunodeficiency Virus Screening for Adolescents and Adults; Syphilis Screening	Requires one of the diagnosis codes listed in this row in the primary position.

Unhealthy Drug Use Screening (Adults) USPSTF Rating (June 2020): B The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years. Also see: Screening and Behavioral counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults; Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).	**Procedure Code(s):** *Alcohol or Drug Use Screening:* 99408, 99409 **Diagnosis Code(s):** Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.
Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnancy persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	**Procedure Code(s):** Medical Nutrition Therapy: 97802, 97803, 97804, G0270, G0271 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404 Behavioral Counseling or Therapy: G0447, G0473 **Diagnosis Code(s):** A **Pregnancy Diagnosis Code**	Requires one of the diagnosis codes listed in this row.
Anxiety in Children and Adolescents: Screening USPSTF Rating (Oct. 2022): B The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. Also see Anxiety Disorders in Adults Screening (USPSTF); Screening for Anxiety (HRSA), Screening for Depression in Adults (USPSTF), Perinatal Depression -Preventive Interventions (Counseling) (USPSTF), and Depression and Suicide Risk Screening (Bright Futures).	**Procedure Code(s):** 96127 **Diagnosis Code(s):** Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39	Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39
Anxiety Disorders in Adults, Screening USPSTF Rating (Oct. 2022): B	**Procedure Code(s):** 96127 **Diagnosis Code(s):**	Requires the diagnosis code listed in this row.

The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons. Refer to Screening for Anxiety (HRSA), and Screening for Anxiety in Children and Adolescents (USPSTF).	Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39	
Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication USPSTF Rating (Aug. 2023): A The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.08 mg (400 to 800 µg) of folic acid.	Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.	Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.
Screening for Osteoporosis to Prevent Fractures USPSTF Rating (Jan. 2025): B Women 65 or Older The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years or older. Postmenopausal Women Younger than 65 Years with 1 or More Risk Factors for Osteoporosis The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment.	N/A	Adults 65 years or older without known osteoporosis or history of fragility fractures. Does not apply to persons with secondary osteoporosis due to an underlying medical condition (eg, cancer, metabolic bone diseases, or hyperthyroidism) or chronic use of a medication (eg, glucocorticoids) associated with bone loss.
Pediatric Diabetes Type 1 Screening Oklahoma Senate Bill 1427 (November 2026) Effective 11/1/2026 - Allows health care providers to conduct pediatric diabetes type 1 screenings for children ages 0 – 18 (ends on 19th birthday) subject to the informed consent of the child's parent or legal guardian.	**Procedure Code(s):** Diabetes Screening 82947, 82951, 83036 Blood Draw: 36415, 36416 **Diagnosis Code(s):** Z13.1 (Screening for diabetes)	Limited to ages 0-18 years (ends on 19th birthday). Diabetes Screening: Requires Diagnosis code Z13.1. Blood Draw: Requires one of the listed Diabetes Screening procedure codes and Diagnosis Code Z13.1. **Preventive Benefit Does Not Apply**: If a Diabetes Diagnosis Code is present in any position, the preventive benefit does not apply; see the Diabetes Diagnosis Code List. Note: For SB1427, this benefit is effective 11/1/2026.

HealthChoice

Bright Futures

Service: A date in this column is when the listed rating was released, not when the benefit is effective.	**Code(s):** Services may require certification of medical necessity for coverage.	**Preventive Benefit Instructions:**
Anemia Screening in Children (Bright Futures)	**Procedure Code(s)**: *Anemia Screening in Children:* 85014, 85018 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	*Anemia Screening in Children*: Ages prenatal to 21 (ends on 22nd birthday). No frequency limit. Requires one of the diagnosis codes listed in this row. *Blood Draw*: Ages prenatal to 21 (ends on 22nd birthday). Required to be billed with 85014, 85018 **AND** one of the diagnosis codes listed in this row.
Hearing Screening/Test <u>Bright Futures (April 2017):</u> *Hearing Tests*: Recommended at ages: Newborn; Between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; Once between age 11 – 14 years; Once between age 15 – 17 years; Once between age 18 – 21 years; Also recommended for those that have a positive risk assessment. *Risk Assessment*: Recommended at ages: 4 mo., 6 mo., 9 mo., 12 mo., 15 mo., 18 mo., 24 mo., 30 mo., 3 years, 7 years, and 9 years.	**Procedure Code(s):** *Hearing Screenings:* 92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008 **Diagnosis Code(s):** Examination of Hearing - Z01.10 Routine Child - Z00.121, Z00.129 General Exam for (18-21 years): Z00.00, Z00.1 Note: A risk assessment is included in the code for a wellness examination visit; refer to the codes in the Wellness Examinations section.	Ages prenatal to 21 (ends on 22nd birthday). Limited to once per calendar year; otherwise included in the preventive wellness exam. Ages 0-90 days: Does not have diagnosis code requirements for the preventive benefit to apply. Ages 91 days to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row.
Screening for Visual Impairment in Children (Bright Futures)	Refer to preventive benefit tab Screening for Visual Impairment in Children	Refer to preventive benefit tab Screening for Visual Impairment in Children
Formal Developmental / Autism Screening <u>Bright Futures:</u> •A formal, standardized developmental screen is recommended during the 9 month visit. •A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen.*A formal, standardized autism screen is recommended during the 24 month visit. •A formal, standardized developmental screen is recommended during the 30 month visit.	**Procedure Code(s):** 96110 **Diagnosis Code(s):** Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	Ages prenatal to 2 years (ends on 3rd birthday). No frequency limit. Requires one of the diagnosis codes listed in this row.

Lead Screenings in Children Bright Futures: *Screening Lab Work:* Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo. and 24 mo. *Risk Assessment and Screening if positive*: Recommended at 6 mo., 9 mo., 12 mo., 18 mo., 24 mo., 3 years, 4 years, 5 years and 6 years.	**Procedure Code(s):** *Lead Screening:* 83655 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Z00.121, Z00.129, Z77.011	*Lead Screening:* Ages 6 months through age 6 years (ends on 7th birthday). No frequency limit. Requires one of the diagnosis codes listed in this row. *Blood Draw:* Ages 6 months through age 6 years (ends on 7th birthday). Required to be billed with 83655 **AND** one of the diagnosis codes in this row.
Tuberculosis (TB) Testing Bright Futures: For age 18 years and older, also refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults.	**Procedure Code(s):** *Screening:* 86580 *Follow-up visit to check results:* 99211 **Diagnosis Code(s):** R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7 Note: For age 18 years and older: In addition to these codes, the preventive benefit also applies to all codes listed in the USPSTF recommendation for Latent Tuberculosis Infection: Screening, Adults	Ages prenatal to 21 (ends on 22nd birthday). **Note**: For age 18 years and older, also refer to the USPSTF recommendation for Latent Tuberculosis Infection: Screening, Adults. No frequency limit. Requires one of the diagnosis codes listed in this row for code 86580. Requires diagnosis code R76.11, R76.12, or Z11.1 for code 99211.
Dyslipidemia Screening Bright Futures: (April 2014): *Risk Assessment*: Recommended at 24 mo., 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. *Screening Lab Work*: Conduct if risk assessment is positive, or, at the following intervals: once between age 9 – 11 years; once between age 17 – 21 years	**Procedure Code(s):** *Dyslipidemia Screening Lab Work:* 80061, 82465, 83718, 83719, 83721, 83722, 84478 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):** Z00.121, Z00.129, Z13.220 Note: A risk assessment is included in the code for a wellness examination visit; refer to the Wellness Examinations section.	*Dyslipidemia Screening Lab Work*: Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row. *Blood Draw:* Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the listed Dyslipidemia Screening procedure codes listed in this row **AND** one of the diagnosis codes listed in this row.
Tobacco, Alcohol or Drug Use Assessment Bright Futures: (April 2017): Bright Futures recommends tobacco, alcohol or drug use assessment from age 11 years – 21 years.	Refer to codes in the sections noted below: • Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents • Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults * Unhealthy Drug Use Screening (Adults)	Refer to codes in the sections noted below: • Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents • Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults * Unhealthy Drug Use Screening (Adults)

Behavioral/Social/Emotional Screening Bright Futures (Jul. 2022): Bright Futures recommends behavioral /social /emotional screening annually from newborn – 21 years. Also see Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression-Preventive Interventions (Counseling) (USPSTF), and Depression and Suicide Risk Screening (Bright Futures)	An assessment is included in the code for a wellness examination visit; refer to Wellness Examinations	Refer to Wellness Examinations
Depression and Suicide Risk Screening Bright Futures (July 2022): Bright Futures recommends screening adolescents age 12-21 years for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. Bright Futures: (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age. Also see Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression - Preventive Interventions (Counseling) (USPSTF).	Refer to the codes in the Depression in Adults (Screening) section.	Refer to the Depression in Children and Adolescents (Screening) section.
Sexually Transmitted Infections (STI) Bright Futures: (April 2017): Bright Futures recommends the following: *STI Risk Assessment:* Conduct risk assessment at each of the recommended visits between 11-21 years. *STI Lab Work*: Conduct if risk assessment is positive.	Refer to the codes in the Chlamydia Infection Screening and Gonorrhea Screening section.	Refer to the Chlamydia Infection Screening and Gonorrhea Screening section.
HIV Screening Bright Futures (Apr. 2023): HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years, 21 years. HIV Screening Lab Work: Conduct at least once between age 15-21 years. Also recommended anytime between ages 11-14 years, when a risk	Refer to the codes in the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section.	Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section.

assessment is positive. And after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently if at high risk.		
Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening Bright Futures (July 2022): All children should be evaluated for conditions predisposing to SCA and SCD in the course of routine health care. A thorough and detailed history, family history, and physical examination are necessary to begin assessing SCA and SCD risk. The ECG should be the first test ordered when there is a concern for SCA risk. The ECG should be interpreted by a physician trained in recognizing electrical heart disease (i.e., a pediatric cardiologist or pediatric electrophysiologist).	**Procedure Code(s):** *ECG Screening for those at Risk* 93000, 93005, 93010 **Diagnosis Code(s):** Required Screening Diagnosis Codes (requires at least one): Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 And requires one of the following Additional Diagnosis Codes (requires at least one): I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Q87.85, Q93.52, Z82.41, Z82.49, Z84.81 *Risk Assessment:* A risk assessment is included in the code for a wellness examination visit; see the codes in the Wellness Examinations row above	*ECG Screening for those at Risk:* Limited to ages 11 years to 21 years (ends on 22nd birthday). Requires one of the Screening Diagnosis Codes listed in this row and one of the Additional Diagnosis Codes listed in this row.
Hepatitis B Virus Infection Screening Bright Futures (July 2022): Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).	Refer to the codes in the Hepatitis B Virus Infection Screening row above.	Refer to the codes in the Hepatitis B Virus Infection Screening row above.

Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.
Vaccinations are additionally covered under the pharmacy benefit at 100% without having to meet the pharmacy deductible for Basic/High Option Plans or the combined pharmacy and medical deductible for High Deductible Health Plan

Category:	Code(s):	Description:	Trade Name(s): (See Note Above)	Age Group: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vacc and inactivated poliovirus vacc (DTaP-IPV), when admin to children 4 through 6 years of age, for intramusc use	Kinrix® Quadracel®	Pediatric	For applicable age see code description.
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90697	Diptheria, tetanus toxoids, acellular pertussis, inactivated polivirus vacc, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB)	Vaxelis®	Pediatric	Age 0-4 years (ends on 5th birthday)

Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vacc, Haemophilus influenza type b, and inactivated poliovirus vacc, (DTaP-IPV/Hib), for intramusc use	Pentacel®	Pediatric	Ages 0-4 years (ends on 5th birthday)
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vacc (DTaP), when admin to indiv younger than 7 years, for intramusc use	Daptacel® Infanrix®	Pediatric	For applicable age see code description.
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vacc, hepatitis B, and inactivated poliovirus vacc (DTaP-HepB-IPV), for intramusc use	Pediarix®	Pediatric	Ages 0-6 years (ends on 7th birthday)
Dengue	90587	DENGUE VACC QUADRVLNT, LIVE, 3 DOSE SCHED, FOR SUBCUT USE	Dengvaxia®	Pediatric	Ages 9-16 years (ends on 17th birthday)
Hepatitis A	90632	Hepatitis A vacc (HepA), adult DOS, for intramusc use	Havrix® VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vacc (HepA), pediatric/adolescent DOS-2 dose Sched, for intramusc use	Havrix® VAQTA®	Pediatric	For applicable age see code description.
	90636	Hepatitis A and hepatitis B vacc (HepA-HepB), adult DOS, for intramusc use	Twinrix®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib)	90647	Haemophilus influenza b vacc (Hib), PRP-OMP Conj, 3 dose Sched, for intramusc use	PedvaxHIB®	Both	For applicable age see code description.
	90648	Haemophilus influenza b vacc (Hib), PRP-T Conj, 4 dose sched, for intramusc use	ActHIB® Hiberx®	Both	For applicable age see code description.
Hepatitis B	90739	Hepatitis B vacc (HepB), CpG-adjuvanted, adult DOS, 2 dose or 4 dose Sched, for intramusc use	HEPLISAV-B®	Adult	Ages 18 years and older
	90740	Hepatitis B vacc (HepB), dialysis or immunosuppressed patient DOS, 3 dose Sched, for intramusc use	Recombivax HB®	Both	-
	90743	Hepatitis B vacc (HepB), adolescent, 2 dose Sched, for intramusc use	Recombivax HB®	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vacc (HepB), pediatric/adolescent DOS, 3 dose Sched, for intramusc use	Recombivax HB® Engerix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vacc (HepB), adult DOS, 3 dose Sched, for intramusc use	Recombivax HB® Engerix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vacc (HepB), dialysis or immunosuppressed patient DOS, 4 dose Sched, for intramusc use	Engerix-B®	Both	-

Human Papilloma Virus (HPV)	90651	Human Papillomavirus vacc types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose Sched, for intramusc use	Gardasil9®	Both	Ages 9-45 (ends on 46th birthday).
COVID-19 Vaccines	90480	IMM ADMN BY INTRAMSC INJ OF SEVR ACUT RESP SYNDR CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DIS [COVID-19]) VACC, SGL DS	Applies to all COVID-19 vaccine codes	Both	Ages 6 months and up. Refer to the COVID-19 vaccine product for applicable ages.
	90481	IMM ADMN SARSCOV2 VACCINE EACH ADDL COMP	Applies to all COVID-19 vaccine codes	Both	Ages 6 months and up. Refer to the COVID-19 vaccine product for applicable ages.
	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 intramusc use	NUVAXOVID (Novavax)	Borth	Ages 12 years and older
	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 intramusc use	NUVAXOVID (Novavax)	Pediatric	Ages 6 month through 4 years (ends on 5th birthday)
	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 intramusc use	COMIRNATY® (Pfizer)"	Pediatric	Ages 5 years through 11 years (ends on 12th birthday)
	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 intramusc use	Pfizer BioNTech COVID-19 Vaccine	Both	Ages 12 years and older

	91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramusc use	COMIRNATY (Pfizer)	Pediatric	Ages 6 month through 11 years (ends on 12th birthday)
	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramusc use	SPIKEVAX (Moderna)	Both	Ages 12 years and older
Immunization Administration Preventive when included as part of a preventive Immun.	90460	Immun admin through 18 years of age via any route of admin, with counseling by physician or other qualified health care prof; first or only component of each vacc or toxoid administered	N/A	Pediatric	For applicable age see code description.
	90461	Immun admin through 18 years of age via any route of admin, with counseling by physician or other qualified health care prof; each add'l vacc or toxoid component admin (List sept in addition to code for primary proc)	N/A	Pediatric	For applicable age see code description.
	90471	Immun admin (includes percutaneous, intradermal, SUBCUT, or intramusc injections); one vacc (single or combination vacc/toxoid)	N/A	Both	-
	90472	Immun admin (includes percutaneous, intradermal, SUBCUT, or intramusc injections); each add'l vacc (single or combination vacc/toxoid) (List sept in addition to code for prim proc)	N/A	Both	-
	90473	Immun admin by intranasal or oral route; one vacc (single or combination vacc/toxoid)	N/A	Both	-
	90474	Immun admin by intranasal or oral route; each add'l vacc (single or combination vacc/ toxoid) (List sept in addtn to code for prim. proc)	N/A	Both	-
	96380	Admin of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramusc INJ, w/counseling by phys or other qual health care prof	N/A	Pediatric	Ages 0-19 months (ends at age 20 months)
	96381	Admin of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramusc INJ	N/A	Pediatric	Ages 0-19 months (ends at age 20 months)
	G0008	Admin of Influenza Virus Vacc	N/A	Both	N/A

	G0009	Admin of pneumococcal vacc	N/A	Both	-
	G0010	Admin of hepatitis B vacc	N/A	Both	-
	0771 *(revenue code)*	Vacc admin	N/A	Both	-
Seasonal Influenza ('flu') Note: Additional new seasonal flu Immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.	90653	Influenza vacc, inactivated (IIV), subunit, adjuvant, for intramusc use	Fluad®	Adult	Ages 18 years and older
	90656	INFLUENZA VIRUS VACC SPLIT PRSRV FREE 3 YRS/> IM	AFLURIA®	Both	Ages 6 months and older
	90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM	AFLURIA®	Pediatric	Ages 6-35 months
	90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS 3/> YRS IM	AFLURIA®	Both	Ages 3 years and older
	90660	INFLUENZA VIRUS VACCINE LIVE INTRANASAL	Flumist®	Both	Ages 2-49 years (ends on 50th birthday)
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	FLUCELVAX®	Both	Ages 6 months and older
	90662	Influenza virus vacc (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramusc use	High Dose Fluzone®	Adult	Ages 18 years and older
	90664	Influenza virus vacc, live (LAIV), pandemic formulation, for intranasal use	Flumist®	Both	Ages 2-49 years (ends on 50th birthday)
	90673	INFLUENZA VIRUS VACCINE TRIVALEN RIV3 PRSR FR IM	Flublok®	Both	Ages 9 and older
	90685	Influenza virus vacc, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramusc use	Afluria® Quadrivalent Fluzone® Quadrivalent	Pediatric	Ages 6-35 months
	90689	Influenza virus vacc quadrivalent (IIV4), inactivated, adjuvanted, pres free, 0.25mL DOS, for intramusc use	-	Both	-
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vacc (MMR), live, for SUBCUT use	MMR II® Priorix®	Both	-
	90710	Measles, mumps, rubella, and varicella vacc (MMRV), live, for SUBCUT use	ProQuad®	Pediatric	Ages 1-12 years (ends on 13th birthday)
Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)	90619	Meningococcal Conj vacc, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramusc use	MenQuadfi®	Both	Ages 2 months and older.

	90620	Meningococcal recombinant protein and outer membrane vesicle vacc, serogroup B (MenB-4C), for intramusc use	Bexsero®	Both	Ages 10 years and older
	90621	Meningococcal recombinant lipoprotein vacc, serogroup B (MenB-FHbp), 2 or 3 dose Sched, for intramusc use	Trumenba®	Both	Ages 10 years and older
	90623	MENINGOCOCCAL PENTAVALENT VACC, CONJ MEN A, C, W, Y-TETANUS TOXOID CARRIER, AND MENB-EHBP, FOR INTRAMUSC USE	PENBRYA®	Both	Ages 10 years and older
	90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use (MenABCWY)	PENMENVY®	Both	Ages 10 years and older
	90734	Meningococcal conjugate vacc, serogroups A, C, W, Y, quadrivalent diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramusc use	Menveo®	Both	Ages 2 months and older
MonkeyPox	90611	SMALLPOX AND MONKEYPOX VACC ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESV FREE, 0.5 ML DOS, SUSP FOR SUBCUT USE	JYNNEOS®	Adult	Ages 18 years and older.
Pneumococcal polysaccharide (PPSV23)	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC, 23-VALENT (PPSV23), ADULT OR IMMUNO-SUPPR PT DOS, WHEN ADMIN TO INDIV 2 YRS OR OLDER, FOR SUBCUTN OR INTRAMUSC USE	Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate (PCV13, PCV15, PCV20)	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar13®	Both	N/A
	90671	PNEUMOCOCCAL CONJ VACC, 15 VALENT (PCV15), FOR INTRAMUSC USE	Vaxneuvance®	Both	Ages 6 weeks and older
	90677	PNEUMOCOCCAL CONJ VACC, 20 VALENT (PCV20), FOR INTRAMUSC USE	Prevnar 20®	Both	Ages 6 weeks and older
	90684	PNEUMOCOCAL CONJ VACC, 21 VALENT (PCV21), FOR INSTRAMUSC USE	CAPVAXIVE™	Adult	Ages 19 years and older

Polio (IPV)	90713	POLIOVIRUS VACC, INACTIVATED (IPV), FOR SUBCUT OR INTRAMUSC USE	Ipol®	Both	-
Respiratory Syncytial Virus (RSV)	90380	RESPTR SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOS, FOR INTRAMUSC USE	BEYFORTUS™	Pediatric	Ages 0-19 months (ends at age 20 months)
	90381	RESPTR SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOS, FOR INTRAMUSC USE	BEYFORTUS™	Pediatric	Ages 0-19 months (ends at age 20 months)
	90382	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.7 ML DOSAGE, FOR INTRAMUSCULAR USE	ENFLONSIA®	Pediatric	Age 0 - 11 months (ends on 1st birthday)
	90678	RESPTR SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSC USE	ABRYSVO™	Both	N/A
	90679	RESPTR SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC USE	AREXVY™	Adult	Ages 50 years and older.
	90683	RESP SYNC VIRUS VACCINE, MRNA LIPID NAN PARTICLES FOR INTRAMUSC USE	mRESVIA®	Adult	Ages 50 and older.
Rotavirus (RV1, RV5)	90680	ROTAVIRUS VACC, PENTAVALENT (RV5), 3 DOSE SCHED, LIVE, FOR ORAL USE	Rotateq®	Pediatric	Ages 0-8 months
	90681	ROTAVIRUS VACC, HUMAN, ATTENUATED (RV1), 2 DOSE SCHED, LIVE, FOR ORAL USE	Rotarix®	Pediatric	Ages 0-8 months
Tetanus and diphtheria (Td)	90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESRV FREE, WHEN ADMIN TO INDIV 7 YRS OR OLDER, FOR INTRAMUSC USE	Tenivac® TDvax™	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACC (TDAP), WHEN ADMIN TO INDIV 7 YRS OR OLDER, FOR INTRAMUSC USE	Adacel® Boostrix®	Both	For applicable age see code description.
Varicella (VAR) ('chicken pox')	90716	VARICELLA VIRUS VACC (VAR), LIVE, FOR SUBCUT USE	Varivax®	Both	-
Zoster / Shingles (HZV/ZVL, RZV)	90750	SHRINGRIX (SHINGLES) VACC (HZV), ECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC USE	Shingrix®	Adult	Age 50 years and up.

HealthChoice

Women's Preventive Health

These are the requirements of the Health Resources and Services Administration (HRSA). For additional services covered for women, refer to the Preventive Services section.

Service: A date in this column reflects when the listed rating was issued.	**Code(s):** Certain codes may not be payable in all circumstances due to other policies or guidelines; certification may be required.	**Preventive Benefit Instructions:**
Well-Woman Visits HRSA WPSI Requirement (Dec. 2021): Recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and inter-conception care, are obtained. The primary purpose of well-woman visits is the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-woman visits also include pre-pregnancy, prenatal, postpartum and interpregnancy visits. Also see Wellness Examinations and other USPSTF recommendations during pregnancy in the Preventive Care Services section.	**Procedure Code(s):** **Well-Woman Visits:** Refer to the Wellness Examinations row in the Preventive Care Services section.	**Well-Woman Visits:** Refer to the Wellness Examinations row in the Preventive Care Services section
	Prenatal Office Visits: *Evaluation and Management (Office Visits)*: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463	***Prenatal Office Visits:*** Requires a Pregnancy Diagnosis Code.
	***Pelvic Examination (add-on code)*:** 99459	*Pelvic Examination add-on code 99459*: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits.
	Prenatal Care (Antepartum) Visits: 59425, 59426	***Prenatal Care (Antepartum) Visits:*** Does not have diagnosis code requirements for the preventive benefit to apply
	Global Obstetrical Codes: 59400, 59510, 59610, 59618	***Global Obstetrical Codes:*** The routine, low-risk, prenatal visits portion of the code is covered as preventive. Does not have diagnosis code requirements for the preventive benefit to apply.
	Postpartum Care Visits (Outpatient): 59430	***Postpartum Care Visits (Outpatient):*** Does not have diagnosis code requirements for the preventive benefit to apply.
	Diagnosis Code(s): See **Pregnancy Diagnosis Codes.**	
Screening for Gestational Diabetes Mellitus HRSA Requirement (Jan. 2023): Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 48 weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant	**Procedure Code(s):** *Diabetes Screening:* 82947, 82948, 82950, 82951, 82952, 83036 *Blood Draw:* 36415, 36416 **Diagnosis Code(s):**	*Diabetes Screening:* Requires a Pregnancy Diagnosis Code (regardless of gestational week). *Blood Draw:* Requires one of the diabetes screening procedure codes listed in this row AND one of the Pregnancy Diagnosis Codes. Note: If a diabetes diagnosis code is

women with risk factors for type 2 diabtes or GDM before 2 weeks of gestation - ideally at the first prenatal visit. Also see Diabetes Screening and Gestational Diabetes Mellitus Screening sections and Screening for Diabetes Mellitus After Pregnancy section.	Refer to the Pregnancy Diagnosis Codes.	present in any position, the preventive benefit will not be applied. Refer to the Diabetes Diagnosis Code List.
Screening for Diabetes Mellitus After Pregnancy HRSA Requirement (Jan. 2023): Recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, in the first 6 months postpartum regardless of whether the test results are positive or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum. Also see Gestational Diabetes Mellitus Screening, Diabetes Screening, and Screening for Gestational Diabetes Mellitus.	**Procedure Code(s)**: *Diabetes Screening:* 82947, 82948, 82950, 82951, 82952, 83036 *Blood Draw:* 36415, 36416 **Diagnosis Code(s)**: ***Required Screening Diagnosis Codes*** *(requires at least one)*: Z00.00, Z00.01, Z13.1 **AND** requires the following additional code: ***Additional Diagnosis Code Required***: Z86.32 (personal history of gestational diabetes)	*Diabetes Screening:* Requires one of the Required Screening diagnosis codes listed in this row AND Z86.32. No age limitation. *Blood Draw:* Requires one of the Diabetes Screening procedure codes listed in this row AND one of the Required Screening diagnosis codes listed in this row AND Z86.32. Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. Refer to the Diabetes Diagnosis Code List.
Screening for Urinary Incontinence The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. HRSA Requirement (Jan. 2024) The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should address whether women experience urinary incontinence and whether it impacts their activities and quality of life. If	Refer to the Wellness Examinations row in the Preventive Care Services section.	Refer to the Wellness Examinations row in the Preventive Care Services section.

indicated, facilitating further evaluation and treatment is recommended.		
Counseling for Sexually Transmitted Infections (STIs) HRSA WPSI Requirement (Dec. 2021): Recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs). Recommends that clinicians review a woman's sexual history and risk factors to identify those at increased risk for STIs. Risk factors include, but are not limited to, age younger than 25 years, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment	Refer to the Wellness Examinations row in the Preventive Care Services section.	Refer to the Wellness Examinations row in the Preventive Care Services section.
Screening for Human Immunodeficiency Virus Infection HRSA WPSI Requirement (Dec. 2021): Recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional screening should be based on risk, and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.	*Education and Risk Assessment:* Refer to the Wellness Examinations row in the Preventive Care Services section. *Screening Tests:* Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section.	*Education and Risk Assessment:* Refer to the Wellness Examinations row in the Preventive Care Services section. *Screening Tests:* Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section.
Contraceptive Methods (Including Sterilizations) HRSA WPSI Requirement (Dec. 2021):	All services performed on the same day and billed on the claim with the sterilization procedure are covered as preventive, with the exception of other non-preventive surgeries.	

Recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the post-partum period). Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives). WPSI recommends that the full range of U.S. Food and Drug Administration approved, granted, or cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: 1) sterilization surgery for women 2) implantable rods 3) copper intrauterine devices 4) intrauterine devices with progestin (all durations and doses) 5) injectable contraceptives 6) oral contraceptives (combined pill) 7) oral contraceptives (progestin only) 8) oral contraceptives (extended or continuous use) 9) the contraceptive patch 10) vaginal contraceptive rings 11) diaphragms 12) contraceptive sponges 13) cervical caps 14) condoms 15) spermicides 16) emergency contraception (levonorgestrel) 17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA. For counseling and follow up care, refer to the Wellness Examinations row in the Preventive Care Services section.	**Code Group 1 Procedure Code(s):** *Sterilizations:* Tubal Ligation, Oviduct Occlusion: 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See Code Group 4 below for Tubal Ligation Follow-up) *Contraceptive Methods:* Diaphragm or Cervical Cap: 57170, A4261, A4266 IUD (Kyleena®): J7296 IUD (Liletta®): J7297 IUD (Miudella®): J7299 IUD (Paragard®): J7300 IUD (Skyla®): J7301 (Refer to Code Group 2 below for additional IUD codes).	**Code Group 1**: Does not have diagnosis code requirements for preventive benefits to apply.
	Code Group 2 Procedure Code(s): *Contraceptive Methods:* Implantable Devices: J7307, 11976 (capsule removal), 11981 (implant insertion), 11982 (implant removal), 11983 (removal with reinsertion) *IUDs:* J7298 (Mirena®), S4989, 58300, S4981 (insertion), 58301 (removal) (Refer to Code Group 1 above for additional IUD codes) *Injections:* J1050 (injection) 96372 (admin) **Code Group 2 Diagnosis Code(s):** *These are required for Code Group 2.* *Contraceptive Management:* Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9	**Code Group 2**: Requires one of the Code Group 2 diagnosis codes listed in this row.
	Code Group 3 Procedure Code(s): *Anesthesia for Sterilization:* 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968 *Sterilization - Laparoscopy with Removal of Adnexal Structures:* 58661	**Code Group 3**: Requires one of the Code Group 3 diagnosis code listed in this row.

	Code Group 3 Diagnosis Code(s): This code is required for all Code Group 3 Procedure Codes: *Sterilization*: Z30.2	
	Code Group 4 Procedure Code(s): *Tubal Ligation Follow-up Hysterosalpingogram: Catheterization and Introduction of Saline or Contrast Material*: 58340 *Hysterosalpingography:* 74740 *Contrast Material*: Q9967 **Code Group 4 Diagnosis Code(s):** *Tubal Ligation Status:* Z98.51	**Code Group 4:** Requires one of the Code Group 4 diagnosis code listed in this row.
	Code Group 5 Procedure Code(s): *IUD Follow-up Visit:* 99211, 99212 Pelvic Examination add-on code: 99459 Refer to Code Group 7, Related Visits section below for additional coding for Evaluation and Management (Office Visits). **Code Group 5 Diagnosis Code(s):** Encounter for routine checking of intrauterine contraceptive device: Z30.431	**Code Group 5:** Requires one of the Code Group 5 diagnosis code listed in this row. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits.
	Code Group 6 Procedure Code(s): *Impacted IUD removal: Hysteroscopy, surgical; with removal of impacted foreign body* 58562	**Code Group 6:** Requires one of the Code Group 6 diagnosis code listed in this row.
	Code Group 7 Procedure Code(s): *Related Visits: Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization:* 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 Pelvic Examination add-on code: 99459 Also see coding in the Wellness Examinations row above. *Related Pregnancy Tests:* Pregnancy Tests When Related to Contraception or Sterilization:	**Code Group 7:** Requires one of the Code Group 7 diagnosis codes listed in this row. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits.

	81025, 84702, 84703 **Code Group 7 Diagnosis Codes:** *Tubal Ligation Status:* Z98.51 *Sterilization*: Z30.2 *Contraceptive Management:* Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9	
Breastfeeding Services and Supplies HRSA WPSI Requirement (Dec. 2021): WPSI recommends comprehensive lactation support services including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services. Also refer to the codes in the Wellness Examinations row in the Preventive Care Services section.	**Counseling and Education Procedure Code(s):** 98960, 98961, 98962, 99242, 99243, 99244, 99245, S9443 Counseling and Education Diagnosis Code(s): B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2	**Counseling and Education:** Requires one of the diagnosis codes listed in this row for **98960-98962**, 99242-99245. Does not have diagnosis code requirements for preventive benefits to apply for S9443.
	Breastfeeding Equipment & Supplies Procedure Code(s): *Personal Use Electric Breast Pump*: E0603 *Breast Pump Supplies:* A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 **Diagnosis Code(s):** Pregnancy Diagnosis Codes, or Z39.1	**Breastfeeding Equipment & Supplies**: E0603 is limited to one purchase per birth. E0603 and A4281-A4287 require at least one of the diagnosis codes listed in this row.
Screening and Counseling for Interpersonal and Domestic Violence HRSA Requirement (Dec. 2024): The Women's Preventive Services Initiative recommends screening adolescent and adult women for intimate partner and domestic violence, at least annually, and, when needed, providing or referring to intervention services. Intimate partner and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction	Refer to the Wellness Examinations row in the Preventive Care Services section.	Refer to the Wellness Examinations row in the Preventive Care Services section.

strategies, and appropriate supportive services. Also see Screening for Intimate Partner Violence (USPSTF).		
Breast Cancer Screening for Average-Risk Women HRSA Requirement (Dec. 2024): The Women's Preventive Services Initiative recommends that women at average risk of breast cancer initiate mammography screening no earlier than age 40 years and no later than age 50 years. Screening mammography should occur at least biennially and as frequently as annually. Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging [e.g., magnetic resonance imaging (MRI), ultrasound, mammography] and pathology evaluation are indicated, these services also are recommended to complete the screening process for malignancies. Screening should continue through at least age 74 years, and age alone should not be the basis for discontinuing screening. Women at increased risk also should undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation. Note: Also refer to the USPSTF recommendation in the Screening Mammography row in the Preventive Care Services section above.	Refer to the Screening Mammography row in the Preventive Care Services section.	Refer to the Screening Mammography row in the Preventive Care Services section.
Screening for Cervical Cancer HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and HPV testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.	***Human Papillomavirus DNA Testing (HPV):*** **Procedure Code(s):** 0500T, 87624, 87265, G0476 **Diagnosis Code(s):** Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	***Human Papillomavirus DNA Testing (HPV)*** Limited to age 30 years and up. Requires one of the diagnosis codes listed in this row. .
	Cervical Cytology (Pap Test): **Code Group 1 Procedure Code(s):** G0101, G0123, G0124, G0141, G0143, G0144. G0145, G0147, G0148, Q0091, P3000, P3001 **Code Group 1 Diagnosis Code(s):** Does not have diagnosis code requirements for preventive benefits to apply.	***Cervical Cytology (Pap Test):*** ***Code Group 1:*** Limited to age 21-65 years (ends on 66th birthday). Does not have diagnosis code requirements for preventive benefits to apply.

	Cervical Cytology (Pap Test) **Code Group 2 Procedure Code(s):** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 **Code Group 2 Diagnosis Code(s):** Z00.00, Z00.01, Z001.411, Z01.419, Z12.4	***Cervical Cytology (Pap Test)*** ***Code Group 2:*** Limited to age 21-65 years (ends on 66th birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.
Screening for Anxiety HRSA Requirement (Dec. 2019): The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant and postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not recently been screened. Also see Anxiety Disorders in Adults Screening (USPSTF); Screening for Anxiety in Children and Adolescents (USPSTF); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression Screening (Bright Futures).	**Procedure Code(s):** 96127 **Diagnosis Code(s):** *Encounter for Screening Examination for Other Mental Health and Behavior Disorders:* Z13.39	Limited to 3 per calendar year. Requires the diagnosis code listed in this row.
Preventing Obesity in Midlife Women HRSA Requirement (Dec. 2021): WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.	See the Wellness Examinations row in the Preventive Care Services section above.	See the Wellness Examinations row in the Preventive Care Services section above.
Patient Navigation Services for Breast and Cervical Cancer Screening HRSA Requirement (Dec. 2024): The Women's Preventive Services Initiative recommends patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services. Patient	See the Wellness Examinations row in the Preventive Care Services section above.	See the Wellness Examinations row in the Preventive Care Services section above.

navigation services involve person-to-person (e.g., in-person, virtual, hybrid models) contact with the patient. Components of patient navigation services should be individualized. Services include, but are not limited to, person-centered assessment and planning, health care access and health system navigation, referrals to appropriate support services (e.g., language translation, transportation, and social services), and patient education.		

Revision Information

Revision Date	Summary of Changes
10/28/2026 *Effective* 11/01/2026	Updated list of benefits Under Preventive Services: • Pediatric Diabetes Type 1 Screening
08/28/2026 *Effective* 10/01/2026	Updated Benefit Language per USPSTF, Bright Futures and ACIP recommendations Under Preventive Services: • Vaccines (Immunizations) Updated list of applicable codes *Added codes will be shown in bold in above list. Updates may include the removal of codes.* Under Preventive Services: • Chlamydia Infection Screening • Gonorrhea Screening • Hepatitis B Virus Infection Screening • HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults • Screening for Syphilis Infection During Pregnancy • Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening • Prevention of Acquisition of HIV: Pre-exposure Prophylaxis Under Preventive Vaccines: • Seasonal Influenza Under Expanded Women's Preventive Health Contraceptive Methods (Including Sterilizations)
06/05/2026 *Effective* 07/01/2026	Updated Benefit Language per USPSTF, Bright Futures and ACIP recommendations Under Preventive Vaccines: • Seasonal Influenza (flu)
04/13/2026 *Effective* 04/01/2026	Updated Benefit Language per USPSTF, Bright Futures and ACIP recommendations Under Preventive Services: • Osteoporosis Screening Under Expanded Women's Preventive Health • Screening and Counseling for Interpersonal and Domestic Violence • Breast Cancer Screening for Women at Average-Risk Updated list of benefits Under Preventive Services: • Wellness Examinations Under Expanded Women's Preventive Health • Patient Navigation Services for Breast and Cervical Cancer Screening

	<u>Updated list of applicable codes</u> *Added codes will be shown in bold in above list. Updates may include the removal of codes.* Under Preventive Services: • Chlamydia Infection Screening • Diagnostic Mammography/Breast Imaging • Cervical Cancer Screening • Wellness Examinations • Osteoporosis Screening Under Preventive Vaccines: • Hepatitis B • COVID-19 Vaccines Under Expanded Women's Preventive Health • Contraceptive Methods • Breastfeeding Services and Supplies
11/20/2025 *Effective* 01/01/2026	<u>Updated list of applicable codes</u> *Added codes will be shown in bold in above list. Updates may include the removal of codes.* Under Preventive Vaccines: • COVID-19 Vaccines • Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)
10/10/2025 *Effective* 10/01/2025	<u>Updated Benefit Language per USPSTF, Bright Futures and ACIP recommendations</u> Under Preventive Services: • Screening for Intimate Partner Violence and Caregiver abuse of Older or Vulnerable Adults <u>Updated list of applicable codes</u> *Added codes will be shown in bold in above list. Updates may include the removal of codes.* Under Preventive Services: • Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication • Colorectal Cancer Screening • Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions Under Preventive Vaccines: • COVID-19 Vaccines • Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM) • Respiratory Synctial Virus (RSV) • Tetanus and diphtheria (Td) Under Expanded Women's Preventive Health • Contraceptive Methods • Breast Supplies and Services