

PREVENTIVE CARE SERVICES

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Related Commercial Policies

- [Breast Imaging for Screening and Diagnosing Cancer](#)
- [Cardiovascular Disease Risk Tests](#)
- [Computed Tomographic Colonography](#)
- [Cytological Examination of Breast Fluids for Cancer Screening](#)
- [Genetic Testing for Hereditary Cancer](#)
- [Preventive Medicine and Screening Policy](#)
- [Vaccines](#)

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Throughout this document the following acronyms are used:

- USPSTF: United States Preventive Services Task Force
- PPACA: Patient Protection and Affordable Care Act of 2010
- ACIP: Advisory Committee on Immunization Practices
- HHS: Health and Human Services
- HRSA: Health Resources and Services Administration

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is

made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Introduction

UnitedHealthcare covers certain medical services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, the federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain "recommended preventive services" identified by PPACA under the Preventive Care Services benefit, without cost sharing to members when provided by Network physicians.

For Plan Years that begin on or after September 23, 2010

For non-grandfathered health plans, UnitedHealthcare will cover the recommended preventive services under the Preventive Care Services benefit as mandated by PPACA, with no cost sharing when provided by a Network provider. These services are described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and Health Resources and Services Administration (HRSA) Guidelines including the American Academy of Pediatrics *Bright Futures* periodicity guidelines.

For Plan Years that begin on or after August 1, 2012

For non-grandfathered plans, UnitedHealthcare will cover for women the additional preventive care and screenings as required by the HHS Health Plan Coverage Guidelines for Women's Preventive Services for plan years that begin on or after August 1, 2012.

In addition to these mandated services, under the Preventive Care Services benefit, UnitedHealthcare also covers screening using CT colonography, and screening mammography for adult women without age limits.

Grandfathering for Preventive Care Services

Grandfathered plans, as that term is defined under PPACA, are not required by law to provide coverage without cost sharing for preventive services; although a grandfathered plan may amend its plan document to voluntarily comply with the preventive benefit requirements under PPACA.

Grandfathered health plans will continue the benefits for preventive care that existed in the plan prior to September 23, 2010, without conforming to the federal mandate under PPACA, unless amended to comply with the federal requirements. Except where there are State mandates, a grandfathered plan might include member cost sharing or exclude some of the preventive care services identified under PPACA. Please refer to the member specific plan document for details.

Non-grandfathered plans are required to cover the preventive care services as defined in the PPACA at no cost sharing. Please refer to the member specific plan document for details.

Cost Sharing for Non-Grandfathered Health Plans

Network Preventive Care Services that are identified by PPACA are required to be covered under the Preventive Care Services benefit with no member cost sharing (ie. covered at 100% of Allowed Amounts without deductible, coinsurance or copayment). Depending on the plan, Allowed Amounts for services from out-of-network providers may not equal the provider's billed charges (refer to plan's schedule of benefits).

Note: For Network providers, UnitedHealthcare has made a decision to also cover the "Additional Preventive Care Services" identified below with no member cost sharing.

Out-of-Network preventive care services are not part of the PPACA requirements. Many plans do not cover out-of-network preventive care services. If a plan covers out-of-network preventive care services, the benefit for out-of-network is allowed to have member cost sharing. Please refer to the member specific plan document for out-of-network information.

Summary of Preventive Care Services Benefit

The following is a high-level summary of the services covered under the Preventive Care Services benefit (broken down by age/gender groups):

All Members: Age- and gender-appropriate Preventive Medicine visits (Wellness Visits); all routine immunizations recommended by the Advisory Committee on Immunization Practices of the CDC.

All Members at an Appropriate Age and/or Risk Status: Counseling and/or screening for: colorectal cancer; elevated cholesterol and lipids; certain sexually transmitted diseases; HIV; depression; high blood pressure; diabetes. Screening and counseling for alcohol abuse in a primary care setting; tobacco use; obesity; diet and nutrition.

Women's Health

1. **Plan Years that Begin on or after September 23, 2010:** Screening mammography; cervical cancer screening including Pap smears; genetic counseling and evaluation for the BRCA breast cancer gene test; BRCA lab screening* (effective October 1, 2013); counseling for chemoprevention for women at high risk for breast cancer; screening for gonorrhea, chlamydia, syphilis in defined high risk groups; osteoporosis screening. Screening pregnant women for bacteriuria; hepatitis B virus; Rh incompatibility; and instructions to promote and aid with breast feeding.

*Prior Authorization for BRCA Testing:

- For most benefit plans, prior authorization requirements apply to BRCA lab screening.
- For medical necessity benefit plans: genetic counseling from an Independent Genetics Provider (see definition section) is required before UnitedHealthcare will approve prior authorization requests (effective January 1, 2016).

2. **Plan Years that Begin on or after August 1, 2012:** Preventive visits to include preconception and prenatal services; FDA-approved contraception methods and contraceptive counseling; human papillomavirus (HPV) DNA testing for women 30 years and older; breastfeeding support and counseling, and costs of breastfeeding equipment; domestic violence screening and counseling; annual human immunodeficiency virus (HIV) screening and counseling; annual sexually-transmitted infection counseling; and screening for gestational diabetes for all pregnant women that have no prior history of diabetes.

Men's Health

Screening for abdominal aortic aneurysm in men 65-75 years old (USPSTF recommends this for males 65-75 years old who have smoked).

Pediatrics

Screening newborns for hearing problems, thyroid disease, phenylketonuria, sickle cell anemia, and standard metabolic screening panel for inherited enzyme deficiency diseases. For children (at the appropriate age): Application of fluoride by a primary care provider, for prevention of dental cavities; screening for major depressive disorders; vision; lead; tuberculosis; developmental/autism; counseling for obesity.

Additional Preventive Care Services

The following preventive care services are not currently required by PPACA. However, these services are covered under UnitedHealthcare's Preventive Care Services benefit.

1. Mammography (film and digital) screening for all adult women
2. Computed Tomographic Colonography (Virtual Colonoscopy) for screening for colon cancer
3. Osteoporosis Screening for all women (regardless of risk)
4. Wellness / Physical Examinations for Adults (Age- and gender-appropriate)*

* See the [Expanded Women's Preventive Health](#) coding table below regarding specific services that are covered as well woman visits under PPACA, for plan years that begin on or after August 1, 2012.

Preventive vs. Diagnostic Services

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 adjudicated under the Preventive Care Services benefit.

Preventive services are those performed on a person who:

1. has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
2. has had screening done within the recommended interval with the findings considered normal; or
3. has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
4. has a preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Examples include, but are not limited to:

- A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the patient was returned to normal mammography screening protocol, then future mammography would be considered preventive.

- If a polyp is encountered during preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated facility, lab and anesthesia fees done at the same encounter are covered under the Preventive Care Services benefit.

When a service is done for diagnostic purposes it will be adjudicated under the applicable non-preventive medical benefit.

Diagnostic services are done on a person who:

1. had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
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; or
3. had a symptom(s) that required further diagnosis; or
4. does not fall within the applicable population for a recommendation or guideline (e.g., someone who has a colorectal cancer screening due to a family history).

Examples include, but are not limited to:

- A patient had a polyp found and removed at a prior preventive screening colonoscopy. All future colonoscopies are considered diagnostic because the time intervals between future colonoscopies would be shortened.
- A patient had an elevated cholesterol on prior preventive screening. Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the patient is receiving pharmacotherapy.
- If a Preventive service results in a therapeutic service at a later point in time, the Preventive Service would be adjudicated under the Preventive Care Services benefit and the therapeutic service would be adjudicated under the applicable non-preventive medical benefit.

Related Services

Services that are directly related to the performance of a preventive service are adjudicated under the Preventive Care Services benefit. Examples include:

1. All services for a preventive colonoscopy (e.g., associated facility, anesthesia, pathologist, and physician fees). The preventive benefit does **not** include a post-operative examination. Effective January 1, 2016, the preventive benefit includes a pre-operative examination / consultation prior to a preventive colonoscopy.
2. Women's outpatient sterilization procedures (e.g., associated implantable devices, facility fee, as well as anesthesia, pathology, and physician fees) are considered to be related services and covered under the preventive benefit. Note the following:
 - a. The preventive benefit does **not** include a pre- or post-operative examination.
 - b. If a woman is admitted to an inpatient facility for another reason, and has a sterilization performed during that admission, the sterilization surgical fees (surgical fee, device fee, anesthesia, pathologist and physician fees), are covered under the preventive benefit. However, the facility fees are not covered under preventive benefits since the sterilization is incidental to and is not the primary reason for the admission.
 - c. For hysteroscopic fallopian tube occlusion sterilization procedures, the preventive benefit includes an outpatient, followup hysterosalpingogram to confirm that the fallopian tubes are completely blocked.
3. Blood drawing (venipuncture or finger or heel stick) is considered as payable under the preventive benefit if billed for a preventive lab service that requires a blood draw.

Note: However, that benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.

Covered Breastfeeding Equipment

Personal-use electric breast pump:

- The purchase of a personal-use electric breast pump (HCPCS code E0603).
 - This benefit is limited to one pump per birth. In the case of a birth resulting in multiple infants, only one breast pump is covered.
 - A breast pump purchase includes the necessary supplies for the pump to operate.
- Replacement breast pump supplies necessary for the personal-use electric breast pump to operate. This includes: 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.

Note: See [Coverage Limitations and Exclusions](#) section for non-covered items.

Additional Information

- A new immunization that is pending ACIP recommendations, but is a combination of previously approved individual components, is eligible for adjudication under the preventive care benefit.

- Refer to the Reimbursement policy titled [Preventive Medicine and Screening Policy](#) for situations which may affect reimbursement of preventive care services.
- The list of recommended preventive services covered will be updated as new recommendations and guidelines are issued, or as existing ones are revised or removed by the USPSTF, ACIP and the HRSA. Updates will occur no less frequently than required by PPACA.

Coverage Limitations and Exclusions

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
2. Generally, the cost of drugs, medications, vitamins, supplements, or over the counter items are not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to the member-specific pharmacy plan administrator.
3. An immunization is not covered if it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
 - a. required solely for the purposes of career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage or adoption, or
 - b. related to judicial or administrative proceedings or orders, or
 - c. conducted for purposes of medical research, or
 - d. required to obtain or maintain a license of any type.
5. Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies for details.
6. Breastfeeding equipment and supplies not listed in the Indications for Coverage section above. This includes, but is not limited to:
 - a. Manual breast pumps and all related equipment and supplies.
 - b. Hospital-grade breast pumps and all related equipment and supplies.
 - c. Equipment and supplies not listed in the [Covered Breastfeeding Equipment](#) section above, including but not limited to:
 - o Batteries, battery-powered adaptors, and battery packs.
 - o Electrical power adapters for travel.
 - o Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
 - o Travel bags, and other similar travel or carrying accessories.
 - o Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
 - o Baby weight scales.
 - o Garments or other products that allow hands-free pump operation.
 - o Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
 - o Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
 - o Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.

Note: See the [Indications for Coverage](#) section above for covered breastfeeding equipment.

Travel Immunizations: Additional Information

Benefits for Preventive Care Services include immunizations for routine use in children, adolescents and adults that have in effect a recommendation from ACIP with respect to the individual involved. Immunizations that are specific to travel (e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not required by PPACA and are excluded from the Preventive Care Services benefit. However, travel immunizations are available as a buy-up coverage option on certain plans. Please see the member specific plan document for details.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Independent Genetics Provider (for Medical Necessity Benefit Plans): Genetic counseling is required by an independent (not employed by a genetic testing lab) genetics provider prior to genetic testing for BRCA mutations in order to inform persons being tested about the benefits and limitations of a specific genetic test as applied to a unique person. Genetics Providers employed by or contracted with a laboratory that is part of an Integrated health system which routinely delivers health care services beyond just the laboratory testing itself are considered independent.

Genetic testing for BRCA mutations requires documentation of medical necessity by one of the following who has evaluated the member and intends to engage in post-test follow-up counseling:

- Board-eligible or Board-Certified Genetic Counselor (CGC)
- Advanced Genetics Nurse (AGN-BC)
- Genetic Clinical Nurse (GCN)
- Advanced Practice Nurse in Genetics (APNG)
- A Board-eligible or Board-Certified Clinical Geneticist
- A Board-certified physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and having received specialized ongoing training in cancer genetics.)

Modifier 33: Preventive service; when the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force 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.

Please see [Applicable Codes](#) section below for more information about Modifier 33.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

Modifier 33

UnitedHealthcare considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

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Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	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> <ul style="list-style-type: none"> • 76706 Diagnosis Code(s): <ul style="list-style-type: none"> • <i>ICD-10:</i> Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219 	<ul style="list-style-type: none"> • Age 65 through 75 (ends on 76th birthday) • 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): <ul style="list-style-type: none"> • 81007 Diagnosis Code(s): <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section). 	<ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Services

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Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Chlamydia Infection Screening</p> <p><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.</p> <p>Note: This recommendation applies to all sexually active adolescents and adult women, including pregnant women.</p> <p>Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.</p>	<p>Procedure Code(s): <i>Chlamydia Infection Screening:</i></p> <ul style="list-style-type: none"> • 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p><i>Blood draw codes only apply to lab codes 86631 or 86632.</i></p> <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i> <u>ICD-10:</u></p> <ul style="list-style-type: none"> • Adult: Z00.00, Z00.01 • Child: Z00.121, Z00.129 • Other: Z11.3, Z11.8, Z11.9, Z20.2 	<p><i>Chlamydia Infection Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With 86631 or 86632 AND 2. With one of the Screening Diagnosis Codes listed in this row OR with a Pregnancy Diagnosis Code (see list at end of section)
<p>Gonorrhea Screening</p> <p><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.</p> <p>Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 87590, 87591, 87592, 87801, 87850 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i> <u>ICD-10:</u></p> <ul style="list-style-type: none"> • Adult: Z00.00, Z00.01 • Child: Z00.121, Z00.129 • Other: Z11.3, Z11.9, Z20.2 	<ul style="list-style-type: none"> • Payable with either a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row.
<p>Hepatitis B Virus Infection Screening</p> <p>Pregnant Women: <u>USPSTF Rating (June 2009): A</u> Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p> <p>Persons at High Risk: <u>USPSTF Rating (May 2014): B</u> The USPSTF recommends screening for hepatitis B virus</p>	<p>Procedure Code(s): <i>Hepatitis B Virus Infection Screening:</i></p> <ul style="list-style-type: none"> • 87340, 87341, G0499 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i> <u>ICD-10:</u> Z57.8, Z00.00, Z00.01, Z11.59</p>	<p><i>Hepatitis B Virus Infection Screening</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND • With a Pregnancy Diagnosis Code (see list at end of section) OR one of the Screening Diagnosis Codes listed in this row.

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*Also see the [Expanded Women's Preventive Health](#) table below.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
(HBV) infection in persons at high risk for infection. Please also see Medical Policy: Hepatitis Screening		
Hepatitis C Virus Infection Screening <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. Please also see Medical Policy: Hepatitis Screening	Procedure Code(s): <i>Hepatitis C Virus Infection Screening:</i> <ul style="list-style-type: none"> • 86803, 86804, G0472 <i>Blood draw:</i> <ul style="list-style-type: none"> • 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> • Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section.) 	<i>Hepatitis C Virus Infection Screening:</i> <ul style="list-style-type: none"> • Preventive with one of the Hepatitis C Virus Infection Diagnosis codes (see list at the end of section). <i>Blood draw:</i> <ul style="list-style-type: none"> • Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND a Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section).
HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults <u>USPSTF Rating (April 2013): A</u> <ul style="list-style-type: none"> • 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. Note: Bright Futures recommends HIV screening lab work be conducted once between ages 15 years – 18 years. Also recommended anytime between ages 11 – 14 years, and 19 – 21 years when a risk assessment is positive.	Procedure Code(s): <i>HIV – Human Immunodeficiency Virus – Screening:</i> <ul style="list-style-type: none"> • 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 <i>Blood draw:</i> <ul style="list-style-type: none"> • 36415, 36416 Diagnosis Code(s): <i>Pregnancy:</i> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section) OR <i>Screening: ICD-10:</i> <ul style="list-style-type: none"> • Adult: Z00.00, Z00.01 • Child: Z00.121, Z00.129, • Other: Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6 Also see <i>Expanded Women's Preventive Health</i> table below.	<ul style="list-style-type: none"> • No age limits. <i>HIV – Human Immunodeficiency Virus – Screening:</i> <ul style="list-style-type: none"> • Preventive when billed with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row. <i>Blood draw:</i> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed HIV Screening procedure codes listed in this row AND 2. With one of the following: <ul style="list-style-type: none"> ○ one of the Screening Diagnosis Codes listed in this row, OR ○ with a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Services

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<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): <i>RH Incompatibility Screening:</i></p> <ul style="list-style-type: none"> • 86901 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section). 	<p><i>RH Incompatibility Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with 86901 AND with a Pregnancy Diagnosis Code (see list at end of section)
<p>Syphilis Screening</p> <p><u>USPSTF Rating (June 2016): A</u> The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. (Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection)</p> <p><u>USPSTF Rating (May 2009): A</u> The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.</p> <p>Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.</p>	<p>Procedure Code(s): <i>Syphilis Screening:</i></p> <ul style="list-style-type: none"> • 86592, 86593 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section) OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> • Adult: Z00.00, Z00.01 • Child: Z00.121, Z00.129 • Other: Z11.2, Z11.3, Z11.9, Z20.2 	<p><i>Syphilis Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Code listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed Syphilis Screening procedure codes listed in this row AND 2. With one of the following: <ul style="list-style-type: none"> ○ one of the listed Screening diagnosis codes in this row OR ○ with a Pregnancy Diagnosis Code(see list at end of section)
<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</p>	<p>Genetic Counseling and Evaluation:</p> <p>Procedure Code(s): <i>Medical genetics and genetic counseling services:</i></p> <ul style="list-style-type: none"> • 96040, S0265 <p><i>Evaluation and Management (Office Visits):</i></p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 	<p>Genetic Counseling and Evaluation: <i>*Medical Necessity plans require genetic counseling before BRCA Lab Screening.</i></p> <p>Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position.</p>

Preventive Care Services

Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>potentially harmful mutations in breast cancer susceptibility genes (<i>BRCA1</i> or <i>BRCA2</i>). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p> <p>Please see Medical Policy titled: Genetic Testing for Hereditary Cancer</p>	<p>G0463</p> <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 <p>-----</p> <p>BRCA Lab Screening:</p> <p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): Family History or Personal History of breast cancer and/or ovarian cancer:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 	<p>-----</p> <p>BRCA Lab Screening: *Prior authorization requirements apply to BRCA lab screening.</p> <p>Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row.</p> <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab Screening diagnosis codes listed in this row.
<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 40 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>See the 'Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors' row for intensive behavioral counseling interventions.</p> <p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</p>	<p>Procedure Code(s): <i>Diabetes Screening:</i></p> <ul style="list-style-type: none"> • 82947, 82948, 82950, 82951, 82952, 83036 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): REQUIRED DIAGNOSIS CODES (requires at least one):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.00, Z00.01, Z13.1 <p>AND one of the following Additional Diagnosis Codes as follows:</p> <p>ADDITIONAL DIAGNOSIS CODES (requires at least one):</p> <p><u>OVERWEIGHT:</u></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <p><u>OBESITY :</u></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p><u>BODY MASS INDEX 30.0 – 39.9:</u></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, 	<p>Limited to age 40-70years (ends on 71st birthday).</p> <p><i>Diabetes Screening:</i></p> <ul style="list-style-type: none"> • Payable with one of the Required Diagnosis Codes listed in this row AND • With one of the listed Additional Diagnosis Codes in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with ALL of the following: <ol style="list-style-type: none"> 1. With one of the listed Diabetes Screening procedure codes listed in this row AND 2. With one of the listed Required Diagnosis Codes AND 3. With one of the listed Additional Diagnosis Codes. <p><u>Preventive Benefit Does Not Apply:</u> If a Diabetes Diagnosis Code is present in any position, the preventive benefit does not apply. See Diabetes Diagnosis Codes table below.</p>

Preventive Care Services

Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>Z68.36, Z68.37, Z68.38, Z68.39</p> <p><u>BODY MASS INDEX 40.0 AND OVER:</u> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 </p> <p>ESSENTIAL HYPERTENSION: <ul style="list-style-type: none"> • <u>ICD-10:</u> I10 </p> <p>HYPERTENSIVE HEART DISEASE: <ul style="list-style-type: none"> • <u>ICD-10:</u> I11.0, I11.9 </p> <p>HYPERTENSIVE CHRONIC KIDNEY DISEASE: <ul style="list-style-type: none"> • <u>ICD-10:</u> I12.0, I12.9 </p> <p>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE: <ul style="list-style-type: none"> • <u>ICD-10:</u> I13.0, I13.10, I13.11, I13.2 </p> <p>SECONDARY HYPERTENSION: <ul style="list-style-type: none"> • <u>ICD-10:</u> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 </p> <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM: <ul style="list-style-type: none"> • <u>ICD-10:</u> 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>URGENT/EMERGENCY/CRISIS HYPERTENSION <ul style="list-style-type: none"> • <u>ICD-10:</u> I16.0, I16.1, I16.9 </p> <p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</p>	

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<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>Also see the Diabetes Screening row above for additional diabetes screening benefits.</p>	<p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening codes.</p>	<p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening preventive benefit instructions.</p> <p>Note: This benefit applies regardless of the gestational week.</p>
<p>Screening Mammography</p> <p><u>USPSTF Rating: B (2002 Recommendation)</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>Also, see Medical Policy titled: Breast Imaging for Screening and Diagnosing Cancer.</p> <p>Also see the Breast Cancer Screening for Average-Risk Women recommendation in the Expanded Women's Preventive Health table below.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 77063, 77067 • Revenue code: 0403 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> • Payable regardless of age. • Does not have diagnosis code requirements for preventive benefit to apply. <p><u>Note the following:</u></p> <ul style="list-style-type: none"> • This benefit only applies to screening mammography.
<p>Cervical Cancer Screening, Pap Smear</p> <p><u>USPSTF Rating (March 2012): A</u> Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. <u>Bright Futures, March 2014:</u> Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p>	<p>Procedure Code(s):</p> <p>Code Group 1:</p> <ul style="list-style-type: none"> • G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 • Does not have diagnosis code requirements for preventive benefit to apply. <p>Code Group 2:</p> <ul style="list-style-type: none"> • 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, , 88155, 88164, 88165, 88166, 88167, 88174, 88175 <p>Code Group 2 Diagnosis Code(s):</p>	<ul style="list-style-type: none"> • Limited to age 21 years – 65 years (ends on 66th birthday) <p>Code Group 1:</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply. <p>Code Group 2:</p> <ul style="list-style-type: none"> • Payable with one of the Diagnosis Codes listed in this row.

Preventive Care Services

Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service:	Code(s):	Preventive Benefit Instructions:
<p><i>A date in this column is when the listed rating was released, not when the benefit is effective.</i></p> <p>Also see the Screening for Cervical Cancer row in the Expanded Women's Preventive Health table below.</p>	<ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.00, Z00.01, Z01.411, Z01.419, Z12.4 	
<p>Cholesterol Screening (Lipid Disorders Screening)</p> <p><u>USPSTF Rating (Nov. 2016): B</u> <u>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults</u> – The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, 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: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p> <p>Note: for statin medications benefits refer to pharmacy plan administrator.</p> <p>*Note: See Dyslipidemia Screening (Bright Futures) row for recommendations for children.</p>	<p><u>Procedure Code(s):</u> <u>Cholesterol Screening:</u></p> <ul style="list-style-type: none"> • 80061, 82465, 83718, 83719, 83721, 84478 <p><u>Blood draw:</u></p> <ul style="list-style-type: none"> • 36415, 36416 <p><u>Diagnosis Code(s):</u></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.00, Z00.01, Z13.220 	<p><u>Age 40 – 75 years (ends on 76th birthday)</u></p> <ul style="list-style-type: none"> • Preventive with one of the Diagnosis Codes listed in this row. <p><u>Blood draw:</u></p> <ul style="list-style-type: none"> • Payable for age 40 – 75 years when billed with one of the listed Cholesterol Screening procedure codes AND with one of the Diagnosis Codes listed in this row. <p><u>Preventive Benefit Does Not Apply:</u> For all ages above, if any of the following lipid disorders diagnosis codes are present in any position the preventive benefit does not apply:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.4, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89
<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>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</p> <p><u>Procedure Code(s):</u> <u>Code Group 1:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: G0104, G0106 • Colonoscopy: G0105, G0120, G0121, G0122 	<p>Age Limits for Colorectal Cancer Screenings:</p> <ul style="list-style-type: none"> • 50 years – 75 years (ends on 76th birthday) <p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</p> <p><u>Code Group 1:</u> Does not have diagnosis code requirements for preventive benefits to</p>

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<ul style="list-style-type: none"> • FOBT and FIT: G0328 • Colonoscopy Pre-op Consultation: S0285 <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 • Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 • FOBT and FIT: 82270, 82274 <p><u>Code Group 3:</u></p> <ul style="list-style-type: none"> • Pathology: 88304, 88305 <p><u>Code Group 4:</u></p> <ul style="list-style-type: none"> • Anesthesia: 00812, 99152, 99153, 99156, 99157, G0500 <p><u>Code Group 5:</u> Pre-op/Consultation:</p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205 • 99211, 99212, 99213, 99214, 99215 • 99241, 99242, 99243, 99244, 99245 <p><u>Code Group 6:</u> Fecal DNA: 81528</p> <p>Diagnosis Code(s) (for Code Group 2, 3, and 4):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 <p>(for Code Group 5):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 <p>Computed Tomographic Colonography (Virtual Colonoscopy): Procedure Code(s):</p> <ul style="list-style-type: none"> • 74263 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<p>apply.</p> <p><u>Code Group 2:</u> Paid as preventive if:</p> <ul style="list-style-type: none"> • billed with one of the Diagnosis Codes listed in this row OR • billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis. <p><u>Code Group 3 (pathology) AND Code Group 4 (anesthesia):</u> Paid as preventive if:</p> <ul style="list-style-type: none"> • billed with one of the Diagnosis Codes listed in this row AND • billed with one of the Procedure Codes from Code Group 1 or Code Group 2. <p><u>Code Group 3 and 4:</u> Note the following:</p> <ul style="list-style-type: none"> • Preventive when performed for a colorectal cancer screening. • Preventive benefits only apply when the surgeon's claim is preventive. <p><u>Code Group 5 :</u> Paid as Preventive if billed with one of the Code Group 5 diagnosis codes.</p> <p><u>Code Group 6 (Fecal DNA):</u></p> <ul style="list-style-type: none"> • Benefit is limited to once every 3 years. • Does not have diagnosis code requirements for preventive benefits to apply. <p>Computed Tomographic Colonography (Virtual Colonoscopy):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. • Prior authorization requirements may apply, depending on plan.
<p>Wellness Examinations (well baby, well child, well adult)</p> <p><u>USPSTF Rating:</u> None UHC supports AAP and AAFP age and frequency guidelines.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • G0402, G0438, G0439 • G0445, S0610, S0612, S0613 • 99381, 99382, 99383, 99384, 99385, 99386, 99387 • 99391, 99392, 99393, 99394, 	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. • G0445 is limited to twice per year. • G0296 is limited to age 55 to 80 years (ends on 81st birthday)

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>HRSA Requirements: These codes also include the following HRSA requirements for Women:</p> <ul style="list-style-type: none"> • Breastfeeding support and counseling • Contraceptive methods counseling and followup care • Domestic violence screening • Annual HIV counseling • Sexually Transmitted Infections counseling • Well-woman visits 	<p>99395, 99396, 99397</p> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 • 99411, 99412 • 99461 <p><i>Counseling Visit (to Discuss the Need for Lung Cancer Screening (LDCT) Using Low Dose CT Scan):</i></p> <ul style="list-style-type: none"> • G0296 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. <p>Also see Expanded Women's Preventive Health table below.</p>	
<p>Immunizations</p> <p><u>USPSTF Rating: None</u></p> <p>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: (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). Implementation will typically occur within 60 days after publication in the MMWR.</p>	<p>See Preventive Immunizations table below.</p>	<p>See Preventive Immunizations table below.</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></p>	<p>Procedure Code(s):</p> <p><i>Hearing Screening:</i></p> <ul style="list-style-type: none"> • V5008, 92551, 92558, 92585, 92586, 92587, 92588 <p><i>Hypothyroidism Screening:</i></p> <ul style="list-style-type: none"> • 84437, 84443 <p>Blood draw:</p> <ul style="list-style-type: none"> • 36415, 36416 <p><i>Phenylketonuria Screening:</i></p> <ul style="list-style-type: none"> • S3620, 84030 <p>Blood draw:</p> <ul style="list-style-type: none"> • 36415, 36416 	<p><i>Newborn Screenings:</i></p> <ul style="list-style-type: none"> • Age 0 – 90 days • Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>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, see row below Hearing Tests (Bright Futures).</p>	<p>Sickle Cell Screening:</p> <ul style="list-style-type: none"> • S3850, 83020, 83021, 83030, 83033, 83051 <p>Blood draw:</p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	
<p>Metabolic Screening Panel (newborns)</p>	<p>Procedure Code(s): <i>Metabolic Screening Panel:</i></p> <ul style="list-style-type: none"> • S3620, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<p><i>Metabolic Screening Panel:</i></p> <ul style="list-style-type: none"> • Age 0 – 90 days • Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Age 0-90 days, payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.
<p>Osteoporosis Screening</p> <p><u>USPSTF Rating (Jan. 2011): B</u> The USPSTF recommends screening for osteoporosis in women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 76977, 77078, 77080, 77081 • G0130 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.00, Z00.01, Z13.820, Z82.62 	<ul style="list-style-type: none"> • Preventive with one of the Diagnosis Codes listed in this row.
<p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</p> <p><u>USPSTF Rating (May 2013): B</u> The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</p> <p>Bright Futures (April 2017): Bright Futures recommends</p>	<p>Procedure Code(s): <i>Alcohol or drug use screening:</i></p> <ul style="list-style-type: none"> • 99408, 99409 <p><i>Annual alcohol screening:</i></p> <ul style="list-style-type: none"> • G0442 <p><i>Brief counseling for alcohol:</i></p> <ul style="list-style-type: none"> • G0443 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply.

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
alcohol or drug use assessments from age 11 years – 21 years.		
High Blood Pressure in Adults – Screening: USPSTF Rating (Oct. 2015):A <ul style="list-style-type: none"> 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. 	Blood Pressure Measurement in a Clinical Setting: <ul style="list-style-type: none"> n/a Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting): Procedure Code(s): <i>Ambulatory Blood Pressure Measurement:</i> <ul style="list-style-type: none"> 93784, 93786, 93788 or 93790 Diagnosis Code: <i>Abnormal blood-pressure reading without diagnosis of hypertension:</i> <ul style="list-style-type: none"> <u>ICD-10</u>: R03.0 	Blood Pressure Measurement in a Clinical Setting: <ul style="list-style-type: none"> This service is included in a preventive care wellness examination. Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting): <ul style="list-style-type: none"> Age 18 years and up. Payable as preventive when billed with the Diagnosis Code listed in this row
Chemoprevention of Breast Cancer (Counseling) <u>USPSTF Rating (July 2002): B</u> The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	Procedure Code(s): <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-10</u>: Z80.3, Z80.41, Z15.01, Z15.02 	<ul style="list-style-type: none"> Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.
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.	<ul style="list-style-type: none"> n/a <p style="text-align: center;">Also see Expanded Women's Preventive Health table below.</p>	<ul style="list-style-type: none"> Included in primary care or OB/GYN office visits.
Screening for Depression in Adults <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	Procedure Code(s): <ul style="list-style-type: none"> 96127, G0444 Diagnosis Code(s): <i>Required for 96127 only:</i> <ul style="list-style-type: none"> <u>ICD-10</u>: Z13.89 	One of the Diagnosis Codes listed in this row is required for 96127. The Diagnosis Codes listed in this row are not required for G0444.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		
<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):</p> <ul style="list-style-type: none"> 96127, G0444 <p>Diagnosis Code(s): <i>Required for 96127 only:</i></p> <ul style="list-style-type: none"> <u>ICD-10:</u> Z13.89 	<p>One of the Diagnosis Codes listed in this row is required 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></p> <ul style="list-style-type: none"> 97802, 97803, 97804, G0270, G0271, S9470 <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> G0446, G0447, G0473, 0403T <p>Diagnosis Code(s): SCREENING: <ul style="list-style-type: none"> <u>ICD-10:</u> Z13.220 HISTORY: <ul style="list-style-type: none"> <u>ICD-10:</u> Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219 OVERWEIGHT: <ul style="list-style-type: none"> <u>ICD-10:</u> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 BODY MASS INDEX 30.0 – 39.9: <ul style="list-style-type: none"> <u>ICD-10:</u> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 </p>	<ul style="list-style-type: none"> G0446 is limited to once per year. <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> Required for 97802-97804, 99401-99404, G0270, G0271, S9470 and 0403T NOT required for G0446, G0447 and G0473

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>BODY MASS INDEX 40.0 AND OVER:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>IMPAIRED FASTING GLUCOSE:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: R73.01 <p>METABOLIC SYNDROME:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E88.81 <p>HYPERLIPIDEMIA / DYSLIPIDEMIA:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E78.00, E78.01, E78.1, E78.2, E78.3, E78.4, E78.5 <p>OBESITY:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I10 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: 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>URGENT/EMERGENCY/CRISIS HYPERTENSION</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I16.0, I16.1, I16.9 <p>DIABETES:</p>	

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<ul style="list-style-type: none"> • See Diabetes Diagnosis Code List table below. <p>ATHEROSCLEROSIS:</p> <ul style="list-style-type: none"> • See Atherosclerosis Diagnosis Code List table below. <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: 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>Screening for Obesity in Adults</p> <p><u>USPSTF Rating (June 2012): B</u> The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i></p> <ul style="list-style-type: none"> • 97802, 97803, 97804 <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> • G0446, G0447, G0473 <p>Also see codes in the "Wellness Examinations" row above.</p> <p>Diagnosis Code(s): <i>Body Mass Index 30.0 – 39.9:</i></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <p><i>Body Mass Index 40.0 and over:</i></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p><i>Obesity:</i></p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	<ul style="list-style-type: none"> • G0446 is limited to once per year. <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> • Required for 97802-97804 and 99401-99404. • NOT required for G0446, G0447 and G0473.
<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</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i></p> <ul style="list-style-type: none"> • 97802, 97803, 97804 <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> • G0446, G0447, G0473 	<ul style="list-style-type: none"> • G0446 is limited to once per year. <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> • Required for 97802-97804 and 99401-99404. • NOT required for G0446, G0447 and G0473.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
to comprehensive, intensive behavioral interventions to promote improvements in weight status.	Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s): <i>Obesity:</i> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	
Behavioral Counseling to Prevent Sexually Transmitted Infections <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).	Procedure Code(s): <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 • G0445 Diagnosis Code(s): <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> • G0445 is limited to twice per year. • Does not have diagnosis code requirements for preventive benefit to apply.
Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions <u>USPSTF Rating (Sept. 2015): A</u> <ul style="list-style-type: none"> • 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. 	Procedure Code(s): <u>Behavioral Interventions:</u> <ul style="list-style-type: none"> • 99406, 99407 • 99401, 99402, 99403, 99404 • Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s): <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply.
Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents <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	Procedure Code(s): <u>Smoking and tobacco use cessation counseling visit:</u> <ul style="list-style-type: none"> • 99406, 99407 • 99401, 99402, 99403, 99404 • Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s):	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
among school-aged children and adolescents. <u>Bright Futures (April 2017):</u> Bright Futures recommends tobacco use assessments from age 11 years – 21 years.	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	
Screening for Visual Impairment in Children <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.	Procedure Code(s): <ul style="list-style-type: none"> 99173, 99174, 99177 Diagnosis Code(s): <ul style="list-style-type: none"> See Preventive Benefit Instructions column. 	Age Limit (99173, 99174 and 99177): <ul style="list-style-type: none"> Less than age 6 years (ends on 6th birthday). Code 99173: <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply. Code 99174 and 99177: <ul style="list-style-type: none"> See the Medical Policy titled Omnibus Codes for allowable diagnoses.
Behavioral Counseling to Prevent Skin Cancer <u>USPSTF Rating (May 2012): B</u> The USPSTF recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	Procedure Code(s): <ul style="list-style-type: none"> n/a Diagnosis Code(s): <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> This service is included in a preventive care wellness examination or focused E&M visit.
Prevention of Falls in Community-Dwelling Older Adults <u>USPSTF Rating (May 2012): B</u> The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.	Procedure Code(s): <ul style="list-style-type: none"> n/a Diagnosis Code(s): <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> This service is included in a preventive care wellness examination or focused E&M visit.
Screening for Intimate Partner Violence <u>USPSTF Rating (Jan. 2013): B</u> The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.	Procedure Code(s): <ul style="list-style-type: none"> n/a Diagnosis Code(s): <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> This service is included in a preventive care wellness examination.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Screening for Lung Cancer with Low-Dose Computed Tomography <u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults 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):</p> <ul style="list-style-type: none"> G0297 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10</u>: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 <p>Codes for Reporting Purposes:</p> <ul style="list-style-type: none"> G9275, G9276, G9458, G9459, G9460 <p><u>Note</u>: codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	<p>Requires one of the listed diagnosis codes in this row. <u>Limitations:</u></p> <ul style="list-style-type: none"> Limited to one per year, and All of the following criteria: <ol style="list-style-type: none"> Age 55 to 80 years (ends on 81st birthday), and At least 30 pack-years* of smoking history, and Either a current smoker, or, have quit within the past 15 years. <p>Note: Prior authorization requirements may apply, depending on plan.</p> <p>*A pack-year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. <i>Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page.</i> http://www.cancer.gov/dictionary?CdrID=306510</p>
<p>Fluoride Application in Primary Care <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:</i></p> <ul style="list-style-type: none"> 99188 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Age 0 – 5years (ends on 6th birthday) Does not have diagnosis code requirements for preventive benefit to apply.
<p>Latent Tuberculosis Infection: Screening, Adults <u>USPSTF Rating (Sept. 2016): B</u> The USPSTF recommends screening for latent tuberculosis</p>	<p>Procedure Code(s): <i>Screening:</i></p> <ul style="list-style-type: none"> 86480, 86481, 86580 99211 (<i>for followup visit to check skin results</i>) 	<p><i>Screening:</i></p> <ul style="list-style-type: none"> Ages 18 years and up. CPT code 86480, 86481, and 86580 are payable as preventive with any of the Diagnosis Codes listed in this row.

Preventive Care Services

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Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.	Blood draw: ○ 36415, 36416 Diagnosis Code(s): ○ <u>ICD-10:</u> ○ R76.11, R76.12 ○ Z00.00, Z00.01, Z11.1, Z20.1 Note: For age 18 – 20 years (ends on 21 st birthday): in addition to the codes in this row, the preventive benefit also applies to the ICD-10 diagnosis codes listed in the Bright Futures row below, "Tuberculosis TB Testing"	○ CPT code 99211 is only payable as preventive with diagnosis code R76.11, or R76.12 Blood draw: • Ages 18 years and up. Payable as preventive when billed with 86480 or 86481, AND one of the Diagnosis codes listed in this row.
Preeclampsia Screening <u>USPSTF Rating (April 2017): B</u> The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit. See the code groups called Prenatal Office Visits, Prenatal Care Visits, and Global Obstetrical Codes listed in the Expanded Women's Preventive Health table below.	See the code groups called Prenatal Office Visits, Prenatal Care Visits, and Global Obstetrical Codes listed in the Expanded Women's Preventive Health table below.
Bright Futures:		
Anemia Screening in Children (Bright Futures)	Procedure Code(s): <i>Anemia Screening in Children:</i> ○ 85014, 85018 Blood draw: ○ 36415, 36416 Diagnosis Code(s): • <u>ICD-10:</u> Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	Anemia Screening in Children: ○ Ages prenatal to 21 (ends on 21 st birthday). No frequency limit. CPT codes 85014 and 85018 payable as preventive with one of the Diagnosis Codes listed in this row. Blood draw: ○ Ages prenatal to 21 (ends on 21 st birthday) payable when billed with 85014 or 85018, AND with one of the Diagnosis Codes listed in this row.
Hearing Tests (Bright Futures, April 2017) <u>Hearing tests:</u> 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	Procedure Code(s): Hearing tests: ○ 92551, 92552, 92553 Diagnosis Code(s): ○ <u>ICD-10:</u> Z00.121, Z00.129, Z01.10 Note: A risk assessment is included in the code for a wellness examination visit. See the codes in the Wellness Examinations row above.	○ Ages prenatal to 21 (ends on 21 st birthday). Limit of once per year. Payable as preventive with one of the Diagnosis Codes listed in this row.

Preventive Care Services

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 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
assessment. Risk assessment: recommended at ages: 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, 30 mo, 3 years, 7 years, 9 years		
Formal Developmental / Autism Screening (Bright Futures) <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. 	Procedure Code(s): <ul style="list-style-type: none"> ○ 96110 Diagnosis Code(s): <ul style="list-style-type: none"> ○ <u>ICD-10</u>: Z00.121, Z00.129, Z13.4 	<ul style="list-style-type: none"> ○ Ages prenatal to 2 years (ends on 3rd birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row.
Lead Screening (Bright Futures) <p>Screening Lab Work: Conduct risk assessment or screening, as appropriate at the following intervals: 12 mo and 24 mo. Risk assessment, and screening if positive recommended at 6 mo, 9 mo, 12 mo, 18 mo, 24 mo, 3 years, 4 years, 5 years and 6 years.</p>	Procedure Code(s): <i>Lead Screening:</i> <ul style="list-style-type: none"> ○ 83655 <i>Blood draw:</i> <ul style="list-style-type: none"> ○ 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> ○ <u>ICD-10</u>: Z00.121,Z00.129, Z77.011 	<i>Lead Screening:</i> <ul style="list-style-type: none"> ○ Ages 6 months through age 6years (ends on 7th birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row. <i>Blood draw:</i> <ul style="list-style-type: none"> • Ages 6 months through age 6years (ends on 7th birthday) payable when billed with 83655 AND one of the Diagnosis Codes listed in this row.
Tuberculosis - TB Testing (Bright Futures) <p>For age 18 years and older, please also refer to the USPSTF row above "Latent Tuberculosis Infection: Screening, Adults"</p>	Procedure Code(s): <ul style="list-style-type: none"> ○ 86580 ○ 99211(for followup visit to check skin results) Diagnosis Code(s): <ul style="list-style-type: none"> ○ <u>ICD-10</u>: R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1 Note: For age 18 years and up: in addition to the codes in this row, the preventive benefit also applies to <u>all</u> codes listed in the USPSTF row above, "Latent Tuberculosis Infection: Screening, Adults".	<ul style="list-style-type: none"> ○ Ages prenatal to 21(ends on 21st birthday). For age 18 years and older, please also refer to the USPSTF row above "Latent Tuberculosis Infection: Screening, Adults" ○ No frequency limit. ○ CPT code 86580 is payable as preventive with one of the Diagnosis Codes listed in this row. ○ CPT code 99211 is only payable as preventive with diagnosis code ICD-10: R76.11, R76.12 and Z11.1

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Dyslipidemia Screening (Bright Futures April 2014)</p> <p><u>Screening Lab Work:</u> 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><u>Risk assessment:</u> Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.</p>	<p>Procedure Code(s): <i>Dyslipidemia Screening Lab work:</i></p> <ul style="list-style-type: none"> • 80061, 82465, 83718, 83719, 83721, 84478 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.121, Z00.129, Z13.220 <p>Note: A risk assessment is included in the code for a wellness examination visit. See the Wellness Examinations row above.</p>	<p><i>Dyslipidemia Screening Lab Work:</i></p> <ul style="list-style-type: none"> • Ages 24 months to 21 years (ends on 21st birthday). • Payable as preventive with one of the Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Ages 24 months to 21 years (ends on 21st birthday) payable when billed with one of the listed Dyslipidemia Screening Procedure Codes listed in this row, AND with one of the Diagnosis Codes listed in this row.
<p>Tobacco, Alcohol or Drug Use Assessment (Bright Futures April 2017):</p> <p>Bright Futures recommends tobacco, alcohol or drug use assessment from age 11 years – 21 years.</p>	<p>See codes in the following rows above:</p> <ul style="list-style-type: none"> • "Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents" and • "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse" 	<p>See the rows above:</p> <ul style="list-style-type: none"> • "Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents" and • "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse"
<p>Psychosocial / Behavioral Assessment Bright Futures (April 2017):</p> <p>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. See the codes in the Wellness Examinations row above.</p>	<p>See the Wellness Examinations row above.</p>
<p>Depression Screening (Bright Futures, April 2017)</p> <p>Bright Futures recommends depression screening at each of the recommended visits between age 12 years – 21 years.</p>	<p>See the codes in the "Depression in Children and Adolescents (Screening)" row above.</p>	<p>See the "Depression in Children and Adolescents (Screening)" row above.</p>
<p>Sexually Transmitted Infections (STI) Bright Futures (April 2017):</p> <p>Bright Futures recommends the following: <u>STI Risk Assessment:</u> Conduct risk assessment at each of the recommended visits between 11 years – 21 years. <u>STI Lab Work:</u> Conduct if risk assessment is positive</p>	<p>See the codes in the following rows above:</p> <ul style="list-style-type: none"> • "Chlamydia Infection Screening" • "Gonorrhea Screening" 	<p>See the following rows above:</p> <ul style="list-style-type: none"> • "Chlamydia Infection Screening" • "Gonorrhea Screening"

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
HIV Screening Bright Futures (April 2017) <u>HIV Risk Assessment:</u> Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years and 21 years. <u>HIV Screening Lab Work:</u> Conduct once between age 15 – 18 years. Also recommended anytime between ages 11 – 14 years, and 19 – 21 years when a risk assessment is positive.	See the codes in the "HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults" row above.	See the row above "HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults"

PREVENTIVE IMMUNIZATIONS

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: (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). Implementation will typically occur within 60 days after publication in the MMWR. In the case of a public health emergency (as defined by the Centers for Disease Control or state or local public health departments) UnitedHealthcare may choose to apply preventive benefits to a new vaccine if the vaccine has FDA approval, even if an ACIP recommendation has not been announced.

NOTE:

- **Trade Name(s) column:** brand names/trade names are included, when available, as examples for convenience only. Coverage pursuant to this Coverage Determination Guideline is based solely on the procedure codes.
- **Age Group column:** This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; Pediatric means age 0-18 years.
- **Benefit Limits column:** Benefit Limits in **bold text** are from FDA labeling and ACIP recommendations. Codes that indicate "For applicable age see code description" are limited to the age(s) listed in the code description.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
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.

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	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	-
Meningococcal (MenB-4C; MenB-Fhbp; Hib-MenCY; MPSV4; MCV4; MenACWY)	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	• Bexsero®	Both	Benefit Limit: Age 10 and up.

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	• Trumenba®	Both	Benefit Limit: Age 10 and up.
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age , for intramuscular use	• MenHibrix®	Pediatric	For applicable age see code description.
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	• Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	• Menactra® • Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage , for intramuscular use	• Havrix® • VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/ adolescent dosage -2 dose schedule, for intramuscular use	• Havrix® • 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	• Twinrix®	Adult	For applicable age see code description.
Haemophilus influenzae b (Hib):	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	• PedvaxHIB®	Both	-
	90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	• ActHIB® • Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	• Gardasil4®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27th birthday.

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	-	Both	Benefit Limit: Ages 9-26yrs. 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	• Gardasil9 [®]	Both	Benefit Limit: Ages 9-26yrs. Ends on 27th birthday.
Seasonal Influenza ('flu') <i>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.</i>	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	• Fluzone [®] Intradermal Quadrivalent	Both	-
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	-	Both	-
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	• Fluzone [®] Intradermal Trivalent	Adult	Benefit Limit: 18 years – 64 years. Ends on 65th birthday.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	• Fluzone [®] No Preservative Pediatric	Pediatric	Benefit Limit: 6 – 35 months old.
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	• Afluria [®] • Fluzone [®] No preservative • Fluvirin [®] • Fluarix [®] • Flulaval [®]	Both	Benefit Limit: 3 years and up.
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	• Fluzone [®]	Pediatric	Benefit Limit: 6 – 35 months old.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	• Afluria [®] • Flulaval [®] • Fluvirin [®] • Fluzone [®]	Both	Benefit Limit: 3 years and up.
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	• Flumist [®]	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	• Flucelvax™	Adult	Benefit Limit: Ages 4 years and up
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	• High Dose Fluzone®	Adult	Benefit Limit: Ages 65 years and up
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	-	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	-	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	-	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	• Flumist® (LAIV4)	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday.
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	• Flublok®	Adult	Benefit Limit: Age 18 years and up.
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	• Flucelvax® Quadrivalent	Both	Benefit Limit: Age 4 years and up.
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	• Flublok Quadrivalent	Adult	Benefit Limit: Age 18 years and up.

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	• Fluzone®	Pediatric	Benefit Limit: 6 – 35 months old.
	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	Benefit Limit: Ages 6 months and up.
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	• Fluzone Quadrivalent®	Pediatric	Benefit Limit: 6 – 35 months old.
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	• Afluria® Quadrivalent • FluLaval Quadrivalent® • Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and up.
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), 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	Benefit Limit: Ages 18 years and up
	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.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (FLUVIRIN)	• Fluvirin®	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine, split virus, when administered to	• Fluzone®	Both	For applicable age see code

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		individuals 3 years of age and older , for intramuscular use (Fluzone)			description.
	Q2039	Influenza virus vaccine, not otherwise specified	-	Both	-
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	-
Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	• Rotateq [®]	Both	-
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	• Rotarix [®]	Both	-
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 influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	• Pentacel [®]	Both	-
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	-	Pediatric	For applicable age see code description.
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	• MMR II [®]	Both	-

PREVENTIVE IMMUNIZATIONS

These codes do **not** have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	• ProQuad®	Both	-
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	• Ipol®	Both	-
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.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	• Varivax®	Both	-
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactivated (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	• Pediarix®	Both	Benefit Limit: Ages 0-6yrs. Ends on 7th birthday.
Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	• Zostavax	Adult	Benefit Limit: Age 60 years and up.
Hepatitis B	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® • Energix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), adult dosage , 3 dose schedule, for intramuscular use	• Recombivax HB® • Energix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	• Energix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	-	Both	-

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

ICD-10 Codes:

000.00, 000.01, 000.101, 000.102, 000.109, 000.111, 000.112, 000.119, 000.201, 000.202, 000.209, 000.211, 000.212, 000.219, 000.80, 000.81, 000.90, 000.91, 009.A0, 009.A1, 009.A2, 009.A3, 001.0, 001.1, 001.9, 002.0, 002.1, 002.81, 002.89, 002.9, 003.0, 003.1, 003.2, 003.30, 003.31, 003.32, 003.33, 003.34, 003.35, 003.36, 003.37, 003.38, 003.39, 003.4, 003.5, 003.6, 003.7, 003.80, 003.81, 003.82, 003.83, 003.84, 003.85, 003.86, 003.87, 003.88, 003.89, 003.9, 004.5, 004.6, 004.7, 004.80, 004.81, 004.82, 004.83, 004.84, 004.85, 004.86, 004.87, 004.88, 004.89, 007.0, 007.1, 007.2, 007.30, 007.31, 007.32, 007.33, 007.34, 007.35, 007.36, 007.37, 007.38, 007.39, 007.4, 008.0, 008.1, 008.2, 008.3, 008.4, 008.5, 008.6, 008.7, 008.81, 008.82, 008.83, 008.89, 008.9, 009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.211, 009.212, 009.213, 009.219, 009.291, 009.292, 009.293, 009.299, 009.30, 009.31, 009.32, 009.33, 009.40, 009.41, 009.42, 009.43, 009.511, 009.512, 009.513, 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015.02, 015.03, 015.1, 015.2, 015.9, 016.1, 016.2, 016.3, 016.4, 016.5, 016.9, 020.0, 020.8, 020.9, 021.0, 021.1, 021.2, 021.8, 021.9, 022.00, 022.01, 022.02, 022.03, 022.10, 022.11, 022.12, 022.13, 022.20, 022.21, 022.22, 022.23, 022.30, 022.31, 022.32, 022.33, 022.40, 022.41, 022.42, 022.43, 022.50, 022.51, 022.52, 022.53, 022.8X1, 022.8X2, 022.8X3, 022.8X9, 022.90, 022.91, 022.92, 022.93, 023.00, 023.01, 023.02, 023.03, 023.10, 023.11, 023.12, 023.13, 023.20, 023.21, 023.22, 023.23, 023.30, 023.31, 023.32, 023.33, 023.40, 023.41, 023.42, 023.43, 023.511, 023.512, 023.513, 023.519, 023.521, 023.522, 023.523, 023.529, 023.591, 023.592, 023.593, 023.599, 023.90, 023.91, 023.92, 023.93, 024.011, 024.012, 024.013, 024.019, 024.02, 024.03, 024.111, 024.112, 024.113, 024.119, 024.12, 024.13, 024.311, 024.312, 024.313, 024.319, 024.32, 024.33, 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439, 024.811, 024.812, 024.813, 024.819, 024.82, 024.83, 024.911, 024.912, 024.913, 024.919, 024.92, 024.93, 025.10, 025.11, 025.12, 025.13, 025.2, 025.3, 026.00, 026.01, 026.02, 026.03, 026.10, 026.11, 026.12, 026.13, 026.20, 026.21, 026.22, 026.23, 026.30, 026.31, 026.32, 026.33, 026.40, 026.41, 026.42, 026.43, 026.50, 026.51, 026.52, 026.53, 026.611, 026.612, 026.613, 026.619, 026.62, 026.63, 026.711, 026.712, 026.713, 026.719, 026.72, 026.73, 026.811, 026.812, 026.813, 026.819, 026.821, 026.822, 026.823, 026.829, 026.831, 026.832, 026.833, 026.839, 026.841, 026.842, 026.843, 026.849, 026.851, 026.852, 026.853, 026.859, 026.86, 026.872, 026.873, 026.879, 026.891, 026.892, 026.893, 026.899, 026.90, 026.91, 026.92, 026.93, 028.0, 028.1, 028.2, 028.3, 028.4, 028.5, 028.8, 028.9, 029.011, 029.012, 029.013, 029.019, 029.021, 029.022, 029.023, 029.029, 029.091, 029.092, 029.093, 029.099, 029.111, 029.112, 029.113, 029.119, 029.121, 029.122, 029.123, 029.129, 029.191, 029.192, 029.193, 029.199, 029.211, 029.212, 029.213, 029.219, 029.291, 029.292, 029.293, 029.299, 029.3X1, 029.3X2, 029.3X3, 029.3X9, 029.40, 029.41, 029.42, 029.43, 029.5X1, 029.5X2, 029.5X3, 029.5X9, 029.60, 029.61, 029.62, 029.63, 029.8X1, 029.8X2, 029.8X3, 029.8X9, 029.90, 029.91, 029.92, 029.93, 030.001, 030.002, 030.003, 030.009, 030.011, 030.012, 030.013, 030.019, 030.021, 030.022, 030.023, 030.029, 030.031, 030.032, 030.033, 030.039, 030.041, 030.042, 030.043, 030.049, 030.091, 030.092, 030.093, 030.099, 030.101, 030.102, 030.103, 030.109, 030.111, 030.112, 030.113, 030.119, 030.121, 030.122, 030.123, 030.129, 030.191, 030.192, 030.193, 030.199, 030.201, 030.202, 030.203, 030.209, 030.211, 030.212, 030.213, 030.219, 030.221, 030.222, 030.223, 030.229, 030.291, 030.292, 030.293, 030.299, 030.801, 030.802, 030.803, 030.809, 030.811, 030.812, 030.813, 030.819, 030.821, 030.822, 030.823, 030.829, 030.891, 030.892, 030.893, 030.899, 030.90, 030.91, 030.92, 030.93, 031.00X0, 031.00X1, 031.00X2, 031.00X3, 031.00X4, 031.00X5, 031.00X9, 031.01X0, 031.01X1, 031.01X2, 031.01X3, 031.01X4, 031.01X5, 031.01X9, 031.02X0, 031.02X1, 031.02X2, 031.02X3, 031.02X4, 031.02X5, 031.02X9, 031.03X0, 031.03X1, 031.03X2, 031.03X3, 031.03X4, 031.03X5, 031.03X9, 031.10X0, 031.10X1, 031.10X2, 031.10X3, 031.10X4, 031.10X5, 031.10X9, 031.11X0, 031.11X1, 031.11X2, 031.11X3, 031.11X4, 031.11X5, 031.11X9, 031.12X0, 031.12X1, 031.12X2, 031.12X3, 031.12X4, 031.12X5, 031.12X9, 031.13X0, 031.13X1, 031.13X2, 031.13X3, 031.13X4, 031.13X5, 031.13X9, 031.20X0, 031.20X1, 031.20X2, 031.20X3, 031.20X4, 031.20X5, 031.20X9, 031.21X0, 031.21X1, 031.21X2, 031.21X3, 031.21X4, 031.21X5, 031.21X9, 031.22X0, 031.22X1, 031.22X2, 031.22X3, 031.22X4, 031.22X5, 031.22X9, 031.23X0, 031.23X1, 031.23X2, 031.23X3, 031.23X4, 031.23X5, 031.23X9, 031.30X0, 031.30X1, 031.30X2, 031.30X3, 031.30X4, 031.30X5, 031.30X9, 031.31X0, 031.31X1, 031.31X2, 031.31X3, 031.31X4, 031.31X5, 031.31X9, 031.32X0, 031.32X1, 031.32X2, 031.32X3, 031.32X4, 031.32X5, 031.32X9, 031.33X0, 031.33X1, 031.33X2,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, 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Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.411, O98.412, O98.413, O98.419, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.310, O99.311, O99.312, O99.313, O99.314, O99.315, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.711, O99.712, O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, O9A.111, O9A.112, O9A.113, O9A.119, O9A.12, O9A.13, O9A.211, O9A.212, O9A.213, O9A.219, O9A.22, O9A.23, O9A.311, O9A.312, O9A.313, O9A.319, O9A.32, O9A.33, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, O9A.511, O9A.512, O9A.513, O9A.519, O9A.52, O9A.53, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z29.13, Z32.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49

Hepatitis C Virus Infection Screening Diagnosis Code List:

The following codes are required for the Hepatitis C Virus Infection Screening benefit. For details see the Preventive Care Services table (above).

ICD-10 Codes:

A50.01,A50.02,A50.03,A50.04,A50.05,A50.06,A50.07,A50.08,A50.09,A50.1,A50.2,A50.30,A50.31,A50.32,A50.39,A50.40,A50.41,A50.42,A50.43,A50.44,A50.45,A50.49,A50.51,A50.52,A50.53,A50.54,A50.55,A50.56,A50.57,A50.59,A50.6,A50.7,A50.9,A51.0,A51.1,A51.2,A51.31,A51.32,A51.39,A51.41,A51.42,A51.43,A51.44,A51.46,A51.49,A51.5,A51.9,A52.00,A52.01,A52.02,A52.03,A52.04,A52.05,A52.06,A52.09,A52.10,A52.11,A52.12,A52.13,A52.14,A52.15,A52.16,A52.17,A52.19,A52.2,A52.3,A52.71,A52.72,A52.73,A52.74,A52.75,A52.76,A52.77,A52.78,A52.79,A52.8,A52.9,A53.0,A53.9,A54.00,A54.01,A54.02,A54.03,A54.09,A54.1,A54.21,A54.22,A54.23,A54.24,A54.29,A54.30,A54.31,A54.32,A54.33,A54.39,A54.40,A54.41,A54.42,A54.43,A54.49,A54.5,A54.6,A54.81,A54.82,A54.83,A54.84,A54.85,A54.86,A54.89,A54.9,A55,A56.00,A56.01,A56.02,A56.09,A56.11,A56.19,A56.2,A56.3,A56.4,A56.8,A57,A58,A59.00,A59.01,A59.02,A59.03,A59.09,A59.8,A59.9,A60.00,A60.01,A60.02,A60.03,A60.04,A60.09,A60.1,A60.9,A63.0,A63.8,A64,A74.81,A74.89,A74.9,B07.8,B07.9,B20.,B97.35,B97.7,D65,D66,D67.,D68.0,D68.1,D68.2,D68.311,D68.312,D68.318,D68.32,D68.4,D68.8,D68.9,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F12.20,F12.21,F12.220,F12.221,F12.222,F12.229,F12.250,F12.251,F12.259,F12.280,F12.288,F12.29,F13.20,F13.21,F13.220,F13.221,F13.229,F13.230,F13.231,F13.232,F13.239,F13.24,F13.250,F13.251,F13.259,F13.26,F13.27,F13.280,F13.281,F13.282,F13.288,F13.29,F14.20,F14.21,F14.220,F14.221,F14.222,F14.229,F14.23,F14.24,F14.250,F14.251,F14.259,F14.280,F14.281,F14.282,F14.288,F14.29,F15.20,F15.21,F15.220,F15.221,F15.222,F15.229,F15.23,F15.24,F15.250,F15.251,F15.259,F15.280,F15.281,F15.282,F15.288,F15.29,F16.20,F16.21,F16.220,F16.221,F16.229,F16.24,F16.250,F16.251,F16.259,F16.280,F16.283,F16.288,F16.29,F18.20,F18.21,F18.220,F18.221,F18.229,F18.24,F18.250,F18.251,F18.259,F18.27,F18.280,F18.288,F18.29,F19.20,F19.21,F19.220,F19.221,F19.222,F19.229,F19.230,F19.231,F19.232,F19.239,F19.24,F19.250,F19.251,F19.259,F19.26,F19.27,F19.280,F19.281,F19.282,F19.288,F19.29,K50.00,K50.011,K50.012,K50.013,K50.014,K50.018,K50.019,K50.10,K50.111,K50.112,K50.113,K50.114,K50.118,K50.119,K50.80,K50.811,K50.812,K50.813,K50.814,K50.818,K50.819,K50.90,K50.911,K50.912,K50.913,K50.914,K50.918,K50.919,K51.20,K51.211,K51.212,K51.213,K51.214,K51.218,K51.219,K51.30,K51.311,K51.312,K51.313,K51.314,K51.318,K51.319,K51.40,K51.411,K51.412,K51.413,K51.414,K51.418,K51.419,K51.50,K51.511,K51.512,K51.513,K51.514,K51.518,K51.519,K51.80,K51.811,K51.812,K51.813,K51.814,K51.818,K51.819,K51.90,K51.911,K51.912,K51.913,K51.914,K51.918,K51.919,M02.30,M02.311,M02.312,M02.319,M02.321,M02.322,M02.329,M02.331,M02.332,M02.339,M02.341,M02.342,M02.349,M02.351,M02.352,M02.359,M02.361,M02.362,M02.369,M02.371,M02.372,M02.379,M02.38,M02.39,N18.3,N18.4,N18.5,N18.6,N34.1,N49.1,N49.2,N49.3,N49.8,N49.9,N73.5,N73.9,N76.0,N76.1,N76.2,N76.3,N77.1,O35.3XX0,O35.3XX1,O35.3XX2,O35.3XX3,O35.3XX4,O35.3XX5,O35.3XX9,O35.5XX0,O35.5XX1,O35.5XX2,O35.5XX3,O35.5XX4,O35.5XX5,O35.5XX9,O90.4,O98.011,O98.012,O98.013,O98.019,O98.02,O98.03,O98.111,O98.112,O98.113,O98.119,O98.12,O98.13,O98.211,O98.212,O98.213,O98.219,O98.22,O98.23,O98.311,O98.312,O98.313,O98.319,O98.32,O98.33,O99.320,O99.321,O99.322,O99.323,O99.324,O99.325,P00.2,Z00.00,Z00.01,Z04.41,Z04.42,Z05.1,Z11.3,Z11.4,Z11.59,Z11.9,Z14.01,Z14.02,Z20.2,Z20.5,Z20.6,Z20.828,Z21,Z22.4,Z41.8,Z48.21,Z48.22,Z48.24,Z48.280,Z48.288,Z48.290,Z48.298,Z49.31,Z49.32,Z51.89,Z52.000,Z52.001,Z52.008,Z52.010,Z52.011,Z52.018,Z52.090,Z52.091,Z52.098,Z52.10,Z52.11,Z52.19,Z52.20,Z52.21,Z52.29,Z52.3,Z52.4,Z52.5,Z52.6,Z52.89,Z52.9,Z57.8,Z71.7,Z72.51,Z72.52,Z72.53,Z79.899,Z86.2,Z92.25,Z94.0,Z94.1,Z94.2,Z94.3,Z94.5,Z94.6,Z94.7,Z94.81,Z94.82,Z94.83,Z94.84,Z94.89,Z94.9,Z95.3,Z95.4,Z99.2

Diabetes Diagnosis Code List:

Refer to the Preventive Care Services table (above), and the Expanded Women's Preventive Health table (below) regarding the following Diabetes Diagnosis Codes.

ICD-10 Codes:

Diabetes mellitus due to underlying condition: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.36, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9

Drug or chemical induced diabetes mellitus: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, , E09.3211, E09.3212, E09.3213, E09.3219, , E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413,

Diabetes Diagnosis Code List:

Refer to the Preventive Care Services table (above), and the Expanded Women's Preventive Health table (below) regarding the following Diabetes Diagnosis Codes.

E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, , E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9

Type 1 diabetes mellitus: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9

Type 2 diabetes mellitus: E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9

Other specified diabetes mellitus: E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)
- Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD-10 Codes:

I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713,

Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)
- Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

170.718, 170.719, 170.721, 170.722, 170.723, 170.728, 170.729, 170.731, 170.732, 170.733, 170.734, 170.735, 170.738, 170.739, 170.741, 170.742, 170.743, 170.744, 170.745, 170.748, 170.749, 170.75, 170.761, 170.762, 170.763, 170.768, 170.769, 170.791, 170.792, 170.793, 170.798, 170.799, 170.8, 170.90, 170.91

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These are the requirements of the Health Resources and Services Administration (HRSA).

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<p>Service: A date in this column reflects when the listed rating was issued.</p>	<p>Code(s):</p>	<p>Preventive Benefit Instructions:</p>
<p>Well-Woman Visits</p> <p><u>HRSA Requirement (Dec. 2016):</u> 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 interconception 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.</p> <p>Also see "Wellness Examinations" and "Preeclampsia Screening" sections in the Preventive Care Services table above.</p>	<p>Procedure Code(s): <u>Well-woman visits:</u></p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p><u>Prenatal Office Visits: Evaluation and Management (Office Visits):</u></p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463 <p><u>Physician prenatal education, group setting:</u></p> <ul style="list-style-type: none"> • 99078 <p><u>Prenatal Care Visits:</u></p> <ul style="list-style-type: none"> • 59425, 59426 <p><u>Global Obstetrical Codes:</u></p> <ul style="list-style-type: none"> • 59400, 59510, 59610, 59618 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • See Pregnancy Diagnosis Code list above. 	<p><u>Well-woman visits:</u></p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p><u>Prenatal Office Visits:</u></p> <ul style="list-style-type: none"> • Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above). <p><u>Prenatal Care Visits:</u></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Codes are not required. <p><u>Global Obstetrical Codes:</u></p> <ul style="list-style-type: none"> • The routine, low-risk, prenatal visits portion of the code is covered as preventive. • Pregnancy Diagnosis Codes are not required.
<p>Screening for Gestational Diabetes Mellitus</p> <p><u>HRSA Requirement (Dec. 2016):</u> 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</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 82947, 82948, 82950, 82951, 82952, 83036 • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code. (See Pregnancy Diagnosis Code list above.) 	<ul style="list-style-type: none"> • Payable with Pregnancy Diagnosis Code (regardless of gestational week) <p><u>Criteria for 36415 and 36416:</u> Payable when billed with ALL of the following:</p> <ul style="list-style-type: none"> • With one of the Diabetes Screening Procedure codes listed in this row AND • With a Pregnancy Diagnosis Code <p>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes table above.</p>

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

Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:
<p>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 <i>Diabetes Screening and the Gestational Diabetes Mellitus Screening sections in the Preventive Care Services table above.</i></p>		
<p>Counseling for Sexually Transmitted Infections</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 sexually transmitted infections (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 partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.</p>	<ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above.
<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. <u>All women</u> should be tested for HIV at least once during</p>	<p>Education and Risk Assessment:</p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> • See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table 	<p>Education and Risk Assessment:</p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> • See the HIV – Human Immunodeficiency Virus –Screening for Adolescents and Adults section of the Preventive Services table above.

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*For additional services covered for women, see the Preventive Care Services table above.
Certain codes may not be payable in all circumstances due to other policies or guidelines.*

Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:
<p>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 <u>all pregnant</u> 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>above.</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 (eg, 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 effective, should be provided for women desiring an alternative method.</p> <p>For counseling and followup care:</p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the 	<p>Code Group 1: <u>Sterilizations:</u></p> <ul style="list-style-type: none"> • <i>Tubal Ligation, oviduct occlusion:</i> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See Code Group 4 below for tubal ligation followup.) <p><u>Contraceptive Methods:</u></p> <ul style="list-style-type: none"> • <i>Diaphragm or cervical cap:</i> 57170, A4261, A4266 • <i>IUD (copper):</i> J7300 • <i>IUD (Skyla®):</i> J7301 • <i>IUD (Liletta®):</i> J7297 • <i>IUD (Kyleena®):</i> J7296 <i>See Code Group 2 for additional IUD codes.</i> <hr/> <p>Code Group 2: Contraceptive Methods:</p> <ul style="list-style-type: none"> • <i>Implantable devices:</i> <ul style="list-style-type: none"> ○ J7306, J7307 ○ 11976 (capsule removal) ○ 11981 (implant insertion) ○ 11982 (implant removal) ○ 11983 (removal with reinsertion) • <i>IUDs:</i> <ul style="list-style-type: none"> ○ J7298 (<i>Mirena</i>®), ○ S4989 ○ 58300, S4981 (insertion) ○ 58301 (removal) <i>See Code Group 1 for additional IUD codes.</i> • <i>Injections:</i> <ul style="list-style-type: none"> ○ J1050 (injection) 	<p>Code Group 1 :</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply. <hr/> <p>Code Group 2:</p> <ul style="list-style-type: none"> • Preventive when billed with one of the Code Group 2 Diagnosis Codes, listed in this row. <hr/> <p>Code Group 3:</p> <ul style="list-style-type: none"> • Preventive when billed with the Code Group 3 Diagnosis Code listed in this row. <hr/> <p>Code Group 4:</p> <ul style="list-style-type: none"> • Preventive when billed with the Code Group 4 Diagnosis Code listed in this row. <hr/> <p>Code Group 5:</p> <ul style="list-style-type: none"> • Preventive when billed with the Code Group 5 Diagnosis code listed in this row.

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These are the requirements of the Health Resources and Services Administration (HRSA).

*For additional services covered for women, see the Preventive Care Services table above.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.*

Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:
<p>Preventive Care Services table above.</p> <p>NOTES: <i>Certain employers may qualify for an exemption from covering contraceptive methods and sterilizations on account of religious objections.</i></p> <p><i>Refer to the Outpatient Prescription Drug Rider, or SPD for self funded plans, for specific prescription drug product coverage and exclusion terms, and myuhc.com for information regarding coverage for contraceptive drugs.</i></p>	<p align="center">o 96372 (administration)</p> <p><u>Code Group 2 Diagnosis Code(s)</u> These are required for Code Group 2:</p> <p><i>Contraceptive Management:</i> <u>ICD-10:</u>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> <hr/> <p>Code Group 3: Anesthesia for Sterilization: • 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Code Group 3 Diagnosis Code: <i>Sterilization:</i> • <u>ICD-10:</u> Z30.2</p> <hr/> <p>Code Group 4: <i>Tubal ligation followup hysterosalpingogram:</i></p> <p><i>Catheterization and introduction of saline or contrast material:</i> 58340</p> <p><i>Hysterosalpingography:</i> 74740 <i>Contrast material:</i> Q9967</p> <p>Code Group 4 Diagnosis Code: <i>Tubal ligation status:</i> • <u>ICD-10:</u> Z98.51</p> <hr/> <p>Code Group 5: IUD Followup Visit: • 99211, 99212</p> <p>Code Group 5 Diagnosis Code: • <u>ICD-10:</u> Z30.431</p>	
<p>Breastfeeding Services and Supplies</p> <p>HRSA Requirement (Dec. 2016): Recommends comprehensive lactation support services (including</p>	<p><u>Counseling and Education:</u> Procedure Code(s):</p> <ul style="list-style-type: none"> • S9443 • 99241, 99242, 99243, 99244, 99245 • 99341, 99342, 99343, 	<p><u>Counseling and Education:</u></p> <ul style="list-style-type: none"> • The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350 • The Diagnosis Code listed in this row is not required for S9443

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For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:
<p>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>99344, 99345</p> <ul style="list-style-type: none"> 99347, 99348, 99349, 99350 <p><i>Also see the codes in the Wellness Examinations section of the Preventive Care Services table above.</i></p> <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z39.1 <p><u>Breastfeeding Equipment & Supplies:</u></p> <p>Procedure Code(s): <i>Personal Use Electric Breast Pump:</i></p> <ul style="list-style-type: none"> E0603 <p><i>Breast Pump Supplies:</i></p> <ul style="list-style-type: none"> A4281, A4282, A4283, A4284, A4285, A4286 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above), OR <u>ICD-10</u>: Z39.1 	<p><u>Breastfeeding Equipment & Supplies:</u></p> <ul style="list-style-type: none"> E0603 is limited to one purchase per birth. E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.
<p>Screening and Counseling for Interpersonal and Domestic Violence</p> <p><u>HRSA Requirement (Dec. 2016):</u> 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.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> n/a
<p>Breast Cancer Screening for Average-Risk Women</p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends that average-risk women initiate mammography</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> See the Screening Mammography section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> See the Screening Mammography section of the Preventive Care Services table above.

Expanded Women's Preventive Health

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For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:
<p>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>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See the Screening Mammography section of the Preventive Care Services table above. 	
<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. Cotesting 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)</p> <p>Procedure Code(s):</p> <ul style="list-style-type: none"> 87624, 87625, 0500T G0476 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10:</u> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4 <p>Cervical Cytology (Pap Test):</p> <p>Procedure Code(s):</p> <ul style="list-style-type: none"> See the Cervical Cancer Screening, Pap Smear section of the Preventive Care Services table above. <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See the Cervical Cancer Screening, Pap Smear section of the Preventive Care Services table above. 	<p>Human Papillomavirus DNA Testing (HPV)</p> <ul style="list-style-type: none"> Age 30 and up. Payable as a preventive screening with one of the Diagnosis Codes listed in this row. <p>Cervical Cytology (Pap Test):</p> <ul style="list-style-type: none"> See the Cervical Cancer Screening, Pap Smear section of the Preventive Care Services table above.

Revenue Code

See Mammography and Immunizations sections above for the applicable revenue codes.

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American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0 – 21): http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf. Accessed September 11, 2017.

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2018	<ul style="list-style-type: none"> • Revised coverage rationale/indications for coverage: <ul style="list-style-type: none"> For Plan Years that begin on or after August 1, 2012 <ul style="list-style-type: none"> ○ Removed language indicating prostate specific antigen (PSA) screening is covered under the Preventive Care Services benefit Men’s Health <ul style="list-style-type: none"> ○ Removed language indicating prostate cancer screening for men age 40 and older is covered under the Preventive Care Services benefit Additional Preventive Care Services <ul style="list-style-type: none"> ○ Removed language indicating prostate cancer screening for men age 40 and older is covered under the Preventive Care Services benefit Travel Immunizations <ul style="list-style-type: none"> ○ Added language to indicate benefits for Preventive Care Services include immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from ACIP with respect to the individual involved ○ Replaced language indicating “immunizations that are specific to travel are not required by PPACA and are excluded from <i>coverage</i>” with “immunizations that are specific to travel are not required by PPACA and are excluded from <i>the Preventive Care Services benefit</i>” • Revised list of applicable procedure and diagnosis codes for: <ul style="list-style-type: none"> Preventive Care Services <ul style="list-style-type: none"> ○ Updated table sub-headings; added language to clarify a date in the “Service” column indicates when the <i>listed</i> rating was released, not when the benefit is effective <i>Diabetes Screening</i> <ul style="list-style-type: none"> ○ Updated service description; added instruction to refer to the <i>Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</i> section of the policy for information on intensive behavioral counseling interventions

Date	Action/Description
	<p><i>Rubella Screening By History of Vaccination or by Serology</i></p> <ul style="list-style-type: none"> ○ Removed coverage guidelines and list of applicable codes (no longer in the current USPSTF recommendations) <p><i>Screening Mammography</i></p> <ul style="list-style-type: none"> ○ Updated service description; added instruction to refer to the <i>Expanded Women's Preventive Health: Breast Cancer Screening for Average-Risk Women</i> section of the policy for additional information ○ Updated list of applicable HCPCS codes to reflect annual code edits; removed G0202 (discontinued Jan. 1, 2018) <p><i>Cervical Cancer Screening, Pap Smear</i></p> <ul style="list-style-type: none"> ○ Updated service description; added instruction to refer to the <i>Expanded Women's Preventive Health: Screening for Cervical Cancer</i> section of the policy for additional information ○ Updated list of applicable CPT codes for Code Group 2 to reflect annual code edits; removed 88154 (discontinued Jan. 1, 2018) <p><i>Colorectal Cancer Screening</i></p> <ul style="list-style-type: none"> ○ Updated list of applicable CPT codes for Code Group 4 (Anesthesia) to reflect annual code edits: <ul style="list-style-type: none"> ▪ Added 00812 (new code effective Jan. 1, 2018) ▪ Removed 00810 (discontinued Jan. 1, 2018) <p><i>Wellness Examinations</i></p> <ul style="list-style-type: none"> ○ Updated service description/language pertaining to Health Resources and Services Administration (HRSA) coverage requirements: <ul style="list-style-type: none"> ▪ Replaced references to "Health and Human Services (HHS)" with "Health Resources and Services Administration (HRSA)" ▪ Modified list of applicable services; replaced "contraceptive methods counseling" with "contraceptive methods counseling <i>and follow-up care</i>" <p><i>Prostate Cancer Screening</i></p> <ul style="list-style-type: none"> ○ Removed coverage guidelines and list of applicable codes (no longer in the current USPSTF recommendations) <p><i>Screening for Visual Impairment in Children</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed January 2011 USPSTF 'B' rating ▪ Added September 2017 USPSTF 'B' rating to indicate the USPSTF recommends vision screening at least once in all children age 3–5 years to detect amblyopia or its risk factors <p><i>Fluoride Application in Primary Care</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed March 2014 Bright Futures recommendation (for age 6 months–6 years) ▪ Added April 2017 Bright Futures recommendation (for age 6 months–5 years) to indicate for those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months ○ Updated preventive benefit instructions; changed age requirement from "0–6 years (ends on 7th birthday)" to "0–5 years (ends on 6th birthday)" <p><i>Lead Screening (Bright Futures)</i></p> <ul style="list-style-type: none"> ○ Updated service description; added language to indicate Bright Futures recommends: <ul style="list-style-type: none"> ▪ Screening lab work: Conduct risk assessment or screening, as appropriate, at the intervals of 12 months and 24 months ▪ Risk assessment and screening: If positive, at age 6 months, 9 months, 12 months, 18 months, 24 months, 3 years, 4 years, 5 years, and 6 years ○ Updated preventive benefit instructions for lead screening and blood draw; changed age requirement from "prenatal–21 years (ends on 21st birthday)" to "6 months–6 years (ends on 7th birthday)" <p>Preventive Immunizations</p> <p><i>Seasonal Influenza ('flu')</i></p> <ul style="list-style-type: none"> ○ Updated list of applicable CPT codes to reflect annual code edits; added 90756 (new code effective Jan. 1, 2018)

Date	Action/Description
	<p>Expanded Women’s Preventive Health</p> <ul style="list-style-type: none"> ○ Updated table heading/introduction; replaced language indicating “[the listed guidelines] are the requirements of <i>Health and Human Services (HHS) for plan years that begin on or after Aug. 1, 2012</i>” with “[the listed guidelines] are the requirements of the <i>Health Resources and Services Administration (HRSA)</i>” ○ Updated table sub-headings; added language to clarify a date in the “Service” column indicates when the listed rating was issued <p><i>Well-Woman Visits</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA 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 interconception 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 <p><i>Screening for Gestational Diabetes Mellitus (previously titled Screening for Gestational Diabetes)</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate: <ul style="list-style-type: none"> - The HSA 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><i>Human Papillomavirus DNA Testing (HPV)</i></p> <ul style="list-style-type: none"> ○ Relocated content to section titled <i>Screening for Cervical Cancer</i> <p><i>Counseling for Sexually Transmitted Infections</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA 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 sexually transmitted infections (STIs) <ul style="list-style-type: none"> - 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 partners, a partner with an STI, and a lack of or inconsistent condom use - For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement <p><i>Education, Risk Assessment, and Screening for Human Immunodeficiency Virus Infection (previously titled Counseling and Screening for Human Immune-</i></p>

Date	Action/Description
	<p><i>deficiency Virus)</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan <ul style="list-style-type: none"> - 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><i>Contraceptive Methods (Including Sterilizations)</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes <ul style="list-style-type: none"> - 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 - Instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method ○ Updated list of applicable HCPCS codes for Code Group 1 (Contraceptive Methods) for Kyleena® intrauterine device (IUD) to reflect annual code edits: <ul style="list-style-type: none"> ▪ Added J7296 (new code effective Jan. 1, 2018) ▪ Removed Q9984 (discontinued Jan. 1, 2018) <p><i>Breastfeeding Services and Supplies (previously titled Breastfeeding Support, Supplies, and Counseling)</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA 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><i>Screening and Counseling for Interpersonal and Domestic Violence</i></p> <ul style="list-style-type: none"> ○ Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services

Date	Action/Description
	<ul style="list-style-type: none"> - 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 <p><i>Breast Cancer Screening for Average-Risk Women</i> (new to policy)</p> <ul style="list-style-type: none"> o Added service description/language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA recommends average-risk women initiate mammography screening no earlier than age 40 and no later than age 50 <ul style="list-style-type: none"> ▪ 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 o Added instruction to refer to the <i>Preventive Care Services: Screening Mammography</i> section of the policy for details on applicable codes and corresponding preventive benefit instructions <p><i>Screening for Cervical Cancer</i> [previously titled <i>Human Papillomavirus DNA Testing (HPV)</i>]</p> <ul style="list-style-type: none"> o Updated service description: <ul style="list-style-type: none"> ▪ Removed language pertaining to August 2012 HHS coverage requirements ▪ Added language pertaining to December 2016 HRSA coverage requirements to indicate the HRSA recommends cervical cancer screening for average-risk women age 21–65 years <ul style="list-style-type: none"> - For women age 21–29 years, HRSA 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 o Updated list of applicable CPT codes for Human Papillomavirus DNA Testing (HPV) to reflect annual code edits; added 0500T (new code effective Jan. 1, 2018) o Updated code information/preventive benefit instructions; added instruction to refer to the <i>Preventive Care Services: Cervical Cancer Screening, Pap Smear</i> section of the policy for information pertaining to cervical cytology (Pap test) <ul style="list-style-type: none"> • Updated supporting information to reflect the most current references • Archived previous policy version CDG.016.18

Appendix A – USPSTF Grade Definitions

Grade Definitions for USPSTF Recommendations After July 2012:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions for USPSTF Recommendations Dated After May 2007:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

The U.S. Preventive Services Task Force (USPSTF) has updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	<i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions Prior to May 2007

The definitions below (of USPSTF grades and quality of evidence ratings) were in use prior to the update and apply to recommendations voted on by the USPSTF prior to May 2007.

A - Strongly Recommended: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

B - Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C - No Recommendation: The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

D - Not Recommended: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I - Insufficient Evidence to Make a Recommendation: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*