

## ACA preventive care coding guidelines

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### Introduction

As part of our commitment to deliver holistic member-centered care, Anthem acknowledges the paramount importance of preventive care services in reducing the burden of illness and augmenting the overall health of our community. By equipping healthcare providers with the knowledge and tools to administer evidence-based preventive services, we hope to underscore the pivotal role of preventive services such as screenings, behavioral counseling, and preventive medications in safeguarding the health and well-being of our members. As required by the Affordable Care Act (ACA), Anthem provides coverage of all recommended services outlined below under the preventive care services benefit.

### Key provisions

#### Recommended services

Anthem adheres to the preventive service recommendations provided by the following:

- United States Preventive Services Task Force (USPSTF) recommendations that have a rating of A or B
- Immunizations that are recommended and determined to be for routine use by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention
- Health Resources and Services Administration (HRSA) guidelines with respect to infants, children, and adolescents recommended by the Bright Futures Project
- HRSA guidelines with respect to women recommended by the Women's Preventive Services Initiative (WPSI)

These recommendations encompass a comprehensive array of screenings, vaccinations, counseling, and preventive medications to address various health risks and conditions.

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## **Cost-share waiver for in-network providers**

Members who receive preventive services from an in-network healthcare provider are eligible for a cost-sharing waiver. This waiver includes the waiver of copays, deductibles, and coinsurance for eligible preventive services. Thus, these services will be provided without cost to members when provided by a network provider.

**Note:** All routine immunizations deemed medically necessary and recommended by the American Academy of Pediatrics and the American Academy of Family Physicians will be provided at no cost.

## **Grandfathered plans**

Anthem acknowledges the existence of “grandfathered” health plans, which are those in existence on or before March 23, 2010. While these plans may have specific exemptions, Anthem endeavors to align the provision of preventive services under these plans with the standards outlined in this policy, to the extent allowed.

## **Preventive service definition**

Services encompassing screenings, vaccinations, counseling, and interventions intended to prevent or detect health issues at an early stage. Preventive services are, by definition, services provided to asymptomatic persons and are not diagnostic procedures to determine the nature and origin of existing health concerns, resulting in a specific diagnosis to guide treatment decisions.

## **Vaccinations**

Vaccinations shall be administered in accordance with the vaccination schedule recommended and determined to be for routine use by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. ACIP guidelines should be followed in regard to age groups and populations for the vaccine to be considered preventive.

## **Breastfeeding equipment and supplies**

The following breastfeeding equipment is considered preventive when purchased from an in-network Home Medical Equipment supplier:

- One personal-use electric breast pump per pregnancy.
- Replacement breast pump supplies necessary for the personal-use electric breast pump to operate, including: standard power adaptor, tubing adaptors, tubing, locking rings, bottles specific to breast pump operation, caps for bottles that are specific to the breast pump, valves, filters, and breast shield and/or splash protector for use with the breast pump.
- Replacement parts are provided at no cost as needed.

A breast pump purchase includes the necessary supplies for the pump to operate. Thus, replacement supplies are not allowed with the original purchase of the breast pump, as they are included in the purchase of the pump.

## Limitations and exclusions

Certain services, despite falling under the broader category of healthcare, are not considered preventive services under this policy. These services include, but are not limited to:

- Prescription drugs covered under the member's prescription drug benefit plan. Please refer to the pharmacy benefit plan for further information on prescription drugs covered as preventive.
- Services deemed diagnostic in nature, as previously defined.
- Vaccination services:
  - Vaccines are only considered preventive when used in compliance with FDA labeling as a preventive vaccine.
  - Services obtained for non-medical reasons are not considered preventive. These include, but are not limited to:
    - Travel requirements
    - Employment, school or educational, marriage or adoption, court or judicial, and sports or camp-mandated services
    - Medical research
    - Maintenance of a license
- Investigational, experimental, unproven, not medically necessary, or off-label services are not considered preventive.

Please note that services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan. Members or their providers are encouraged to consult the member's respective healthcare plans for coverage details pertaining to the above excluded services, as they may still hold significant value in managing health concerns and promoting overall well-being. This information is intended as a reference tool for your convenience and is not a guarantee of payment.

## Reasonable medical management

The ACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established, reasonable medical management techniques and practices may be used to determine

frequency, method, treatment, or setting for the provision of a recommended preventive service.

## Correct coding

Correct coding edits will still be applied, and, as such, some services may be considered bundled when submitted on the same date. When screening services, counseling services, medical nutrition therapy services, and visual function and visual acuity screening services are performed on the same date of service by the same specialty physician or other qualified healthcare professional as a wellness visit, only the preventive medicine code is reimbursable.

All codes, procedures, and diagnoses billed for preventive services should follow standard coding guidelines, including those related to modifier 25 and unacceptable primary and principal diagnoses.

## Modifier 33

Modifier 33: Preventive service; when the primary purpose of the service is the delivery of an evidence-based service in accordance with a USPSTF A or B rating in effect, and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

**Note:** Anthem considers the procedures, diagnostic codes, and instructions listed in this policy to determine whether preventive care benefits apply. While modifier 33 may be reported, it will not be used to determine preventive care benefits.

## Acronyms

Throughout this document, the following acronyms are used:

- USPSTF: United States Preventive Services Task Force
- ACA: Affordable Care Act of 2010
- ACIP: Advisory Committee on Immunization Practices
- HRSA: Health Resources and Services Administration
- BF: Bright Futures, a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)

## New and updated recommendations

Guidelines for preventive services are regularly updated to reflect new scientific and medical advances. As new recommendations and updates to existing ones are published, health plans have one year to implement the recommendation (full coverage for new and updated recommendations will occur within at least one year after the latest issue date, beginning in the next plan year, unless one of the recommending bodies determines that a service is discouraged because it is harmful or poses a significant safety concern; in these circumstances, federal guidance will be issued).

Anthem will update these coding guidelines based on new or revised laws and/or regulations, additional guidance, and Anthem policies.

## Guidelines

All applicable diagnosis codes for preventive services should be billed in the **primary position on the claim** or as a **primary diagnosis pointer**, as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all-inclusive as benefit coverage for health services is determined by the member specific benefit plan document and applicable laws. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. CPT® is a registered trademark of the American Medical Association.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Wellness Visits</b>				
<p>Wellness examinations, by definition, include the following:</p> <ul style="list-style-type: none"> <li>• An age and gender appropriate history</li> <li>• Physical examination</li> <li>• Age-appropriate counseling for patients/parents</li> <li>• Anticipatory guidance for patients/parents</li> <li>• Risk factor reduction interventions</li> <li>• The ordering of laboratory and diagnostic procedures.</li> </ul>				
<b>Wellness Visits</b>	<b>Wellness Visit — Infant</b> Younger than 1 year	99381, 99391, 99461	Z00.110, Z00.111, Z00.121, Z00.129	<p>Wellness visits do not require a diagnosis code for the preventive benefit to apply. However, appropriate diagnosis codes should be submitted.</p> <p>The American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule should be followed from birth through twenty-one (21) years of age.</p> <p>A yearly wellness visit should occur after age twenty-one (21).</p>
	<b>Wellness Visit — Early Childhood</b> Age 1–4 years	99382, 99392	Z00.121, Z00.129	
	<b>Wellness Visit — Late Childhood</b> Age 5–11 years	99383, 99393	Z00.121, Z00.129	
	<b>Wellness Visit — Adolescent</b> Age 12–17 years	99384, 99394, 99459	Z00.121, Z00.129	
	<b>Wellness Visit</b> 18 years and older	99385, 99386, 99387, 99395, 99396, 99397, 99459	Z00.00, Z00.01	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Wellness Visits</b>				
	<b>Annual Wellness Examination</b>	99459, S0610, S0612, S0613, G0402, G0438, G0439	Z00.00, Z00.01, Z01.411, Z01.419, Z12.31, Z12.4, Z12.72	An annual well-woman exam should occur beginning at adolescence.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<b>Behavioral assessments</b> (Bright Futures)  Grade: N/A  Population: All children	Bright Futures recommends physicians conduct psychosocial/behavioral assessment at each of the recommended visits between newborn and 21 years.	<b>Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412  <b>Screening:</b> 96127	<b>Counseling and Screening:</b> Z13.31, Z13.39	Age 21 years and younger  Normally considered part of wellness office visit.  Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Hypertension in Adults: Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Adults 18 years or older without known hypertension</p>	<p>The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM).</p> <p>The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p>93784, 93786, 93788, 93790</p>	<p>R03.0</p>	<p>Age 18 years or older</p> <p>Blood pressure screenings are considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>
<p><b>Anxiety Screening</b> (USPSTF and WPSI)</p> <p>Grade: N/A</p> <p>Population: Adults 64 years or younger, including pregnant and postpartum persons</p>	<p>The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.</p> <p>The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.</p>	<p><b>Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412</p> <p><b>Screening:</b> 96127, 96160, 96161</p>	<p><b>Counseling and Screening:</b> Z13.30, Z13.39</p>	<p>Age 18 through 64 years</p> <p>Normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions</b></p> <p>(USPSTF)</p> <p>Grade: B</p> <p>Population: Adults with cardiovascular disease risk factors</p>	<p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p>	<p><b>Counseling:</b></p> <p>99401, 99402, 99403, 99404</p> <p><b>Medical Nutrition Therapy or Counseling:</b></p> <p>97802, 97803, 97804, S9470, G0270, G0271</p> <p><b>Behavioral Counseling or Therapy:</b></p> <p>0403T, G0446, G0447, G0473</p> <p><b>ASCVD Risk Assessment and Risk Management Services:</b></p> <p>G0537, G0538</p>	<p>Z71.3, Z83.42</p>	<p>Normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening</b> (USPSTF and WPSI)</p> <p>Grade: B</p> <p>Population: Women of reproductive age</p>	<p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	<p>99401, 99402, 99403, 99404</p>	<p>Z69.11, Z69.8</p>	<p>Normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Obesity Prevention in Midlife Women</b> (WPSI)</p> <p>Grade: N/A</p> <p>Population: Women 40–60 with normal or overweight BMI</p>	<p>The Women’s Preventive Services Initiative (WPSI) recommends counseling midlife women aged 40 to 60 years with a normal or overweight body mass index (BMI) (18.5–29.9 kg/m<sup>2</sup>) to maintain their weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.</p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Behavioral Counseling or Therapy:</b> 0403T, G0446, G0447, G0473, 0488T</p>	<p><b>Primary Diagnosis Codes:</b> Z71.3, Z72.3, Z72.4</p> <p><b>Secondary Diagnosis Codes:</b></p> <p><b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body mass index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p>Age 40 through 60 years</p> <p>Counseling is normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<b>Urinary Incontinence Screening</b> (WPSI)  Grade: N/A  Population: Women	The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually.	99401, 99402, 99403, 99404	Z13.89	Normally considered part of wellness office visit.  Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.
<b>Sexually Transmitted Infections: Behavioral Counseling</b> (USPSTF and WPSI)  Grade: B  Population: Sexually active adolescents and adults at increased risk	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). See the Practice Considerations section for more information on populations at increased risk for acquiring STIs.	99401, 99402, 99403, 99404, 99411, 99412, G0445	Z11.3, Z11.8	Normally considered part of wellness office visit.  Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit. G0445 is limited to twice a year.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Anxiety in Children and Adolescents: Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Children and adolescents</p>	<p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p>	<p><b>Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412</p> <p><b>Screening:</b> 96127, 96160, 96161</p>	<p><b>Counseling and Screening:</b> Z13.30, Z13.39</p>	<p>Age 8 through 18 years</p> <p>Counseling normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Height, weight, and body mass index measurements</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: All children</p>	<p>Establish procedures for intervening with children and adolescents who have overweight BMI (≥85th–94th percentile BMI) or obesity (≥95th percentile BMI).<sup>43</sup> For instance, when a child or adolescent is overweight, a healthcare professional can review family history, the child's or adolescent's blood pressure and cholesterol, and BMI percentile over time and then assess health risk according to that information. Staff should flag charts of children and adolescents with overweight or obesity, so all staff at all visits are aware of the problem and can monitor growth, risk factors, and social and emotional issues.</p>			<p>Considered part of wellness office visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Oral health risk assessment</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Young children</p>	<p>Bright Futures recommends that healthcare professionals conduct an oral health risk assessment when an infant is 6 months of age. This assessment consists of the healthcare professional asking parents about their and the child’s oral health practices and examining the child’s mouth to assess the risk of caries.</p>			
<p><b>Skin Cancer Prevention: Behavioral Counseling</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Young adults, adolescents, children, and parents of young children</p>	<p>The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>			<p>Considered part of wellness office visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Assessments and Counseling</b>				
<p><b>Blood Pressure Screening</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: All children</p>	<p>Bright Futures recommends that children and adolescents aged 3 to 17 years receive blood pressure screening during their annual preventive care visit.</p>	<p>93784, 93786, 93788, 93790</p>	<p>R03.0</p>	<p>Age 3 through 17 years</p> <p>Blood pressure screenings are considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
<p><b>Vaccines Recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP)</b></p> <p>Population: 18 years and younger</p>	<p>COVID-19</p>	<p><b>Administration:</b> 90480, M0201</p> <p><b>Immunization:</b> 91318 (6 months to 4 years) 91321 (6 months to 11 years) 91319 (5 to 11 years) 91304, 91320 (12 years and older)</p>	<p>Z23</p>	<p>The listed diagnosis code is requested but not required for the preventive benefit to apply.</p> <p>Please refer to the CDC's immunization schedule for recommended vaccinations by age.</p> <p>If an evaluative or preventive service is being coded and billed with an injection, it must be appended with an appropriate modifier, such as -25 or -59, to indicate the services are separate and distinct.</p> <p>Please refer to the plan's pharmacy benefit for details on vaccine options available under the plan's pharmacy preventive benefit.</p>
	<p>Diphtheria, tetanus, and pertussis</p>	<p><b>Administration:</b> 90460, 90461, 90471, 90472</p> <p><b>Immunization:</b> 90696, 90697, 90698, 90700, 90702, 90714, 90715, 90723</p>	<p>Z23</p>	
	<p>Hepatitis A</p>	<p><b>Administration:</b> 90460, 90461, 90471, 90472</p> <p><b>Immunization:</b> 90633, 90634</p>	<p>Z23</p>	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
	Hepatitis B	<b>Administration:</b> 90460, 90461, 90471, 90472, G0010, M0201  <b>Immunization:</b> 90740, 90743, 90744, 90747	Z23	
	Human Papillomavirus	<b>Administration:</b> 90460, 90461, 90471, 90472  <b>Immunization:</b> 90649, 90650, 90651	Z23	
	Inactivated Poliovirus	<b>Administration:</b> 90460, 90461, 90471, 90472  <b>Immunization:</b> 90713	Z23	
<b>Vaccines Recommended by the Centers for Disease Control's</b>	Influenza — Flu Shot	<b>Administration:</b> 90460, 90461, 90471, 90472, 90473, 90474, G0008, M0201	Z23	The listed diagnosis code is requested but not required for the preventive benefit to apply. Please refer to the CDC's immunization

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
<b>Advisory Committee on Immunization Practices</b> (ACIP)  Population:  18 years and younger		<b>Immunization:</b>  90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90756, 90694, Q2039, Q2034, Q2035, Q2036, Q2037, Q2038		schedule for recommended vaccinations by age. If an evaluative or preventive service is being coded and billed with an injection, it must be appended with an appropriate modifier, such as -25 or -59, to indicate the services are separate and distinct. Please refer to the plan's pharmacy benefit for details on vaccine options available under the plan's pharmacy preventive benefit.
	Measles	<b>Administration:</b>  90460, 90461, 90471, 90472  <b>Immunization:</b>  90707, 90710	Z23	
	Meningococcal	<b>Administration:</b>  90460, 90461, 90471, 90472  <b>Immunization:</b>  90619, 90620, 90621, 90623, 90624, 90644, 90733, 90734	Z23	
	Mumps	<b>Administration:</b>  90460, 90461, 90471, 90472	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
		<b>Immunization:</b> 90707, 90710		
	Pneumococcal	<b>Administration:</b> 90460, 90461, 90471, 90472, M0201  <b>Immunization:</b> 90670, 90671, 90677, 90732	Z23	
	Respiratory syncytial virus (RSV)	<b>Administration:</b> 96380, 96381  <b>Immunization:</b> 90380, 90381	Z23	
<b>Vaccines Recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP)</b>	Rotavirus	<b>Administration:</b> 90460, 90461, 90473, 90474  <b>Immunization:</b> 90680, 90681	Z23	The listed diagnosis code is requested but not required for the preventive benefit to apply. Please refer to the CDC's immunization schedule for recommended vaccinations by age. If an evaluative or preventive service is being coded and billed with an injection, it must be appended with an appropriate
	Rubella	<b>Administration:</b>	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
Population:  18 years and younger		90460, 90461, 90471, 90472  <b>Immunization:</b>  90707, 90710		modifier, such as -25 or -59, to indicate the services are separate and distinct. Please refer to the plan's pharmacy benefit for details on vaccine options available under the plan's pharmacy preventive benefit.
	Varicella — Chickenpox	<b>Administration:</b>  90460, 90461, 90471, 90472  <b>Immunization:</b>  90396, 90716	Z23	
<b>Vaccines Recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP)</b>	COVID-19	<b>Administration:</b>  90480, M0201  <b>Immunization:</b>  91304, 91320, 91322	Z23	The listed diagnosis code is requested but not required for the preventive benefit to apply. Please refer to the CDC's immunization schedule for recommended vaccinations by age. If an evaluative or preventive service is being coded and billed with an injection, it must be appended with an appropriate modifier, such as -25 or -59, to indicate the services are separate and distinct. Please refer to the plan's pharmacy benefit for details on
Population:  19 years and older	Diphtheria, tetanus, and pertussis	<b>Administration:</b>  90460, 90461, 90471, 90472  <b>Immunization:</b>	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
		90696, 90697, 90698, 90700, 90702, 90714, 90715, 90723		vaccine options available under the plan's pharmacy preventive benefit.
	Haemophiles Influenzae Type B	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90644, 90647, 90648, 90697, 90698, 90748	Z23	
	Hepatitis A	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90632, 90633, 90634, 90636	Z23	
	Hepatitis B	<b>Administration:</b> 90471, 90472, G0010, M0201  <b>Immunization:</b> 90739, 90740, 90746, 90747, 90748, 90636, 90759	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
	Human Papillomavirus	<b>Administration:</b> 90460, 90461, 90471, 90472  <b>Immunization:</b> 90649, 90650, 90651	Z23	
	Influenza	<b>Administration:</b> 90471, 90472, 90473, 90474, G0008, M0201  <b>Immunization:</b> 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90756, 90694, Q2039, Q2034, Q2035, Q2036, Q2037, Q2038	Z23	
<b>Vaccines Recommended by the Centers for Disease Control's Advisory Committee on</b>	Measles, Mumps, and Rubella	<b>Administration:</b> 90460, 90461, 90471, 90472  <b>Immunization:</b> 90707, 90710	Z23	The listed diagnosis code is requested but not required for the preventive benefit to apply. Please refer to the CDC's immunization schedule for recommended vaccinations by age. If an evaluative or preventive service is being coded

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
<b>Immunization Practices (ACIP)</b>  Population: 19 years and older	Meningococcal	<b>Administration:</b> 90460, 90461, 90471, 90472  <b>Immunization:</b> 90619, 90620, 90621, 90623, 90624, 90644, 90733, 90734	Z23	and billed with an injection, it must be appended with an appropriate modifier, such as -25 or -59, to indicate the services are separate and distinct. Please refer to the plan's pharmacy benefit for details on vaccine options available under the plan's pharmacy preventive benefit.
	Pneumococcal	<b>Administration:</b> 90460, 90461, 90471, 90472, G0009, M0201  <b>Immunization:</b> 90670, 90671, 90677, 90684, 90732	Z23	
	Respiratory Syncytial Virus	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90678, 90679, 90683	Z23	
	Smallpox and Monkeypox	<b>Administration:</b> 90471, 90472	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Immunizations</b>				
		<b>Immunization:</b> 90611, 90622		
	Td booster, Tdap	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90714, 90715	Z23	
<b>Vaccines Recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP)</b>  Population: 19 years and older	Varicella — Chickenpox	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90396, 90716	Z23	The listed diagnosis code is requested but not required for the preventive benefit to apply. Please refer to the CDC's immunization schedule for recommended vaccinations by age. If an evaluative or preventive service is being coded and billed with an injection, it must be appended with an appropriate modifier, such as -25 or -59, to indicate the services are separate and distinct. Please refer to the plan's pharmacy benefit for details on vaccine options available under the plan's pharmacy preventive benefit.
	Zoster — Shingles	<b>Administration:</b> 90471, 90472  <b>Immunization:</b> 90736, 90750	Z23	

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Breast Cancer Screenings</b>				
<p><b>Breast Cancer: Screening</b> (USPSTF and WPSI)</p> <p>Grade: B</p> <p>Population: Women 40 to 74 years of age</p>	<p>The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.</p> <p>The Women's Preventive Services Initiative recommends, as a preventive service, that women initiate mammography screening no earlier than age 40 and no later than age 50 and continue through at least age 74. Screening mammography should occur at least biennially and as frequently as annually.</p>	<p><b>Mammography:</b> 77065, 77066, 77067</p> <p><b>MRI:</b> C8903, C8905, C8906, C8908, C8937</p> <p><b>MRI Contrast Material:</b> A9576, A9577, A9578, A9581, Q9953, Q9954</p> <p><b>Tomosynthesis:</b> 77061, 77062, 77063, G0279</p> <p><b>Ultrasound:</b> 76641, 76642</p> <p><b>Pathology:</b> 19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101</p>	<p><b>Mammography and Tomosynthesis:</b> Z12.31, Z12.39</p> <p><b>MRI, Ultrasound, and Pathology:</b> R92.0, R92.1, R92.2, R92.3, R92.4, R92.5, R92.6, R92.7, R92.8, Z12.31, Z12.39</p>	<p>Age 40 to 74 years</p> <p>77063 and 77067 do not require a diagnosis code for the preventive benefit to apply. However, the diagnosis code listed is requested. All other procedures require a diagnosis code for the preventive benefit to apply.</p> <p>The following screening intervals should be applied:</p> <ul style="list-style-type: none"> <li>• Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (X-rays of the breast) if they wish to do so.</li> <li>• Women ages 45 to 54 should get mammograms every year.</li> </ul> <p>Women 55 and older should switch to mammograms every two years or can continue yearly screening.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Breast Cancer Screenings</b>				
<p><b>BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer, or an ancestry associated with the BRCA1/2 gene mutation</p>	<p>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.</p>	<p><b>Office Visit:</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397</p> <p><b>Genetic Counseling:</b> 96041, S0265</p> <p><b>BRCA Lab Screening:</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Office Visit and Genetic Counseling:</b> Z80.0, Z80.3, Z80.41, Z15.01, Z15.02, Z29.81, Z85.3</p> <p><b>BRCA Lab Screening:</b> Z80.0, Z80.3, Z80.41, Z15.01, Z15.02, Z20.6, Z85.3</p> <p><b>Blood Draw:</b> Z80.0, Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Age 18 years and older</p> <p>* Normally requires prior authorization.</p> <p>Genetic counseling may be required prior to testing.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Breast Cancer Screenings</b>				
<p><b>Breast Cancer: Medications for Risk Reduction</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: This recommendation applies to asymptomatic women 35 years and older</p>	<p>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.</p>	<p><b>Office Visit:</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397</p> <p><b>Counseling:</b> 99401, 99402, 99403, 99404</p>	<p><b>Office Visit and Counseling:</b> Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Age 35 years and older</p> <p>Please refer to the plan's pharmacy benefit for details on breast cancer medications available under the plan's preventive benefit. Prescriptions and counseling are normally considered part of the office visit. If provided outside of an office visit, one of the diagnosis codes listed is required for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Colorectal Cancer Screenings</b>				
<p><b>Colorectal Cancer Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Asymptomatic adults 45 to 49</p>	<p>The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.</p>	<p><b>Screening procedures:</b></p> <p><b>Fecal occult blood testing:</b> 82270, 82274, G0328</p> <p><b>FIT DNA:</b> 0464U, 81528</p> <p><b>Sigmoidoscopy:</b></p>	<p><b>Screening procedures:</b> Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z12.13, Z80.0, Z83.71, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79</p> <p><b>Anesthesia:</b> Z12.11</p>	<p>Age 45 to 75 years</p> <p>*Some colorectal cancer screenings require prior authorization.</p> <p>G0105, G0121, 81528, G0328, and S0285 do not require a specific diagnosis.</p> <p>All other codes require a listed diagnosis</p>

<p><b>Colorectal Cancer Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Asymptomatic adults 50 to 75</p>	<p>The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.</p>	<p>45300, 45305, 45308, 45330, 45331, 45333, 45334, 45338, 45341, 45346, 45349, G0104</p> <p><b>Colonoscopy:</b> G0105, G0121, 44388, 44389, 44392, 44394, 44401, 44403, 44404, 44406, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 45391</p> <p><b>Computed Tomographic Colonoscopy:</b> 74263</p> <p><b>Anesthesia:</b> 00812, 99152, 99153, 99156, 99157, G0500</p> <p><b>Pathology services:</b> 88304, 88305</p> <p><b>Colonoscopy Pre-Op Consultation:</b> S0285</p>	<p><b>Pathology services:</b> Z12.11, Z12.12, Z83.710, Z83.711, Z83.718, Z83.719</p> <p><b>Colonoscopy Pre-Op Consultation:</b> Z01.818</p>	<p>code for the preventive benefit to apply.</p> <p>USPSTF recommended intervals for colorectal cancer screening tests are as follows:</p> <ul style="list-style-type: none"> <li>• High-sensitivity gFOBT or FIT every year</li> <li>• sDNA-FIT every 1 to 3 years</li> <li>• CT colonography every 5 years</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Flexible sigmoidoscopy every 10 years + FIT every year</li> <li>• Colonoscopy screening every 10 years</li> </ul> <p>Member cost shares will apply in the following instances:</p> <ul style="list-style-type: none"> <li>• Inappropriate age group</li> <li>• Intervals outside of the USPSTF recommendations</li> <li>• Screenings for diagnostic purposes</li> <li>• Screenings for surveillance purposes</li> <li>• Screenings for therapeutic or treatment purposes</li> </ul> <p>Please refer to the plan’s pharmacy benefit for details on colorectal bowel preps available under the plan’s pharmacy preventive benefit.</p>
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Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Sexual Health</b>				
<p><b>Chlamydia and Gonorrhea Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Sexually active women ≤24; older women at risk</p>	<p>The USPSTF recommends screening for chlamydia in sexually active women aged 24 years or younger and in older women who are at increased risk for infection. The USPSTF also recommends screening for gonorrhea in sexually active women aged 24 years or younger and in older women who are at increased risk for infection.</p>	<p><b>Screening:</b> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 87590, 87591, 87592, 87850</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.3, Z11.8, Z29.81</p>	<p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Syphilis Infection in Nonpregnant Adolescents and Adults: Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection</p>	<p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>	<p><b>Screening:</b> 86592, 86593, 86780</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.2, Z11.3, Z11.8, Z29.81</p>	<p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Sexual Health</b>				
<p><b>HIV Infection Screening</b> <b>(USPSTF and Bright Futures)</b></p> <p>Grade: A</p> <p>Population: Adolescents and adults aged 15 to 65 years</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.</p>	<p><b>Screening:</b></p> <p>80081, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><b>Blood Draw:</b></p> <p>36415, 36416</p>	<p><b>Screening and Blood Draw:</b></p> <p>Z11.3, Z11.4, Z11.59, Z29.81</p>	<p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Sexual Health</b>				
<p><b>Preexposure Prophylaxis for HIV Prevention</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Persons, including adolescents, who are not infected with HIV and are at high risk of HIV infection</p>	<p>The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</p>	<p><b>Injection Administration:</b> 96372</p> <p><b>Injection/Oral Med:</b> G0012, J0738, J0739, J0750, J0751, J0752, J0799</p> <p><b>Kidney Testing:</b> 82565, 82575</p> <p><b>Pregnancy Testing:</b> 81025</p> <p><b>Office Visit:</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0011, G0013</p> <p><b>Pharmacy supplying fee for HIV PrEP:</b> Q0521</p>	<p><b>All PrEP Services:</b> Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p>	<p>Prior authorization requirements may apply. Prescription required for PrEP injections and/or medications. Please refer to the plan's pharmacy benefit for details on HIV Pre-Exposure Prophylaxis option(s) available under the plan's pharmacy preventive benefit. Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Sexual Health</b>				
<p><b>Cervical Cancer Screening: human papillomavirus Testing</b> (USPSTF and WPSI)</p> <p>Grade: A</p> <p>Population:</p> <p>This recommendation statement applies to all asymptomatic women with a cervix, regardless of their sexual history.</p>	<p>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 (cotesting).</p>	<p><b>Collection:</b></p> <p>Q0091</p> <p><b>Laboratory Testing (PAP Test):</b></p> <p>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001</p> <p><b>Human Papillomavirus DNA Testing (HPV):</b></p> <p>87623, 87624, 87625, 87626, G0476</p>	<p>Z01.411, Z01.419, Z11.51, Z12.4, Z12.72</p>	<p>Age 21 through 65 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Contraceptives</b>				
<p><b>Contraceptive Services and Counseling</b></p> <p>(USPSTF and WPSI)</p> <p>Grade: A</p> <p>Population:</p> <p>This recommendation statement applies to all asymptomatic women with a cervix, regardless of their sexual history.</p>	<p>The Women’s Preventive Services Initiative (WPSI) recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve health outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives. Contraceptive care also includes follow-up care (for example, management, evaluation, and changes, including the removal, continuation, and discontinuation of contraceptives).</p> <p>The full range of contraceptives includes those currently listed in the FDA’s Birth Control Guide:</p> <ol style="list-style-type: none"> <li>1. Sterilization surgery for women</li> <li>2. Implantable rods</li> <li>3. Copper intrauterine devices</li> </ol>	<p><b>Sterilizations:</b></p> <p>Hysteroscopy:</p> <p>58565</p> <p><b>Minilaparotomy or Laparotomy:</b></p> <p>58600, 58605, 58611, 58615</p> <p><b>Laparoscopy:</b></p> <p>58661, 58670, 58671</p> <p><b>Tubal Ligation Follow-Up:</b></p> <p>58340, 74740, Q9967</p> <p><b>Implantable:</b></p> <p>11981, 11982, 11983, 11976</p>	<p><b>Sterilizations:</b></p> <p>Z30.2</p> <p><b>Tubal Ligation Follow-Up:</b></p> <p>Z98.51, Z30.40, Z30.49, Z98.51</p> <p><b>Implantables:</b></p> <p>Z30.017, Z30.46</p> <p><b>Copper/Hormonal IUDs:</b></p> <p>Z30.014, Z30.430, Z30.431, Z30.432, Z30.433</p> <p><b>Diaphragms/Cervical Caps:</b></p> <p>Z30.018</p>	<p>Wellness examination codes include counseling for contraceptive services and are thus not separately reimbursable when performed as part of a wellness examination.</p> <p>Counseling and contraceptive services require a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p> <p>The listed diagnosis code is requested but not required for the preventive benefit to apply to the following codes: 58600, 58605, 58611, 58615. Other services require a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Contraceptives</b>				
	<p>4. Intrauterine devices with progestin (all durations and doses)</p> <p>5. Injectable contraceptives</p> <p>6. Oral contraceptives (combined pill)</p> <p>7. Oral contraceptives (progestin only)</p> <p>8. Oral contraceptives (extended or continuous use)</p> <p>9. The contraceptive patch</p> <p>10. Vaginal contraceptive rings</p> <p>11. Diaphragms</p> <p>12. Contraceptive sponges</p> <p>13. Cervical caps</p> <p>14. Condoms</p> <p>15. Spermicides</p> <p>16. Emergency contraception (levonorgestrel)</p> <p>17. Emergency contraception (ulipristal acetate)</p> <p>18. And any additional contraceptives approved, granted, or cleared by the FDA.</p>	<p><b>Copper/Hormonal IUDs:</b></p> <p>58300, 58301</p> <p><b>Diaphragms/Cervical Caps:</b></p> <p>57170</p> <p><b>Injections/Supply Codes:</b></p> <p>J1050, J7296, J7297, J7298, J7300, J7301, J7303, J7304, J7306, J7307, A4261, A4264, A4266, S4981, S4989</p> <p><b>Contraceptive Shot Administration:</b></p> <p>96372</p> <p><b>Office Visits for Contraceptive Services:</b></p> <p>99384, 99385, 99386, 99394, 99395, 99396,</p>	<p><b>Injections/Supply Codes:</b></p> <p>Z30.013, Z30.42, Z30.011, Z30.41</p> <p><b>Contraceptive Shot Administration:</b></p> <p>Z30.013, Z30.42, Z30.011, Z30.41</p> <p><b>Office Visits for Contraceptive or Sterilization:</b></p> <p>Z30.011, Z30.019, Z30.02, Z30.09, Z30.015, Z30.016, Z30.40, Z30.41, Z30.44, Z30.45, Z30.49, Z30.018, Z30.012, Z30.8, Z30.9</p> <p><b>IUD Follow-up Visit:</b></p> <p>Z30.431</p>	<p>Please note that code 96372 should not be reported if service was provided without direct physician or other qualified healthcare professional supervision. In this case, report code 99211 (Office or other outpatient visit for the evaluation and management of an established patient) instead of 96372.</p> <p>J1050 should be used for Depo-Provera injections.</p> <p>Refer to the plan's pharmacy benefit plan administrator for details on contraceptives available under the plan's pharmacy preventive benefit.</p> <p>Natural Cycles: Annual Subscription — Member submitted claim billed with CPT code A9293 and</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Contraceptives</b>				
		<p>99401, 99402, 99403, 99404, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p><b>IUD Follow-up Visit:</b> 99211, 99212</p> <p><b>IUD Ultrasound:</b> 76830, 76857</p> <p><b>Anesthesia:</b> 00840, 00851, 00940, 00952</p> <p><b>Pregnancy Testing:</b> 81025</p>	<p><b>IUD Ultrasound:</b> Z30.430, Z30.431, Z30.432, Z30.433</p> <p><b>Anesthesia:</b> Z30.2</p> <p><b>Pregnancy Testing:</b> 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</p>	<p>diagnosis code Z30.8 and/or Z30.9.</p>



Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Folic Acid Supplements to Prevent Neural Tube Defects</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p>			<p>Part of the pharmacy benefit.</p> <p>Please refer to the plan's pharmacy benefit for details on folic acid options available under the plan's pharmacy preventive benefit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Gestational Diabetes: Screening</b> (USPSTF and WPSI)</p> <p>Grade: B</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</p> <p>WPSI recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation — ideally at the first prenatal visit.</p>	<p><b>Screening:</b> 82947, 82948, 82950, 82951, 82952, 83036, 83037</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening:</b> Z13.1</p> <p>See the Pregnancy Diagnosis Code Listing</p> <p><b>Blood Draw:</b> Z13.1</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code as well as a diagnosis from the pregnancy diagnosis listing for the preventive benefit to apply.</p>
<p><b>Screening for Diabetes Mellitus After Pregnancy</b> (WPSI)</p> <p>Grade: N/A</p> <p>Population: Postpartum women</p>	<p>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.</p>	<p><b>Screening:</b> 82947, 83036, 83037</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.1, Z86.32</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply. If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<b>Depression Screening</b> (USPSTF)  Grade:  Population: Pregnant women	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.	96127, 96160, G0444	Z13.31, Z13.32	Age 12 through 49 years  Requires a listed diagnosis code for the preventive benefit to apply.
<b>Perinatal Depression: Preventive Interventions</b> (USPSTF)  Grade: B  Population: Pregnant and postpartum women	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	96127, 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, G0444	Z13.31, Z13.32, Z39.2	Age 12 through 49 years  Requires a listed diagnosis code for the preventive benefit to apply.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Asymptomatic Bacteriuria in Adults: Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit.</p>	<p>81007, 87081, 87084, 87086, 87088</p>	<p>See the Pregnancy Diagnosis Code Listing</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code from the pregnancy diagnosis listing for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: For pregnant adolescents and all adults</p>	<p>The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Behavioral Counseling or Therapy:</b> G0447, G0473</p>	<p>See the Pregnancy Diagnosis Code Listing</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code from the pregnancy diagnosis listing for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Hepatitis B Virus Infection in Pregnant Women: Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p>	<p><b>Screening:</b> 80055, 80081, 87340, 87341, 87467</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.59, Z20.5</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code from the pregnancy diagnosis listing for the preventive benefit to apply.</p>
<p><b>Preeclampsia Screening and Preventive Medicine</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>			<p>Typically part of prenatal care visit</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Rh(D) Incompatibility: Screening — First pregnancy-related care visit</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Pregnant women</p>	<p>The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p>	<p><b>Screening:</b> 80055, 80081, 86850, 86901</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening:</b> See the Pregnancy Diagnosis Code Listing</p> <p><b>Blood Draw:</b> Z01.83</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code from the pregnancy diagnosis listing for the preventive benefit to apply.</p>
<p><b>Rh(D) Incompatibility: Screening — Unsensitized Rh(D)-negative women</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Pregnant women</p>	<p>The USPSTF also recommends repeated Rh(D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	<p><b>Screening:</b> 80055, 80081, 86850, 86901</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening:</b> See the Pregnancy Diagnosis Code Listing</p> <p><b>Blood Draw:</b> Z01.83</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code from the pregnancy diagnosis listing for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Pregnant persons at high risk for preeclampsia</p>	<p>The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.</p>			<p>Part of the pharmacy benefit. Please refer to the plan's pharmacy benefit for details on aspirin options available under the plan's pharmacy preventive benefit.</p>
<p><b>Human Immunodeficiency Virus Infection: Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p>	<p><b>Screening:</b> 80081, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.3, Z11.4, Z11.59, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Pregnancy</b>				
<p><b>Syphilis Infection in Pregnant Women: Screening</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Pregnant women</p>	<p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p><b>Screening:</b> 80055, 80081, 86592, 86593, 86780</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.2, Z11.3, Z11.8, Z20.2, Z72.51, Z72.52, Z72.53</p>	<p>Age 12 through 49 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Breastfeeding</b>				
<p><b>Breastfeeding Services and Supplies</b> (WPSI)</p> <p>Grade: N/A</p> <p>Population: Pregnant and postpartum women</p>	<p>The Women's Preventive Services Initiative 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.</p>	<p><b>Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412, 98960, 98961, 98962</p> <p><b>Lactation Classes:</b> S9443</p> <p><b>Breast Pumps:</b> E0602, E0603</p> <p><b>Replacement Parts:</b> A4281, A4282, A4283, A4284, A4285, A4286, A4288</p> <p><b>Storage Bags:</b> A4287</p>	<p><b>Counseling and Lactation Classes:</b> Z39.1</p> <p><b>Breast Pumps and Replacement Parts:</b> See the Pregnancy Diagnosis Code Listing</p> <p><b>Other Diagnosis:</b> Z39.1</p>	<p>Counseling is normally considered part of wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if counseling is provided outside of a preventive visit.</p> <p>All other services, durable medical equipment, and replacement parts require an appropriate diagnosis code from the appropriate group or other diagnosis group for the preventive benefit to apply.</p> <p>Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps, pump parts and maintenance, and breast milk storage supplies. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Breastfeeding</b>				
<p><b>Breastfeeding: Primary Care Behavioral Counseling Interventions</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Pregnant and postpartum women</p>	<p>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p>	<p>99401, 99402, 99403, 99404, 99411, 99412, S9443</p>	<p>Z39.1, Z39.2</p>	<p>Counseling is normally considered part of a wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if counseling is provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Newborn Care</b>				
<p><b>Bilirubin concentration screening</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The HSRA recommends screening for bilirubin concentration in newborns.</p>	<p><b>Screening:</b> 82247, 88720</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.228</p>	<p>Age 0 to 90 days</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Newborn Metabolic Screening Panel</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The HSRA recommends blood screening in newborns.</p>	<p><b>Screening:</b> S3620</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.0, Z13.21, Z13.228, Z13.29</p>	<p>Age 0 to 90 days</p> <p>Typically included as part of delivery.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if performed separately.</p> <p>Conduct screening as required by state-specific newborn screening requirements.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Newborn Care</b>				
<p><b>Hematocrit or hemoglobin screening</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The HSRA recommends screening for sickle cell disease in newborns.</p>	<p><b>Screening:</b> 83020, 83021, S3620</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.0, Z13.21, Z13.228, Z13.29</p>	<p>Age 0 to 90 days</p> <p>Typically included as part of delivery.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if performed separately.</p>
<p><b>Hypothyroidism screening</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The HSRA recommends screening for congenital hypothyroidism in newborns.</p>	<p><b>Screening:</b> 84437, 84443, S3620</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.0, Z13.21, Z13.228, Z13.29</p>	<p>Age 0 to 90 days</p> <p>Typically included as part of delivery.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if performed separately.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Newborn Care</b>				
<p><b>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.</p>			<p>Included as part of delivery.</p>
<p><b>Phenylketonuria screening</b> (USPSTF)</p> <p>Grade:</p> <p>Population: Newborns (0 to 90 days)</p>	<p>The USPSTF recommends screening for phenylketonuria in newborns.</p>	<p><b>Screening:</b> S3620, 84030</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z13.0, Z13.21, Z13.228, Z13.29</p>	<p>Age 0 to 90 days</p> <p>Typically included as part of delivery.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if performed separately.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Anemia Screening in Children</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Children at 12 months and all children at risk</p>	<p>Bright Futures recommends anemia screening at 12 months, with additional screenings recommended periodically for patients determined to be at risk.</p>	<p>Screening: 85014, 85018</p> <p>Blood Draw: 36415, 36416</p>	<p>Screening and Blood Draw: Z13.0</p>	<p>Age 1 year</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Hearing screening newborns and regular screenings</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: All children</p>	<p>Bright Futures recommends hearing tests at ages: Newborn; Between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; Once between age 11 and 14 years; Once between age 15 and 17 years; Once between age 18 and 21 years; Also recommended for those who have a positive risk assessment.</p>	<p>92551, 92552, 92558, 92567, 92587, 92588, 92650, 92651, V5008</p>	<p>Z00.121, Z00.129, Z00.110, Z00.111, Z01.10, Z01.110, Z01.118, P09.6</p>	<p>Age 0 through 21 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<b>Dyslipidemia screening</b> (Bright Futures)  Grade: N/A  Population: All children	Bright Futures recommends dyslipidemia screening as follows: Once between age 9 and 11 years; once between age 17 and 21 years; or if a risk assessment is positive.	<b>Screening:</b> 80061, 82465, 83718, 83719, 83721, 83722, 84478  <b>Blood Draw:</b> 36415, 36416	<b>Screening and Blood Draw:</b> Z13.220	Age 2 through 21 years  Requires a listed diagnosis code for the preventive benefit to apply.
<b>Lead screening</b> (Bright Futures)  Grade: N/A  Population: Children at risk	Bright Futures recommends lead screening at the following intervals: 12 months and 24 months, or if a risk assessment is positive.	<b>Screening:</b> 83655  <b>Blood Draw:</b> 36415, 36416	<b>Screening:</b> Z00.121, Z00.129, Z77.011, Z13.88  <b>Blood Draw:</b> Z13.88	Age 6 months through 6 years  Requires a listed diagnosis code for the preventive benefit to apply.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Alcohol, tobacco, and drug use assessments</b></p> <p>(USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population:</p> <p>School-aged children and adolescents who have not started to use tobacco younger than 18 years</p>	<p>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 recommends that Adolescents be assessed for use of Tobacco, Alcohol, or Drug use beginning at the age of 11 years old.</p>	<p>99406, 99407, 99408, 99409, G0396, G0397, G0442, G2011</p>	<p>F10.10, F11.10, F12.10, F13.10, F15.90, F16.90, F17.290, Z13.39, Z71.41, Z71.51, Z71.6, Z87.891</p>	<p>Age 11 through 21 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Depression and Suicide Risk in Children and Adolescents: Screening</b></p> <p>(USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population: Adolescents</p>	<p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.</p> <p>Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	96127, 96160, G0444	Z13.31, Z13.32	<p>Age 12 through 18 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Developmental screening</b></p> <p>(Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Children under 3</p>	<p>Bright Futures recommends a formal, standardized developmental screen 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>	96110, G0451	Z13.40, Z13.41, Z13.42, Z13.49	<p>Age 9 months through 2 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>High Body Mass Index in Children and Adolescents: Interventions</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Children and adolescents 6 years or older with a high body mass index (BMI) (<math>\geq 95</math>th percentile for age and sex)</p>	<p>The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (<math>\geq 95</math>th percentile for age and sex) to comprehensive, intensive behavioral interventions.</p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Behavioral Counseling or Therapy:</b> 0403T, G0446, G0447, G0473</p>	<p><b>Primary Diagnosis Codes:</b> Z71.3, Z72.4, Z72.3</p> <p><b>Secondary Diagnosis Codes:</b></p> <p><b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.54</p>	<p>Age 6 through 18 years</p> <p>Counseling is normally considered part of a wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Autism screening</b> (Bright Futures)</p> <p>Grade: N/A</p> <p>Population: Children at 18 and 24 months</p>	<p>Bright Futures recommends a formal, standardized developmental screen during the 18-month visit and during the 24-month visit.</p>	<p>96110, 96127</p>	<p>Z13.41</p>	<p>Age 1 through 2 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions — Fluoride Supplements</b> (USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population: Asymptomatic children younger than 5 years</p>	<p>The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride-deficient.</p>			<p>Age 5 years and younger</p> <p>Please refer to the plan's pharmacy benefit for details on fluoride supplements available under the plan's pharmacy preventive benefit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions — Fluoride Varnish</b></p> <p>(USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population:</p> <p>Children younger than 5 years</p>	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption until age 5 in primary care practices.</p>	<p>99188</p>	<p>Z00.121, Z00.129, Z29.3, Z91.841, Z91.842, Z91.843, Z91.849</p>	<p>Age 5 years and younger</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<p><b>Vision in Children Ages 3 to 5 Years: Screening</b> (USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population: Children Ages 3 to 5 Years</p>	<p>The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.</p> <p>Bright Futures recommends periodic vision screenings through age 21.</p>	99173, 99174, 99177	Z01.020, Z01.021, Z00.121, Z00.129	<p>Age 3 through 21 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Hepatitis B screening</b> (USPSTF and Bright Futures)</p> <p>Grade: B</p> <p>Population: Adolescents at increased risk for infection</p>	<p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p>	<p><b>Screening:</b> 86704, 86705, 86706, 86707, 87340, 87341, G0499</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.59, Z20.5</p>	<p>Age 12 through 18 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Child Screenings</b>				
<b>Tuberculosis (TB) Testing</b> (Bright Futures)  Population: Children infected with human immunodeficiency virus (HIV)	Bright Futures recommends an annual tuberculosis test for children infected with human immunodeficiency virus (HIV).	<b>Screening:</b> 86580  <b>Follow-Up Visit:</b> 99211	<b>Screening:</b> Z11.1  <b>Follow-up Visit:</b> Z11.1	Requires a listed diagnosis code for the preventive benefit to apply.  NOTE: There is no separate administration code for the PPD test. Do not report one.
<b>Sudden Cardiac Arrest</b> (Bright Futures)  Population: Children ages 11 to 21 years	Bright Futures recommends that all children be evaluated for conditions predisposing to SCA and SCD in the course of routine healthcare. 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 (in other words, a pediatric cardiologist or pediatric electrophysiologist).	96160, 96161	Z13.6	Requires a listed diagnosis code for the preventive benefit to apply.

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Abdominal Aortic Aneurysm Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Men aged 65 to 75 years who have ever smoked</p>	<p>The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 years who have ever smoked.</p>	<p>76706</p>	<p>F17.210, F17.211, F17.213, F17.218, F17.219, Z13.6, Z87.891</p>	<p>Age 65 through 75 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Cervical Cancer Screening: Pap testing</b> (USPSTF and WPSI)</p> <p>Grade: A</p> <p>Population: This recommendation statement applies to all asymptomatic women with a cervix, regardless of their sexual history.</p>	<p>The USPSTF and WPSI recommend 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 (cotesting).</p>	<p><b>Wellness Visit:</b> 99385, 99386, 99395, 99396, G0101</p> <p><b>Collection:</b> Q0091</p> <p><b>Laboratory Testing:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001</p>	<p><b>Wellness Visit:</b> Z00.00, Z00.01, Z01.411, Z01.419, Z12.31, Z12.4, Z12.72</p> <p><b>Collection and Laboratory Testing:</b> Z01.411, Z01.419, Z12.4, Z12.72</p>	<p>Age 21 through 65 years</p> <p>Wellness visits do not require a diagnosis for the preventive benefit to apply.</p> <p>Collection and testing services require a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Lung Cancer: Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: 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</p>	<p>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.</p>	<p>71271, G0296</p>	<p>Z71.6, F17.200, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.290, Z87.891</p>	<p>Age 50 through 80 years</p> <p>*Normally requires a prior authorization</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Osteoporosis to Prevent Fractures: Screening (USPSTF)</b></p> <p>Grade: B</p> <p>Population: Women 65 years and older and postmenopausal women younger than 65 years at increased risk without a history of low-trauma fractures and without conditions that may cause secondary osteoporosis.</p>	<p>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. The USPSTF also recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p>	<p><b>Age 65 and older:</b> 77080, 77081, 77085</p> <p><b>High Risk:</b> 77081, 77085, G0130</p>	<p><b>Age 65 and older:</b> Z13.820</p> <p><b>High Risk:</b> Z78.0, Z79.890, Z82.62</p>	<p>Age 65 years and older unless at increased risk</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Prediabetes and Type 2 Diabetes Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Asymptomatic nonpregnant adults aged 35 to 70 years who are overweight or obese</p>	<p>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35 to 70 years 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>Screening Interval: USPSTF's recommended interval for screening is once every 3 years.</p>	<p>82947, 83036</p>	<p>Z13.1, R73.03, R73.09</p>	<p>Age 35 through 70 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p> <p>Please see the section labeled Weight Loss to Prevent Obesity Related Morbidity and Mortality in Adults: Behavioral Interventions for applicable interventions to promote a healthful diet and physical activity.</p> <p>Please refer to the plan's pharmacy benefit for details on prediabetes options available under the plan's pharmacy preventive benefit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions (USPSTF)</b></p> <p>Grade: B</p> <p>Population: Adults 18+, including pregnant women</p>	<p>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>99408, 99409, G0442, G0443</p>	<p>F10.10, Z71.41</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p>Depression and Suicide Risk in Adults: Screening (USPSTF)</p> <p>Grade: B</p> <p>Population: All adults</p>	<p>The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.</p>	<p>96127, G0444</p>	<p>Z13.31</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions</b> (USPSTF)</p> <p>Grade: A</p> <p>Population: All adults</p>	<p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and United States Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p>	<p>99406, 99407</p>	<p>Z71.6, F17.200, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.290, Z87.891</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p> <p>Please refer to the plan's pharmacy benefit for details on smoking cessation options available under the plan's pharmacy preventive benefit.</p>
<p><b>Unhealthy Drug Use Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults aged 18 years or older</p>	<p>The USPSTF recommends screening by asking questions about unhealthy drug use in adults aged 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.</p>	<p>99408, 99409, G0396, G0397, G0442, G0443, G2011</p>	<p>F11.10, F12.10, F13.10, F13.90, F15.90, F16.90, Z71.51, Z91.89</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Weight Loss to Prevent Obesity Related Morbidity and Mortality in Adults: Behavioral Interventions</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults with body mass index Greater Than or Equal to 30</p>	<p>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions.</p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Behavioral Counseling or Therapy:</b> 0403T, G0446, G0447, G0473</p>	<p><b>Primary Diagnosis Codes:</b> Z71.3, Z72.4, Z72.3</p> <p><b>Secondary Diagnosis Codes:</b></p> <p><b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p>Counseling is normally considered part of a wellness office visit.</p> <p>Requires a listed diagnosis code for the preventive benefit to apply if provided outside of a preventive visit.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Hepatitis B Infection Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults at increased risk for infection</p>	<p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p>	<p><b>Screening:</b> 86704, 86705, 86706, 86707, 87340, 87341, G0499</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>Screening and Blood Draw:</b> Z11.59, Z20.5</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Hepatitis C Infection Screening</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults aged 18 to 79 years</p>	<p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.</p> <p>Bright Futures recommends screening all individuals ages 18 to 79 years at least once for hepatitis C virus infection (HCV).</p>	<p><b>Screening:</b> 86803, 86804, G0472</p> <p><b>Blood Draw:</b> 36415, 36416</p>	<p><b>For one-time Screening and Blood Draw:</b> Z11.59</p> <p><b>For repeat Screening and Blood Draw:</b> Z72.89, F19.20</p>	<p>Age 18 through 79 years</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Adult Screenings</b>				
<p><b>Latent Tuberculosis Infection in Adults: Screening</b></p> <p>(USPSTF)</p> <p>Grade: B</p> <p>Population: Asymptomatic adults at increased risk of latent tuberculosis infection (LTBI)</p>	<p>The USPSTF recommends screening for LTBI in populations at increased risk.</p>	<p><b>Screening:</b> 86480, 86481, 86580</p> <p><b>Blood Draw:</b> 36415, 36416</p> <p><b>Follow-Up Visit:</b> 99211</p>	<p><b>Screening and Blood Draw:</b> Z11.7</p> <p><b>Follow-Up Visit:</b> R76.11, R76.12</p>	<p>Age 18 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>

Preventive service	Description	Procedure code(s)	Diagnosis code(s)	Instructions
<b>Health Promotion</b>				
<p><b>Falls Prevention in Community-Dwelling Older Adults: Interventions</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults 65 years or older</p>	<p>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>97110, 97112, 97116, 97161, 97162, 97163, 97530, 97750, G0151, G0157, G0159, G2168, G2169, S9131</p>	<p>Z91.81</p>	<p>Age 65 years and older</p> <p>Requires a listed diagnosis code for the preventive benefit to apply.</p>
<p><b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Prevention Medication</b> (USPSTF)</p> <p>Grade: B</p> <p>Population: Adults 40–75</p>	<p>The USPSTF recommends that clinicians prescribe a statin for the primary prevention of cardiovascular disease (CVD) for adults aged 40 to 75 years who have one or more CVD risk factors (in other words, dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p>	<p><b>Screening:</b></p> <p>80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><b>ASCVD Risk Assessment and Risk Management Services:</b></p> <p>G0537, G0538</p> <p><b>Blood Draw:</b></p> <p>36415, 36416</p>	<p><b>Screening:</b></p> <p>Z00.00, Z00.01, Z13.220</p> <p><b>Blood Draw:</b></p> <p>Z13.220</p>	<p>Age 40 through 75 years</p> <p>Please refer to the plan's pharmacy benefit for details on cardiovascular disease options available under the plan's pharmacy preventive benefit.</p>