

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

The Affordable Care Act requires preventive services to be covered with no cost-share. These services are 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 Administration (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 falls under one of the following situations:

1. Has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities
2. Has had the screening done within the recommended interval with the findings considered normal
3. 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 those services performed on a person who falls under one or more of the following situations:

1. Had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies
2. Had abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals
3. Had a symptom(s) that required further diagnosis
4. 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 HealthChoice customer care at 1-800-323-4314, and a member advocate will be happy to assist you.

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Preventive Services

Certain codes may not be payable in all circumstances due to other policies or guidelines; certification may be required.

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 <u>USPSTF Rating (June 2014): B</u> The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who have ever smoked.	Procedure Code(s): <i>Ultrasound Screening Study for Abdominal Aortic Aneurysm:</i> 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 <u>USPSTF Rating (July 2008): A</u> Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	Procedure Code(s): 81007, 87086, 87088 Diagnosis Code(s): Pregnancy Diagnosis Codes	Requires a Pregnancy Diagnosis Code.
Chlamydia Infection Screening <u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women 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 sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 year.	Procedure Code(s): <i>Chlamydia Infection Screening:</i> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 <i>Blood Draw:</i> 36415, 36416 Blood draw codes only apply to lab codes 86631 or 86632 Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Code OR <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.8, Z11.9, Z20.2	<i>Chlamydia Infection Screening:</i> Requires a Pregnancy Diagnosis Code OR one of the Screening diagnosis codes listed in this row. <i>Blood Draw:</i> 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 <u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	Procedure Code(s): 87590, 87591, 87592, 87801, 87850 Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes OR <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.2, Z11.3, Z11.9, Z20.2	Requires either a Pregnancy Diagnosis Code OR one of the Screening diagnosis codes listed in this row.

<p>Hepatitis B Virus Infection Screening</p> <p><i>Pregnant Women:</i> <u>USPSTF Rating (June 2009): A</u> Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p> <p><i>Persons at High Risk:</i> <u>USPSTF Rating (May 2014): B</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p>	<p>Procedure Code(s): <i>Hepatitis B Virus Infection Screening:</i> 87340, 87341, G0499</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes OR <i>Screening:</i> Z00.00, Z00.01, Z11.59, Z57.8</p>	<p><i>Blood Draw:</i> 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.</p>
<p>Hepatitis C Virus Infection Screening</p> <p><u>USPSTF Rating (June 2013): B</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.</p>	<p>Procedure Code(s): Hepatitis C Virus Infection Screening: 86803, 86804, G0472</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Hepatitis C Virus Infection Screening:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Requires one of the Hepatitis C Virus Infection Screening procedure codes listed in this row.</p>
<p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p> <p><u>USPSTF Rating (April 2013): A</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p> <p>Note: Bright Futures recommends HIV screening lab work be conducted once between ages 15– 18 years. Also recommended anytime between ages 11–14 years, and 19–21 years when a risk assessment is positive.</p>	<p>Procedure Code(s): <i>HIV (Human Immunodeficiency Virus) Screening:</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 <i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes OR <i>Screening:</i> <i>Adult:</i> Z00.00, Z00.01 <i>Child:</i> Z00.121, Z00.129, <i>Other:</i> Z11.3, Z11.4, Z11.59, Z11.9, Z20.6, Z22.6, Z22.8, Z22.9 Refer also to the expanded Women’s Preventive Health section.</p>	<p>No age limits.</p> <p><i>HIV – Human Immunodeficiency Virus – Screening:</i> Requires a Pregnancy Diagnosis Code OR one of the Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> 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</p>

<p>RH Incompatibility Screening</p> <p><u>USPSTF Rating (Feb. 2004): A</u> Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p><u>USPSTF Rating (Feb. 2004): B</u> 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.</p>	<p>Procedure Code(s): RH Incompatibility Screening: 86901</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p><i>RH Incompatibility Screening:</i> Requires a Pregnancy Diagnosis Code.</p> <p><i>Blood Draw:</i> Required to be billed with 86901 AND with a Pregnancy Diagnosis Code.</p>
<p>Syphilis Screening</p> <p><i>Non-Pregnant Adults and Adolescents at Increased Risk:</i> <u>USPSTF Rating (June 2016): A</u> The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, non-pregnant adults and adolescents who are at increased risk for syphilis infection).</p> <p><i>Pregnant Women:</i> <u>USPSTF Rating (Sept. 2018): A</u> The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>Procedure Code(s): Syphilis Screening: 86592, 86593</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy: Pregnancy Diagnosis Codes OR <i>Screening:</i> <i>Adult:</i> Z00.00, Z00.01 <i>Child:</i> Z00.121, Z00.129 <i>Other:</i> Z11.2, Z11.3, Z11.9, Z20.2</p>	<p><i>Syphilis Screening:</i> Requires a Pregnancy Diagnosis Code OR one of the Screening diagnosis code listed in this row.</p> <p><i>Blood Draw:</i> 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.</p>
<p>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</p> <p><u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer</p>	<p>Genetic Counseling and Evaluation</p> <p>Procedure Code(s): <i>Medical Genetics and Genetic Counseling Services:</i> 96040, S0265 <i>Evaluation and Management (Office Visits):</i> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p> <p>Diagnosis Code(s): Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p>	<p>Genetic Counseling and Evaluation</p> <p>May require genetic counseling before BRCA Lab Screening.</p> <p>Requires one of the Genetic Counseling and Evaluation diagnosis codes listed in this row in the primary position.</p>

<p>susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	<p>BRCA Lab Screening Procedure Code(s): 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Family History or Personal History of breast cancer and/or ovarian cancer:</i> Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p>	<p>Limited to one test per member, per lifetime.</p> <p>BRCA Lab Screening Certification requirements apply to BRCA lab screening.</p> <p><i>Blood Draw:</i> 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.</p>
<p>Diabetes Screening</p> <p><u>USPSTF Rating (Oct. 2015): B</u> The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 18+ who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p> <p>Refer also to the 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.</p> <p>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.</p> <p>For additional coverage on diabetes prevention program preventive benefits refer to the Diabetes Prevention Program section.</p>	<p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>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: Additional Diagnosis Codes (requires at least one):</p> <p><i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <i>Obesity :</i> E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <i>Essential Hypertension:</i> I10 <i>Hypertensive Heart Disease:</i> I11.0, I11.9 <i>Hypertensive Chronic Kidney Disease:</i> I12.0, I12.9 <i>Hypertensive Heart and Chronic Kidney Disease:</i> I13.0, I13.10, I13.11, I13.2 <i>Secondary Hypertension:</i> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <i>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</i> 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</p>	<p>Limited to age 40-70 years (ends on 71st birthday).</p> <p><i>Diabetes Screening:</i> Requires one of the Required Diagnosis Codes listed in this row AND one of the listed Additional Diagnosis Codes in this row.</p> <p><i>Blood Draw:</i> 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.</p> <p>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.</p>

	<p><i>Urgent/Emergency/Crisis Hypertension: I16.0, I16.1, I16.9</i></p> <p>Refer also to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy.</p>	
<p>Gestational Diabetes Mellitus Screening</p> <p><u>USPSTF Rating (Jan. 2014): B</u> The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</p>	<p>Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus codes.</p>	<p>Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus preventive benefit instructions.</p> <p>Note: This benefit applies regardless of the gestational week.</p>
<p>Screening Mammography</p> <p><u>USPSTF Rating (2002): B</u> The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.</p> <p>Refer also to the Breast Cancer Screening for Average-Risk Women recommendation in the expanded Women's Preventive Health section.</p>	<p>Procedure Code(s): 76083, 76092, 77052, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0203 and G0279</p> <p><i>Revenue Code:</i> 0403</p> <p>Diagnosis Code(s): Z12.31 - Z12.39</p>	<p>No age limits.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p>Note: This benefit only applies to screening mammography.</p>
<p>Cervical Cancer Screening</p> <p><u>USPSTF Rating (Aug. 2018): A</u> 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:</p> <ul style="list-style-type: none"> • 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). 	<p>Human Papillomavirus DNA Testing (HPV):</p> <p>Procedure Code(s): 0500T, 87624, 87625, G0476</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p>	<p>Human Papillomavirus DNA Testing (HPV):</p> <p>Requires one of the diagnosis codes listed in this row.</p>

<p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21</p>	<p>Cervical Cytology (Pap Test)</p> <p>Code Group 1 Procedure Code(s): G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p>Code Group 1 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefits to apply.</p>	<p>Cervical Cytology (Pap Test)</p> <p>Code Group 1: Limited to age 18 and older. Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p>Cervical Cytology (Pap Test)</p> <p>Code Group 2 Procedure Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>Code Group 2 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p>Cervical Cytology (Pap Test)</p> <p>Code Group 2: Limited to age 18 and older. Requires one of the Code Group 2 diagnosis codes listed in this row.</p>
<p>Cholesterol Screening (Lipid Disorders Screening)</p> <p><u>USPSTF Rating (Nov. 2016): B</u> Statin Use for the Primary Prevention of Cardiovascular Disease in Adults The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:</p> <ol style="list-style-type: none"> 1. They are aged 40 to 75 years; 2. They have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3. They have a calculated 10-year risk of a cardiovascular event of 10% or greater. <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. Notes:</p> <ul style="list-style-type: none"> · For statin medications benefits, refer to the pharmacy plan administrator. · For recommendations for children, refer to Dyslipidemia Screening (Bright Futures). 	<p>Procedure Code(s): <i>Cholesterol Screening:</i> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.220</p>	<p>Cholesterol Screening: Ages 20 and older.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> 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.</p> <p>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, E78.01, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p>

<p>Colorectal Cancer Screening</p> <p><u>USPSTF Rating (June 2016): A</u> The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.</p>	<p>Diagnosis Code(s): Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply. Code Groups 2, 3, and 4: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 Code Group 5: Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p> <p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy Procedure Code(s):</p>	<p>Age Limits for Colorectal Cancer Screenings: 50-75 years (ends on 76th birthday). Sigmoidoscopy, Colonoscopy and Fecal DNA preventive benefits are limited to one every three calendar years. FOB/FIT preventive benefit is limited to one test per calendar year.</p> <p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</p>
	<p>Code Group 1: Sigmoidoscopy: G0104, G0106 Colonoscopy: G0105, G0120, G0121, G0122 FOBT and FIT: G0328 Colonoscopy Pre-Op Consultation: S0285</p>	<p>Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p>Code Group 2: Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 FOBT and FIT 82270, 82272, 82274</p>	<p>Code Group 2: Requires one of the diagnosis codes listed for this group OR one of the procedure codes from Code Group 1, regardless of diagnosis.</p>
	<p>Code Group 3: Pathology: 88304, 88305</p> <p>Code Group 4: Anesthesia: 00812, 99152, 99153, 99156, 99157, G0500</p>	<p>Code Group 3 (Pathology) AND Code Group 4 (Anesthesia): Requires one of the diagnosis codes listed ifor for this group AND one of the procedure codes from Code Group 1 or Code Group 2.</p> <p>Code Group 3 and 4: Note: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is preventive.</p>
	<p>Code Group 5: Pre-op/Consultation: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*</p>	<p>Code Group 5: Requires one of the Code Group 5 diagnosis codes.</p>
	<p>Code Group 6: Fecal DNA: 81528</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>	<p>Code Group 6 (Fecal DNA):</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>

<p>Wellness Examinations <i>(well baby, well child, well adult)</i></p> <p><u>USPSTF Rating:</u> None HealthChoice supports AAP and AAFP age and frequency guidelines, as well as recommendations of Bright Futures.</p> <p><u>HRSA Requirements:</u> The Wellness Examinations codes include the following HRSA requirements for Women:</p> <ul style="list-style-type: none"> • Breastfeeding support and counseling • Contraceptive methods counseling and follow-up care • Domestic violence screening • Annual HIV counseling • Sexually transmitted infections counseling • Well-woman visits • Screening for urinary incontinence 	<p>Procedure Code(s):</p> <p>Preventive medicine services (evaluation and management): 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p>Medicare wellness exams: G0402, G0438, G0439</p> <p><i>STIs behavioral counseling:</i> G0445, 99412</p> <p><i>Annual gynecological exams:</i> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p><i>Preventive medicine, individual counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Preventive medicine, group counseling:</i> 99411, 99412</p> <p><i>Newborn Care (evaluation and management):</i> 99461</p> <p><i>Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT Scan):</i> G0296</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Refer also to the expanded Women’s Preventive Health section.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>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.</p> <p>G0445 and 99412 are limited to once per year.</p> <p>G0296 is limited to age 55 to 80 years (ends on 81st birthday) and is limited to once per calendar year.</p>
<p>Vaccines (Immunizations)</p> <p><u>USPSTF Rating:</u> None An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied:</p> <ol style="list-style-type: none"> 1. FDA approval; 2. Explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). <p>Implementation will typically occur within 60 days after publication in the MMWR.</p>	<p>Refer to the Preventive Vaccines (Immunizations) section</p>	<p>Refer to the Preventive Vaccines (Immunizations) section</p>

<p>Newborn Screenings All newborns</p> <p><u>USPSTF Rating (July 2008): B</u> Hearing Screening: Screening for hearing loss in all newborn infants.</p> <p><u>USPSTF Rating (March 2008): A</u> Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns.</p> <p><u>USPSTF Rating (March 2008): A</u> Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns.</p> <p><u>USPSTF Rating (Sept. 2007): A</u> Sickle Cell Screening: Screening for sickle cell disease in newborns.</p> <p>Note: For Bright Futures hearing screening, refer to the Hearing Screening/Tests (Bright Futures).</p>	<p>Procedure Code(s): <i>Hearing Screening:</i> 92551, 92558, 92585, 92586, 92587, 92588, V5008</p> <p><i>Hypothyroidism Screening:</i> 84437, 84443</p> <p><i>Blood Draws:</i> 36415, 36416</p> <p><i>Phenylketonuria Screening:</i> 84030, S3620</p> <p><i>Blood Draws:</i> 36415, 36416</p> <p><i>Sickle Cell Screening:</i> 83020, 83021, 83030, 83033, 83051, S3850</p> <p><i>Blood Draws:</i> 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Newborn Screenings:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Age 0-90 days, requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
<p>Metabolic Screening Panel (Newborns)</p>	<p>Procedure Code(s): <i>Metabolic Screening Panel:</i> 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Metabolic Screening Panel:</i> Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Age 0-90 days, requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
<p>Osteoporosis Screening</p> <p><u>USPSTF Rating (June 2018): B</u> Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p><u>USPSTF Rating (June 2018): B</u> Postmenopausal 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.</p>	<p>Procedure Code(s): 76977, 77078, 77080, 77081, G0130</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z82.62</p>	<p>Requires one of the diagnosis codes listed in this row.</p>

<p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</p> <p><u>USPSTF Rating (Nov. 2018): B</u> 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.</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p>	<p>Procedure Code(s): <i>Alcohol or Drug Use Screening:</i> 99408, 99409, H0049</p> <p><i>Annual Alcohol Screening:</i> G0442</p> <p><i>Brief Counseling for Alcohol:</i> G0443</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Limited to age 18 and older. Limited to two screenings per calendar year.</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>
<p>High Blood Pressure in Adults – Screening:</p> <p><u>USPSTF Rating (Oct. 2015): A</u> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p>Blood Pressure Measurement in a Clinical Setting:</p> <p>N/A</p>	<p>Blood Pressure Measurement in a Clinical Setting: This service is included in a preventive care wellness examination.</p>
	<p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting): Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790</p> <p>Diagnosis Code(s): Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension: R03.0</p>	<p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting): Age 18 years and up. Requires the diagnosis code listed in this row.</p>
<p>Breast Cancer: Medications for Risk Reduction</p> <p><u>USPSTF Rating (Sept. 2013): B</u> The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&M visit. Refer to pharmacy benefits for additional coverage.</p>

<p>Prostate Cancer Screening: Men <u>USPSTF Rating for Men 55 - 69 (May 2018): C</u> <u>USPSTF Rating for Men 70 and Over (May 2018): D</u> 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.</p>	<p>Procedure Code(s): 84152, 84153, 84154, G0102, G0103</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Limited to males age 40 and over. Limit of one per calendar year.</p>
<p><u>Metabolic Screening Panel</u> (Adults)</p>	<p>Procedure Code(s): 80050, 80053</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Limited to age 20 and over. Limit of one per calendar year.</p>
<p>Primary Care Interventions to Promote Breastfeeding <u>USPSTF Rating (Oct. 2016): B</u> The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p>	<p>N/A</p> <p>Refer to the expanded Women’s Preventive Health section for additional benefits.</p>	<p>Included in primary care or OB/GYN office visits</p>

<p>Screening for Depression in Adults</p> <p><u>USPSTF Rating (Jan. 2016): B</u> Recommendation: The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p>Procedure Code(s): 96127, G0444</p> <p>Diagnosis Code(s): Required for 96127 Only: <i>Encounter for screening for depression: Z13.31, Z13.32</i></p>	<p>Requires one of the diagnosis code listed in this row, for 96127.</p> <p>The diagnosis codes listed in this row are not required, for G0444.</p>
<p>Depression in Children and Adolescents (Screening)</p> <p><u>USPSTF Rating (Feb. 2016): B</u> The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12 through 21 years.</p>	<p>Procedure Code(s): 96127, G0444</p> <p>Diagnosis Code(s): Required for 96127 Only: <i>Encounter for screening for depression: Z13.31, Z13.32</i></p>	<p>Requires one of the diagnosis codes listed in this row, for 96127.</p> <p>The diagnosis codes listed in this row are not required for G0444.</p>

<p>Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</p> <p><u>USPSTF Rating (Aug. 2014): B</u> The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy or Counseling:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> 0403T, G0446, G0447, G0473</p> <p>Diagnosis Code(s): <i>Screening:</i> Z13.220</p> <p><i>History:</i> F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49</p> <p><i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p><i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Impaired Fasting Glucose:</i> R73.01</p> <p><i>Metabolic Syndrome:</i> E88.81</p> <p><i>Hyperlipidemia / Dyslipidemia:</i> E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p><i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Essential Hypertension:</i> I10</p> <p><i>Secondary Hypertension:</i> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p><i>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</i> O10.011, O10.012, O10.013, O10.019, O1002-O2003, 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</p>	<p>Requires one of the diagnosis codes listed in this row for 0403T, 97802-97804, 99401-99404, G0270, G0271, and S9470.</p> <p>The diagnosis code listed in this row are not required for G0446, G0447, and G0473.</p> <p>G0446 is limited to once per year.</p>
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	<p><i>Urgent/Emergency/Crisis Hypertension:</i> I16.0, I16.1, I16.9</p> <p><i>Diabetes:</i> Diabetes Diagnosis Code List</p> <p><i>Atherosclerosis:</i> Atherosclerosis Diagnosis Code List <i>Coronary</i></p> <p><i>Atherosclerosis:</i> I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812</p>	
<p>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</p> <p><u>USPSTF Rating (Sept. 2018): B</u> 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.</p>	<p>Procedure Code(s): Medical Nutrition Therapy: 97802, 97803, 97804</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Behavioral Counseling or Therapy: G0446, G0447, G0473</p> <p>Diagnosis Code(s): <i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><i>Body Mass Index 40.0 and over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p>G0446 is limited to once per year.</p> <p>Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.</p> <p>The diagnosis codes listed in this row are not required for G0446, G0447 and G0473.</p>

<p>Screening for Obesity in Children and Adolescents</p> <p><u>USPSTF Rating (June 2017): B</u> The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Behavioral Counseling or Therapy: G0446, G0447, G0473</p> <p>Refer also to the codes in the Wellness Examinations section.</p> <p>Diagnosis Code(s): <i>Obesity:</i> E66.01, E66.09, E66.1, E66.2, E66.8, E66.9</p>	<p>G0446 is limited to once per year.</p> <p>Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.</p> <p>The diagnosis codes listed in this row are not required for G0446, G0447, and G0473.</p>
<p>Behavioral Counseling to Prevent Sexually Transmitted Infections</p> <p><u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p>	<p>Procedure Code(s): 99401, 99402, 99403, 99404, G0445</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>G0445 is limited to twice per year.</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p>Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions</p> <p><u>USPSTF Rating (Sept. 2015): A</u> The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p>	<p>Procedure Code(s): <i>Behavioral Interventions:</i> 99406, 99407 99401, 99402, 99403, 99404</p> <p>Refer also to the codes in the Wellness Examinations section.</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>

<p>Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents</p> <p><u>USPSTF Rating (Aug. 2013): B</u> 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.</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends tobacco use assessments from age 11 years – 21 years.</p>	<p>Procedure Code(s): <i>Smoking and Tobacco Use Cessation Counseling Visit:</i> 99406, 99407</p> <p>Refer also to the Wellness Examinations section.</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p>Screening for Visual Impairment in Children</p> <p><u>USPSTF Rating (Sept. 2017): B</u> The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p> <p><u>Bright Futures:</u> Instrument-based screening recommended for:</p> <ul style="list-style-type: none"> • Age 1–5 years: if the screening is available. • Age 6 years and up: if unable to test visual acuity monocularly with age appropriate optotypes. 	<p>Procedure Code(s): Visual Acuity Screening (e.g., Snellen chart): 99173</p> <p>Instrument-Based Screening: 99174, 99177</p> <p>Diagnosis Code(s): Refer to the Preventive Benefit Instructions.</p>	<p>Visual Acuity Screening (99173): Up to age 21 years (ends on 22nd birthday). Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>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.</p> <p>Omnibus Codes Policy: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf</p>
<p>Behavioral Counseling to Prevent Skin Cancer</p> <p><u>USPSTF Rating (March 2018): B</u> The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for person’s ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&M visit.</p>

<p>Prevention of Falls in Community-Dwelling Older Adults</p> <p><u>USPSTF Rating (April 2018): B</u> The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&M visit.</p>
<p>Screening for Intimate Partner Violence</p> <p>USPSTF Rating (Oct. 2018): B The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> <p>Refer also to Screening and Counseling for Interpersonal and Domestic Violence in the expanded Women's Preventive Health section.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination.</p>
<p>Screening for Lung Cancer with Low-Dose Computed Tomography</p> <p><u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adult's ages 55 to 80 years who have a 30 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.</p>	<p>Procedure Code(s): S8032, S8092, G0297</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Codes for Reporting Purposes: G9275, G9276, G9458, G9459, G9460</p> <p>Note: Codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	<p>Limited to one per calendar year. Limited to age 55 to 80 years (ends on 81st birthday).</p>
<p>Fluoride Application in Primary Care</p> <p><u>USPSTF Rating (May 2014): B</u> 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 age of primary tooth eruption.</p> <p><u>Bright Futures (April 2017):</u> 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.</p>	<p>Procedure Code(s): <i>Application of Topical Fluoride by Physician or Other Qualified Health Care Professional: 99188</i></p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age 0-5 years (ends on 6th birthday). Does not have diagnosis code requirements for the preventive benefit to apply.</p>

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<p>Latent Tuberculosis Infection: Screening, Adults and Children</p> <p><u>USPSTF Rating (Sept. 2016): B</u> The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.</p>	<p>Procedure Code(s): <i>Screening:</i> 86480, 86481, 86580</p> <p><i>Follow-up Visit to Check Results:</i> 99211</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z20.1</p> <p>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</p>	<p><i>Screening:</i> Ages 18 years and up.</p> <p>Requires one of the diagnosis codes listed in this row for CPT code 86480, 86481, and 86580.</p> <p><i>Followup Visit to Check Results (99211):</i> CPT code 99211 requires diagnosis code R76.11 or R76.12.</p> <p><i>Blood Draw:</i> Ages 18 years and up. Required to be billed with 86480 or 86481 AND one of the diagnosis codes listed in this row.</p>
<p>Preeclampsia Screening</p> <p><u>USPSTF Rating (April 2017): B</u> The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>	<p>Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit. Refer to the following code groups in the expanded Women's Preventive Health section:</p> <ul style="list-style-type: none"> • Prenatal Office Visits • Prenatal Care Visits • Global Obstetrical Codes 	<p>See the following code groups in the expanded Women's Preventive Health section:</p> <ul style="list-style-type: none"> • Prenatal Office Visits • Prenatal Care Visits • Global Obstetrical Codes

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<p>Service: A date in this column is when the listed rating was released, not when the benefit is effective.</p>	<p>Code(s): Services may require certification of medical necessity for coverage.</p>	<p>Preventive Benefit Instructions:</p>
<p>Anemia Screening in Children (Bright Futures)</p>	<p>Procedure Code(s): <i>Anemia Screening in Children:</i> 85014, 85018, 85025, 85027</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p><i>Anemia Screening in Children:</i> Ages prenatal to 21 (ends on 22nd birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages prenatal to 21 (ends on 22nd birthday).</p> <p>Required to be billed with 85014, 85018, 85025, or 85027 AND one of the diagnosis codes listed in this row.</p>

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<p>Hearing Screening/Test</p> <p><u>Bright Futures (April 2017):</u> <i>Hearing Tests:</i> 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.</p> <p><i>Risk Assessment:</i> 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.</p>	<p>Procedure Code(s): <i>Hearing Screenings:</i> 92551, 92552, 92567</p> <p>Diagnosis Code(s): Z00.121, Z00.129</p> <p>Note: A risk assessment is included in the code for a wellness examination visit; refer to the codes in the Wellness Examinations section.</p>	<p>Ages prenatal to 21 (ends on 22nd birthday).</p> <p>Limited to once per calendar year; otherwise included in the preventive wellness exam.</p> <p>Requires one of the diagnosis codes listed in this row.</p>
<p>Screening for Visual Impairment in Children (Bright Futures)</p>	<p>Refer to preventive benefit tab Screening for Visual Impairment in Children</p>	<p>Refer to preventive benefit tab Screening for Visual Impairment in Children</p>
<p>Formal Developmental / Autism Screening</p> <p><u>Bright Futures:</u></p> <ul style="list-style-type: none"> • 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. 	<p>Procedure Code(s): 96110</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49</p>	<p>Ages prenatal to 2 years (ends on 3rd birthday).</p> <p>No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p>
<p>Lead Screenings in Children</p> <p><u>Bright Futures:</u> <i>Screening Lab Work:</i> Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo. and 24 mo.</p> <p><i>Risk Assessment, and Screening if positive:</i> Recommended at 6 mo., 9 mo., 12 mo., 18 mo., 24 mo., 3 years, 4 years, 5 years and 6 years.</p>	<p>Procedure Code(s): <i>Lead Screening:</i> 83655</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z77.011</p>	<p><i>Lead Screening:</i> Ages 6 months through age 6 years (ends on 7th birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 6 months through age 6 years (ends on 7th birthday).</p> <p>Required to be billed with 83655 AND one of the diagnosis codes in this row.</p>

<p>Tuberculosis (TB) Testing</p> <p><u>Bright Futures</u> For age 18 years and older, also refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults.</p>	<p>Procedure Code(s): <i>Screening:</i> 86580</p> <p><i>Follow-up visit to check results:</i> 99211</p> <p>Diagnosis Code(s): R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1</p> <p>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</p>	<p>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.</p> <p>No frequency limit.</p> <p>CPT code 86580 requires one of the diagnosis codes listed in this row.</p> <p>CPT code 99211 requires diagnosis code R76.11, R76.12, or Z11.1.</p>
<p>Dyslipidemia Screening</p> <p><u>Bright Futures (April 2014):</u> <i>Risk Assessment:</i> Recommended at 24 mo., 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.</p> <p><i>Screening Lab Work:</i> Conduct if risk assessment is positive, or, at the following intervals: once between age 9 – 11 years; once between age 17 – 21 years</p>	<p>Procedure Code(s): <i>Dyslipidemia Screening Lab Work:</i> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z13.220</p> <p>Note: A risk assessment is included in the code for a wellness examination visit; refer to the Wellness Examinations section.</p>	<p><i>Dyslipidemia Screening Lab Work:</i> Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 24 months to 21 years (ends on 22nd birthday).</p> <p>Requires one of the listed Dyslipidemia Screening procedure codes listed in this row AND one of the diagnosis codes listed in this row.</p>
<p>Tobacco, Alcohol or Drug Use Assessment</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends tobacco, alcohol or drug use assessment from age 11 years – 21 years.</p>	<p>Refer to codes in the sections noted below:</p> <ul style="list-style-type: none"> • 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 	<p>Refer to codes in the sections noted below:</p> <ul style="list-style-type: none"> • 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
<p>Psychosocial / Behavioral Assessment</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends physicians conduct psychosocial / behavioral assessment at each of the recommended visits between newborn – 21 years.</p>	<p>An assessment is included in the code for a wellness examination visit; refer to Wellness Examinations</p>	<p>Refer to Wellness Examinations</p>
<p>Depression Screening</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends depression screening at each of the recommended visits.</p>	<p>Refer to the codes in the Depression in Adults (Screening) section.</p>	<p>Refer to the Depression in Children and Adolescents (Screening) section.</p>
<p>Sexually Transmitted Infections (STI)</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends the following: <i>STI Risk Assessment:</i> Conduct risk assessment at each of the recommended visits between 11 years – 21 years.</p> <p><i>STI Lab Work:</i> Conduct if risk assessment is positive.</p>	<p>Refer to the codes in the Chlamydia Infection Screening and Gonorrhea Screening section.</p>	<p>Refer to the Chlamydia Infection Screening and Gonorrhea Screening section.</p>

<p>HIV Screening</p> <p>Bright Futures (April 2017): <i>HIV Risk Assessment:</i> Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years and 21 years. <i>HIV Screening Lab Work:</i> Conduct once between ages 15-18 years. Also recommended anytime between ages 11-14 years, and 19-21 years when a risk assessment is positive.</p>	<p>Refer to the codes in the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section.</p>	<p>Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section.</p>
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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)
Anthrax	90581	ANTHRAX VACCINE FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	Anthrax Vaccine Adsorbed (AVA) or BioThrax™	Adult	-
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age , for intramuscular use	Kinrix® Quadracel®	Pediatric	For applicable age see code description.
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	Pediatric	-
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years , for intramuscular use	Daptacel® Infanrix®	Pediatric	For applicable age see code description.
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years , for intramuscular use	N/A	Pediatric	For applicable age see code description.

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Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Havrix®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage -2 dose schedule, for intramuscular use	VAQTA®	Pediatric	For applicable age see code description.
	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage -3 dose schedule, for intramuscular use	Havrix®	Pediatric	For applicable age see code description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage , for intramuscular use	VAQTA®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib)	90647	Haemophilus influenza b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	Both	For applicable age see code description.
	90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	ActHIB®	Both	For applicable age see code description.
Hepatitis B	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	HEPLISAV-B®	Adult	-
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	Both	-
	90743	Hepatitis B vaccine (HepB), adolescent , 2 dose schedule, for intramuscular use	Recombivax HB®	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage , 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), adult dosage , 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Adult	For applicable age see code description.

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	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	Engerix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	N/A	Both	-
Human Papilloma Virus (HPV)	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	N/A	Both	Benefit Limit: Ages 9-26 (ends on 27th birthday).
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil-9®	Both	Benefit Limit: Ages 9-26 (ends on 27th birthday).
Immunization Administration Preventive when included as part of a preventive immunization.	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	N/A	Pediatric	For applicable age see code description.
	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	N/A	Pediatric	For applicable age see code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	N/A	Both	-
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	N/A	Both	-
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	N/A	Both	-

	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	N/A	Both	-
	G0008	Administration of influenza virus vaccine	N/A	Both	-
	G0009	Administration of pneumococcal vaccine	N/A	Both	-
	G0010	Administration of hepatitis B vaccine	N/A	Both	-
	0771 (revenue code)	Vaccine administration	N/A	Both	-
Influenza ('flu') Seasonal 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.	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone® Intradermal Quadrivalent	Both	-
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvant, for intramuscular use	Fluad®	Both	-
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone® Intradermal Trivalent	Adult	-
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone® No Preservative Pediatric	Pediatric	-
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria®	Both	-
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	Pediatric	-
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	Both	-
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	Both	-
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	Adult	-

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90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	High Dose Fluzone®	Adult	-
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Flumist®	Both	-
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	N/A	Both	-
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvant, for intramuscular use	N/A	Both	-
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	N/A	Both	-
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	Both	-
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	Adult	-
90674	Influenza virus vaccine, quadrivalent (cIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	Both	-
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok Quadrivalent®	Adult	-
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Fluzone Quadrivalent®	Pediatric	-

	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent Fluarix® FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	-
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Fluzone Quadrivalent®	Pediatric	-
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	-
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	-	Both	-
	90756	Influenza virus vaccine, quadrivalent (cIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax Quadrivalent® (non-preservative free)	Both	-
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu®	Adult	-
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (AFLURIA)	Afluria®	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (FLULAVAL)	Flulaval®	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (Fluzone)	Fluzone®	Both	For applicable age see code description.
	Q2039	Influenza virus vaccine, not otherwise specified	N/A	Both	-
Japanese Encephalitis	90738	JAPANESE ENCEPHALITIS VIRUS VACCINE INACTIVATED FOR INTRAMUSCULAR USE	JE-VAX®	Both	Patients age 1 year old and above

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Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II®	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	Pediatric	-
Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	Both	-
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	Both	-
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age , for intramuscular use	MenHibrix®	Pediatric	-
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	Menactra®	Both	For applicable age see code description.
Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13® (PCV13)	Both	-
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol®	Both	-
Rabies	90675	RABIES VACCINE FOR INTRAMUSCULAR USE	Imovax Rabies or Rabavert	Both	-
	90676	RABIES VACCINE FOR INTRADERMAL USE	HDCV and rabies vaccine human diploid cell culture	Both	-

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Rotavirus (RV1, RV5)	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Rotateq®	Pediatric	-
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	Pediatric	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older , for intramuscular use	Tenivac® Decavac®	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older , for intramuscular use	Adacel® Boostrix®	Both	For applicable age see code description.
Typhoid	90690	TYPHOID VACCINE LIVE ORAL	Vivotif®	Both	Patients age 6 years old and above
	90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE (VICPS) FOR INTRAMUSCULAR USE	TYPHIM VI®	Both	-
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	Both	-
Yellow Fever	90717	YELLOW FEVER VACCINE LIVE FOR SUBCUTANEOUS USE	YF-VAX®	Both	Patients age 9 months and older
Zoster / Shingles (HZV/ZVL, RZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Zostavax®	Adult	Benefit Limit: Age 60 years and up.
	90750	Shingrix (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	Shingrix®	Adult	Benefit Limit: Age 50 years and up.

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. Certain codes may not be payable in all circumstances due to other policies or guidelines; certification may be required.

Service: A date in this column reflects when the listed rating was issued.	Code(s):	Preventive Benefit Instructions:
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<p>Well-Woman Visits</p> <p>HRSA Requirement (Dec. 2016): Recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services including preconception, and many services necessary for prenatal and interconnection care are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. Also see Wellness Examinations and Preeclampsia Screening in the Preventive Care Services section.</p>	<p>Procedure Code(s):</p> <p>Well-Woman Visits: Refer to the Wellness Examinations row in the Preventive Care Services section.</p>	<p>Well-Woman Visits: Refer to the Wellness Examinations row in the Preventive Care Services section</p>
	<p>Prenatal Office Visits: <i>Evaluation and Management (Office Visits):</i> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99078, G0463</p> <p>Physician Prenatal Education, Group Setting: 99078</p>	<p>Prenatal Office Visits: Requires a Pregnancy Diagnosis Code.</p>
	<p>Prenatal Care Visits: 59425, 59426</p>	<p>Prenatal Care Visits: Does not have diagnosis code requirements for the preventive benefit to apply</p>
	<p>Global Obstetrical Codes: 59400, 59510, 59610, 59618</p>	<p>Global Obstetrical Codes: The routine, low-risk, prenatal visits portion of the code is covered as preventive.</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>
	<p>Diagnosis Code(s): See the Pregnancy Diagnosis Codes.</p>	
<p>Screening for Gestational Diabetes Mellitus</p> <p>HRSA Requirement (Dec. 2016): Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. This recommendation also suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.</p> <p>Also see the Diabetes Screening and Gestational Diabetes Mellitus Screening sections of the Preventive Care Services section, and the Screening for Diabetes Mellitus After Pregnancy section.</p>	<p>Procedure Code(s): Diabetes Screening: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Refer to the Pregnancy Diagnosis Codes.</p>	<p>Diabetes Screening: Requires a Pregnancy Diagnosis Code (regardless of gestational week).</p> <p>Blood Draw: Requires one of the diabetes screening procedure codes listed in this row AND one of the Pregnancy Diagnosis Codes.</p> <p>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.</p>

<p>Screening for Diabetes Mellitus After Pregnancy</p> <p><u>HRSA Requirement (Dec. 2017)</u> The Women’s Preventive Services Initiative recommends 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 mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.</p> <p>Also refer to Gestational Diabetes Mellitus Screening and Diabetes Screening in the Preventive Care Services section, and the Screening for Gestational Diabetes Mellitus section.</p>	<p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 92952, 93036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Required Screening Diagnosis Codes (requires at least one):</i> Z00.00, Z00.01, Z13.1 AND requires the following additional code: <i>Additional Diagnosis Code Required:</i> Z86.32 (personal history of gestational diabetes)</p>	<p>Diabetes Screening: Requires one of the Required Screening diagnosis codes listed in this row AND Z86.32.</p> <p>No age limit.</p> <p>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.</p> <p>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.</p>
<p>Screening for Urinary Incontinence</p> <p>The Women’s Preventive Services Initiative recommends screening women for urinary incontinence annually.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>
<p>Counseling for Sexually Transmitted Infections (STIs)</p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. This recommendation further recommends that health care providers use a woman’s sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent 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 judgement.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>

<p>Education, Risk Assessment, and Screening for Human Immunodeficiency Virus Infection</p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p>	<p>Education and Risk Assessment: Refer to the Wellness Examinations row in the Preventive Care Services section.</p> <p>Screening Tests: Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section.</p>	<p>Education and Risk Assessment: Refer to the Wellness Examinations row in the Preventive Care Services section.</p> <p>Screening Tests: Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section.</p>
<p>Contraceptive Methods (Including Sterilizations)</p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The Women’s Preventive Services Initiative recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning practices, and sterilization procedures be available as part of contraceptive care. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less</p>	<p>Code Group 1 Procedure Code(s): Sterilizations: Tubal Ligation, Oviduct Occlusion: 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 (Refer to Code Group 4 below for Tubal Ligation Follow-up)</p> <p>Contraceptive Methods: Diaphragm or Cervical Cap: 57170, A4261, A4266 IUD (copper): J7300 IUD (Skyla®): J7301 IUD (Liletta®): J7297 IUD (Kyleena®): J7296 (Refer to Code Group 2 below for additional IUD codes).</p>	<p>Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p>

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<p>effective, should be provided for women desiring an alternative method.</p> <p>For counseling and follow up care, refer to the Wellness Examinations row in the Preventive Care Services section.</p>	<p>Code Group 2 Procedure Code(s): Contraceptive Methods: Implantable Devices: J7306, J7307, 11976 (capsule removal), 11981 (implant insertion), 11982 (implant removal), 11983 (removal with reinsertion)</p> <p>IUDs: J7298 (Mirena®), S4989, 58300, S4981 (insertion), 58301 (removal) (Refer to Code Group 1 above for additional IUD codes)</p> <p>Injections: J1050 (injection) 96372 (administration)</p> <p>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, Z30.2, Z98.51, Z30.431</p>	<p>Code Group 2: Requires one of the Code Group 2 diagnosis codes listed in this row.</p>
	<p>Code Group 3 Procedure Code(s): <i>Anesthesia for Sterilization:</i> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Code Group 3 Diagnosis Code(s): <i>Sterilization:</i> Z30.2</p>	<p>Code Group 3: Requires one of the Code Group 3 diagnosis code listed in this row.</p>
	<p>Code Group 4 Procedure Code(s): Tubal Ligation Follow-up Hysterosalpingogram: <i>Catheterization and Introduction of Saline or Contrast Material:</i> 58340 <i>Hysterosalpingography:</i> 74740 <i>Contrast Material:</i> Q9967</p> <p>Code Group 4 Diagnosis Code(s): <i>Tubal Ligation Status:</i> Z98.51</p>	<p>Code Group 4: Requires one of the Code Group 4 diagnosis code listed in this row.</p>
	<p>Code Group 5 Procedure Code(s): <i>IUD Follow-up Visit:</i> 99211, 99212</p> <p>Code Group 5 Diagnosis Code(s): Z30.431</p>	<p>Code Group 5: Requires one of the Code Group 5 diagnosis code listed in this row.</p>

<p>Breastfeeding Services and Supplies</p> <p>HRSA Requirement (Dec. 2016): Recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.</p>	<p>Counseling and Education Procedure Code(s): 99241*, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385, 99386; 99395-99396, S9443.</p> <p>Also refer to the codes in the Wellness Examinations row in the Preventive Care Services section.</p> <p>Counseling and Education Diagnosis Code(s): Z39.1</p>	<p>Counseling and Education: Diagnosis code Z39.1 is required for 99241-99245, 99341-99345, and 99347-99350.</p> <p>Diagnosis code Z39.1 is not required for S9443.</p>
	<p>Breastfeeding Equipment & Supplies Procedure Code(s): <i>Personal Use Electric Breast Pump:</i> E0602, E0603, E0604</p> <p><i>Breast Pump Supplies:</i> A4281, A4282, A4283, A4284, A4285, A4286</p>	<p>Breastfeeding Equipment & Supplies: E0602, E0603, E0603 is limited to one purchase per birth. Allowed as early as the beginning of the 3rd Trimester and no later than 6 months following delivery.</p> <p>A4281-A4286 are allowed as early as the beginning 3rd Trimester and no later than 24 months following delivery.</p>
<p>Screening and Counseling for Interpersonal and Domestic Violence</p> <p>HRSA Requirement (Dec. 2016): Recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal 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 strategies, and referral to appropriate supportive services. Also refer to the Screening for Intimate Partner Violence row in the Preventive Care Services section.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>	<p>Refer to the Wellness Examinations row in the Preventive Care Services section.</p>

<p>Breast Cancer Screening for Average-Risk Women</p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.</p>	<p>Refer to the Screening Mammography row in the Preventive Care Services section.</p>	<p>Refer to the Screening Mammography row in the Preventive Care Services section.</p>
<p>Screening for Cervical Cancer</p> <p><u>HRSA Requirement (Dec. 2016):</u> 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 human papillomavirus 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.</p>	<p>Human Papillomavirus DNA Testing (HPV) Refer to the Cervical Cancer Screening row in the Preventive Care Services section.</p>	<p>Human Papillomavirus DNA Testing (HPV) Refer to the Cervical Cancer Screening row in the Preventive Care Services section.</p>
	<p>Cervical Cytology (Pap Test): Refer to the Cervical Cancer Screening row in the Preventive Care Services section.</p>	<p>Cervical Cytology (Pap Test): Refer to the Cervical Cancer Screening row in the Preventive Care Services section.</p>

Diabetes Prevention Program

CPT Code	Description
Core Sessions - Months 1 - 6	
G9873	First DPP core session was attended by eligible participant
G9874	Four DPP core sessions were attended by eligible participant
G9875	Nine totals DPP core sessions were attended by an eligible participant
Core Sessions - Months 7 - 12	
G9876	Two DPP core maintenance sessions were attended in months 7 - 9. Eligible participant DID NOT achieve at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7 - 9.
G9877	Two DPP core maintenance sessions were attended in months 10 - 12. Eligible participant DID NOT achieve at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10 - 12.
G9878	Two DPP core maintenance sessions were attended in months 7 - 9. Eligible participant DID achieve at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7 - 9.

G9879	Two DPP core maintenance sessions were attended in months 10 - 12. Eligible participant DID achieve at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10 - 12.
Ongoing Maintenance Sessions Year Two	
G9882	Two DPP ongoing maintenance sessions were attended in months 13 - 15. Eligible participant maintained at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 13 - 15.
G9883	Two DPP ongoing maintenance sessions were attended in months 16 - 18. Eligible participant maintained at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 16 - 18.
G9884	Two DPP ongoing maintenance sessions were attended in months 19 - 21. Eligible participant maintained at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 19 - 21.
G9885	Two DPP ongoing maintenance sessions were attended in months 16 - 18. Eligible participant maintained at least 5% weight loss from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 22 - 24.
Additional Codes	
G9880	The eligible participant achieved at least 5% weight loss from his / her baseline weight in months 1 - 12 of the DPP services period. This is a one time payment available when an eligible participant first achieves 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.
G9881	The eligible participant achieved at least 9% weight loss from his / her baseline weight in months 1 - 24 of the DPP services period. This is a one time payment available when an eligible participant first achieves 9% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.
G9890	Bridge Payment: A one-time payment for the first DPP core session, core maintenance session, or ongoing maintenance session furnished by a DPP network provider to an eligible participant during months 1 - 24. This occurs when an eligible participant has previously received his / her first core session from a different network provider. A network provider may only receive one bridge payment per eligible member.
G9891	DPP session reported as a line-item on a claim for DPP services. This is a non-payable code for reporting services of sessions furnished to DPP eligible participants.