

## PREVENTIVE CARE SERVICES

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### 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
- WPSI: Women’s Preventive Services Initiative

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 covers 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 covers 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.

#### **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**

1. **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.

2. **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 :

**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**

- **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).
- **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.
- **Effective June 1, 2018:** Screening for Diabetes Mellitus for those with a history of gestational diabetes. And, screening for urinary continence, annually.

## **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:

- has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
- has had screening done within the recommended interval with the findings considered normal; or
- has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
- 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:

- had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
- 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
- had a symptom(s) that required further diagnosis; or
- 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:

- 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.
- 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.
- 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**

- Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
- 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.
- 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).
- Examinations, screenings, testing, or immunizations are not covered when:
  - required solely for the purposes of career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage or adoption, or
  - related to judicial or administrative proceedings or orders, or
  - conducted for purposes of medical research, or
  - required to obtain or maintain a license of any type.
- Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies for details.
- Breastfeeding equipment and supplies not listed in the Indications for Coverage section above. This includes, but is not limited to:
  - Manual breast pumps and all related equipment and supplies.
  - Hospital-grade breast pumps and all related equipment and supplies.
  - Equipment and supplies not listed in the [Covered Breastfeeding Equipment](#) section above, including but not limited to:
    - Batteries, battery-powered adaptors, and battery packs.
    - Electrical power adapters for travel.
    - Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
    - Travel bags, and other similar travel or carrying accessories.
    - Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
    - Baby weight scales.
    - Garments or other products that allow hands-free pump operation.
    - Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
    - Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
    - 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 <a href="#">Expanded Women's Preventive Health</a> section. Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications, refer to the 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:
<b>Abdominal Aortic Aneurysm Screening</b>  <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.	<b>Procedure Code(s):</b> <i>Ultrasound Screening Study for Abdominal Aortic Aneurysm:</i> 76706  <b>Diagnosis Code(s):</b> F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Age 65 through 75 (ends on 76 <sup>th</sup> birthday).  Requires at least one of the diagnosis codes listed in this row.
<b>Bacteriuria Screening</b>  <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.	<b>Procedure Code(s):</b> 81007, 87086, 87088  <b>Diagnosis Code(s):</b> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).	Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).
<b>Chlamydia Infection Screening</b>  <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.	<b>Procedure Code(s):</b> <i>Chlamydia Infection Screening:</i> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810  <i>Blood Draw:</i> 36415, 36416 Blood draw codes only apply to lab	<i>Chlamydia Infection Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> one of the Screening diagnosis codes listed in this row.  <i>Blood Draw:</i> Required to be billed with 86631 or 86632 <b>AND</b>

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

<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Notes:</b> This recommendation applies to all sexually active adolescents and adult women, including pregnant women. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.</p>	<p>codes 86631 or 86632</p> <p><b>Diagnosis Code(s):</b> <i>Pregnancy:</i> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.8, Z11.9, Z20.2</p>	<ul style="list-style-type: none"> <li>One of the Screening diagnosis codes listed in this row <b>OR</b></li> <li>With a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</li> </ul>
<p><b>Gonorrhea Screening</b></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. <b>Note:</b> Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11 years – 21 years.</p>	<p><b>Procedure Code(s):</b> 87590, 87591, 87592, 87801, 87850</p> <p><b>Diagnosis Code(s):</b> <i>Pregnancy:</i> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.9, Z20.2</p>	<p>Requires either a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> one of the Screening diagnosis codes listed in this row.</p>
<p><b>Hepatitis B Virus Infection Screening</b></p> <p><i>Pregnant Women:</i> <u>USPSTF Rating (June 2009): A</u> Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p> <p><i>Persons at High Risk:</i> <u>USPSTF Rating (May 2014): B</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.  Also see the Medical Policy titled <a href="#">Hepatitis Screening</a>.</p>	<p><b>Procedure Code(s):</b> <i>Hepatitis B Virus Infection Screening:</i> 87340, 87341, G0499</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <i>Pregnancy:</i> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> <i>Screening:</i> Z00.00, Z00.01, Z11.59, Z57.8</p>	<p><i>Hepatitis B Virus Infection Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> one of the Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Requires one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row <b>AND</b></p> <ul style="list-style-type: none"> <li>A <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b></li> <li>One of the Screening diagnosis codes listed in this row.</li> </ul>
<p><b>Hepatitis C Virus Infection Screening</b></p> <p><u>USPSTF Rating (June 2013): B</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time</p>	<p><b>Procedure Code(s):</b> <i>Hepatitis C Virus Infection Screening:</i> 86803, 86804, G0472</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b></p>	<p><i>Hepatitis C Virus Infection Screening:</i> Requires one of the <a href="#">Hepatitis C Virus Infection Diagnosis Codes</a> (see list at end of section).</p> <p><i>Blood Draw:</i> Requires one of the Hepatitis C Virus Infection Screening procedure codes listed in this row <b>AND</b> a <a href="#">Hepatitis C</a></p>

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

<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p>screening for HCV infection to adults born between 1945 and 1965.</p> <p>Also see the Medical Policy titled <a href="#">Hepatitis Screening</a>.</p>	<p><a href="#">Hepatitis C Virus Infection Diagnosis Codes</a> (see list at end of section).</p>	<p><a href="#">Virus Infection Diagnosis Code</a> (see list at end of section).</p>
<p><b>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</b></p> <p><u>USPSTF Rating (April 2013): A</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p> <p>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p> <p><b>Note:</b> Bright Futures recommends HIV screening lab work be conducted once between ages 15–18 years. Also recommended anytime between ages 11–14 years, and 19–21 years when a risk assessment is positive.</p>	<p><b>Procedure Code(s):</b> <i>HIV (Human Immunodeficiency Virus) Screening:</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <i>Pregnancy:</i> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129, Other: Z11.3, Z11.4, Z11.59, Z11.9, Z20.6, Z22.6, Z22.8, Z22.9</p> <p>Also see <a href="#">Expanded Women's Preventive Health</a> section.</p>	<p>No age limits.</p> <p><i>HIV – Human Immunodeficiency Virus – Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> one of the Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Requires <b>both</b> of the following:</p> <ul style="list-style-type: none"> <li>• One of the listed HIV Screening procedure codes listed in this row <b>AND</b></li> <li>• One of the Screening diagnosis codes listed in this row <b>OR</b> a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section)</li> </ul>
<p><b>RH Incompatibility Screening</b></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><b>Procedure Code(s):</b> <i>RH Incompatibility Screening:</i> 86901</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p>	<p><i>RH Incompatibility Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p> <p><i>Blood Draw:</i> Required to be billed with 86901 <b>AND</b> with a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p>



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

<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Syphilis Screening</b> <i>Non-Pregnant Adults and Adolescents at Increased Risk:</i> <u>USPSTF Rating (June 2016): A</u> The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection).</p> <p><i>Pregnant Women:</i> <u>USPSTF Rating (Sept. 2018): A</u> The USPSTF recommends early screening for syphilis infection in all pregnant women. <b>Note:</b> Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p>	<p><b>Procedure Code(s):</b> <i>Syphilis Screening:</i> 86592, 86593</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <i>Pregnancy:</i> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.2, Z11.3, Z11.9, Z20.2</p>	<p><i>Syphilis Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> one of the Screening diagnosis code listed in this row.</p> <p><i>Blood Draw:</i> Requires <b>both</b> of the following: One of the listed Syphilis Screening procedure codes listed in this row <b>AND</b> One of the Screening diagnosis codes listed in this row <b>OR</b> a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p>
<p><b>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</b> <u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer 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>See the Medical Policy titled <a href="#">Genetic Testing for Hereditary Cancer</a>.</p>	<p><b>Genetic Counseling and Evaluation</b> <b>Procedure Code(s):</b> <i>Medical Genetics and Genetic Counseling Services:</i> 96040, S0265</p> <p><i>Evaluation and Management (Office Visits):</i> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p> <p><b>Diagnosis Code(s):</b> Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p> <hr/> <p><b>BRCA Lab Screening</b> <b>Procedure Code(s):</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <i>Family History or Personal History of</i></p>	<p><b>Genetic Counseling and Evaluation</b> *Medical Necessity plans require genetic counseling before BRCA Lab Screening.</p> <p>Requires one of the Genetic Counseling and Evaluation diagnosis codes listed in this row in the primary position.</p> <hr/> <p><b>BRCA Lab Screening</b> *Prior authorization requirements apply to BRCA lab screening. Applies to <b>age 18+</b> when billed with one of the BRCA Lab Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Requires one of the BRCA Lab Screening procedure codes listed in this row <b>AND</b> one of the BRCA Lab Screening</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
	<i>breast cancer and/or ovarian cancer:</i> Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	diagnosis codes listed in this row.
<p><b>Diabetes Screening</b></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 <a href="#">Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</a> for intensive behavioral counseling interventions.</p> <p>For additional diabetes screening benefits, also see the <i>Expanded Women's Preventive Health</i> section for <a href="#">Screening for Gestational Diabetes Mellitus</a> and <a href="#">Screening for Diabetes Mellitus After Pregnancy</a>.</p>	<p><b>Procedure Code(s):</b> <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <i>Required Diagnosis Codes (requires at least one):</i> Z00.00, Z00.01, Z13.1</p> <p><b>AND</b> One of the following additional diagnosis codes as follows:</p> <p><i>Additional Diagnosis Codes (requires at least one):</i></p> <p><i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p><i>Obesity :</i> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Essential Hypertension:</i> I10</p> <p><i>Hypertensive Heart Disease:</i> I11.0, I11.9</p> <p><i>Hypertensive Chronic Kidney Disease:</i> I12.0, I12.9</p> <p><i>Hypertensive Heart and Chronic Kidney Disease:</i> I13.0, I13.10, I13.11, I13.2</p>	<p>Limited to age 40-70 years (ends on 71<sup>st</sup> birthday).</p> <p><i>Diabetes Screening:</i> Requires one of the Required Diagnosis Codes listed in this row <b>AND</b> one of the listed Additional Diagnosis Codes in this row.</p> <p><i>Blood Draw:</i> Requires ALL of the following:</p> <ul style="list-style-type: none"> <li>• One of the listed Diabetes Screening procedure codes listed in this row <b>AND</b></li> <li>• One of the listed Required Diagnosis Codes <b>AND</b></li> <li>• One of the listed Additional Diagnosis Codes.</li> </ul> <p><b>Preventive Benefit Does Not Apply:</b> If a Diabetes Diagnosis Code is present in any position, the preventive benefit does <b>not</b> apply; see the <a href="#">Diabetes Diagnosis Code List</a> (see list at end of section).</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
	<p><i>Secondary Hypertension:</i> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p><i>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</i> O10.011, O10.012, O10.013, O10.019, 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><i>Urgent/Emergency/Crisis Hypertension</i> I16.0, I16.1, I16.9</p> <p>See the <i>Expanded Women's Preventive Health</i> section for <a href="#">Screening for Gestational Diabetes Mellitus</a> and <a href="#">Screening for Diabetes Mellitus After Pregnancy</a></p>	
<p><b>Gestational Diabetes Mellitus Screening</b></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>For additional diabetes screening benefits, also see the <a href="#">Diabetes Screening</a> row. Also see the <i>Expanded Women's Preventive Health</i> section for <a href="#">Screening for Gestational Diabetes Mellitus</a> and <a href="#">Screening for Diabetes Mellitus After Pregnancy</a>.</p>	<p>See the <i>Expanded Women's Preventive Health</i> section for <a href="#">Screening for Gestational Diabetes Mellitus</a> codes.</p>	<p>See the <i>Expanded Women's Preventive Health</i> section for <a href="#">Screening for Gestational Diabetes Mellitus</a> preventive benefit instructions.</p> <p><b>Note:</b> This benefit applies regardless of the gestational week.</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Screening Mammography</b></p> <p><u>USPSTF Rating (2002): B</u> The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.</p> <p>Also see the Medical Policy titled <a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>.</p> <p>Also see the <a href="#">Breast Cancer Screening for Average-Risk Women</a> recommendation in the <i>Expanded Women's Preventive Health</i> section.</p>	<p><b>Procedure Code(s):</b> 77063, 77067</p> <p><b>Revenue Code:</b> 0403</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>No age limits.</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><b>Note:</b> This benefit only applies to screening mammography.</p>
<p><b>Cervical Cancer Screening</b></p> <p><u>USPSTF Rating (Aug. 2018): A</u> The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.</p> <p>For women aged 30 to 65 years, the USPSTF recommends:</p> <ul style="list-style-type: none"> <li>Screening every 3 years with cervical cytology alone,</li> <li>Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or</li> <li>Every 5 years with hrHPV testing in combination with cytology (cotesting).</li> </ul> <p><u>Bright Futures, March 2014:</u> Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p> <p>Also see <a href="#">Screening for Cervical Cancer</a> in the <i>Expanded Women's Preventive Health</i> section.</p>	<p><b>Human Papillomavirus DNA Testing (HPV):</b></p> <p><b>Procedure Code(s):</b> 0500T, 87624, 87625, G0476</p> <p><b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p> <hr/> <p><b>Cervical Cytology (Pap Test)</b></p> <p><b>Code Group 1 Procedure Code(s):</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p><b>Code Group 1 Diagnosis Code(s):</b> Does not have diagnosis code requirements for preventive benefit to apply.</p> <hr/> <p><b>Cervical Cytology (Pap Test)</b></p> <p><b>Code Group 2 Procedure Code(s):</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, , 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p><b>Code Group 2 Diagnosis Code(s):</b> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p><b>Human Papillomavirus DNA Testing (HPV):</b> Age 30 years and up. Requires one of the diagnosis codes listed in this row.</p> <hr/> <p><b>Cervical Cytology (Pap Test)</b></p> <p><b>Code Group 1:</b> Limited to age 21–65 years (ends on 66<sup>th</sup> birthday). Does not have diagnosis code requirements for preventive benefits to apply.</p> <hr/> <p><b>Cervical Cytology (Pap Test)</b></p> <p><b>Code Group 2:</b> Limited to age 21–65 years (ends on 66<sup>th</sup> birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Cholesterol Screening (Lipid Disorders Screening)</b></p> <p><u>USPSTF Rating (Nov. 2016): B</u> <i>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults</i></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. They are aged 40 to 75 years;</li> <li>2. They have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and</li> <li>3. They have a calculated 10-year risk of a cardiovascular event of 10% or greater.</li> </ol> <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• For statin medications benefits, refer to the pharmacy plan administrator.</li> <li>• See <a href="#">Dyslipidemia Screening (Bright Futures)</a> for recommendations for children.</li> </ul>	<p><b>Procedure Code(s):</b> <i>Cholesterol Screening:</i> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z13.220</p>	<p><i>Cholesterol Screening:</i> Ages 40–75 years (ends on 76<sup>th</sup> birthday).</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 40-75 years (ends on 76<sup>th</sup> birthday): Requires one of the listed Cholesterol Screening procedure codes <b>AND</b> one of the Diagnosis Codes listed in this row.</p> <p><b>Preventive Benefit Does Not Apply:</b> For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does <b>not</b> apply: E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p>
<p><b>Colorectal Cancer Screening</b></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><b><i>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy</i></b></p> <p><b>Procedure Code(s):</b></p> <p><i>Code Group 1:</i> Sigmoidoscopy: G0104, G0106 Colonoscopy: G0105, G0120, G0121, G0122 FOBT and FIT: G0328</p>	<p><b>Age Limits for Colorectal Cancer Screenings:</b> 50 years – 75 years (ends on 76<sup>th</sup> birthday).</p> <p><b><i>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</i></b></p> <p><i>Code Group 1:</i> Does not have diagnosis code requirements for preventive benefits to apply.</p>

## Preventive Care Services

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<b>Service:</b> A date in this column is when the listed rating was released, not when the benefit is effective.	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
	Colonoscopy Pre-op Consultation: S0285	
	<p><i>Code Group 2:</i> Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 FOBT and FIT: 82270, 82274</p>	<p><i>Code Group 2:</i> Requires one of the diagnosis codes listed in this row <b>OR</b> one of the procedure codes from Code Group 1, regardless of diagnosis.</p>
	<p><i>Code Group 3:</i> Pathology: 88304, 88305</p> <p><i>Code Group 4:</i> Anesthesia: 00812, 99152, 99153, 99156, 99157, G0500</p>	<p><i>Code Group 3 (Pathology) AND Code Group 4 (Anesthesia):</i> Requires one of the diagnosis codes listed in this row <b>AND</b> one of the procedure codes from Code Group 1 or Code Group 2.</p> <p><i>Code Group 3 and 4:</i> <b>Note:</b> Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is preventive.</p>
	<p><i>Code Group 5:</i> Pre-op/Consultation: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245</p>	<p><i>Code Group 5 :</i> Requires one of the Code Group 5 diagnosis codes.</p>
	<p><i>Code Group 6:</i> Fecal DNA: 81528</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>	<p><i>Code Group 6 (Fecal DNA):</i> Benefit is limited to once every 3 years.</p> <p>Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p><b>Diagnosis Code(s):</b> <i>Code Groups 2, 3, and 4:</i> Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p> <p><i>Code Group 5:</i> Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p>	
	<p><b>Computed Tomographic Colonography (Virtual Colonoscopy)</b> <b>Procedure Code(s):</b> 74263</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p><b>Computed Tomographic Colonography (Virtual Colonoscopy)</b> Does not have diagnosis code requirements for preventive benefit to apply.</p> <p>Prior authorization requirements may apply, depending on plan.</p>

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Wellness Examinations</b> (well baby, well child, well adult)</p> <p><u>USPSTF Rating:</u> None UnitedHealthcare supports AAP and AAFP age and frequency guidelines.</p> <p><u>HRSA Requirements:</u> The Wellness Examinations codes include the following HRSA requirements for Women:</p> <ul style="list-style-type: none"> <li>• Breastfeeding support and counseling</li> <li>• Contraceptive methods counseling and followup care</li> <li>• Domestic violence screening</li> <li>• Annual HIV counseling</li> <li>• Sexually transmitted infections counseling</li> <li>• Well-woman visits</li> <li>• Screening for urinary incontinence</li> </ul>	<p><b>Procedure Code(s):</b> <i>Medicare wellness exams:</i> G0402, G0438, G0439 <i>STIs behavioral counseling:</i> G0445 <i>Annual gynecological exams:</i> S0610, S0612, S0613</p> <p><i>Preventive medicine services (evaluation and management):</i> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p><i>Preventive medicine, individual counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Preventive medicine, group counseling:</i> 99411, 99412</p> <p><i>Newborn Care (evaluation and management):</i> 99461</p> <p><i>Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT Scan):</i> G0296</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Also see the <a href="#">Expanded Women's Preventive Health</a> section</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>G0445 is limited to twice per year.</p> <p>G0296 is limited to age 55 to 80 years (ends on 81<sup>st</sup> birthday).</p>
<p><b>Immunizations</b></p> <p><u>USPSTF Rating:</u> None An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied:</p> <ol style="list-style-type: none"> <li>1. FDA approval;</li> <li>2. Explicit ACIP recommendations for routine use published in the Morbidity &amp; Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC).</li> </ol> <p>Implementation will typically occur within 60 days after publication in the MMWR.</p>	<p>See the <a href="#">Preventive Immunizations</a> section</p>	<p>See the <a href="#">Preventive Immunizations</a> section</p>

## Preventive Care Services

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



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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.		
<p><b>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</b></p> <p><u>USPSTF Rating (Nov. 2018): B</u> The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p>	<p><b>Procedure Code(s):</b> <i>Alcohol or Drug Use Screening:</i> 99408, 99409</p> <p><i>Annual Alcohol Screening: G0442</i></p> <p><i>Brief Counseling for Alcohol: G0443</i></p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for preventive benefit to apply.</p>	Does not have diagnosis code requirements for preventive benefits to apply.
<p><b>High Blood Pressure in Adults – Screening:</b></p> <p><u>USPSTF Rating (Oct. 2015):A</u> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p><b>Blood Pressure Measurement in a Clinical Setting:</b> N/A</p>	<p><b>Blood Pressure Measurement in a Clinical Setting:</b> This service is included in a preventive care wellness examination.</p>
	<p><b>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):</b></p> <p><b>Procedure Code(s):</b> <i>Ambulatory Blood Pressure Measurement:</i> 93784, 93786, 93788 or 93790</p> <p><b>Diagnosis Code(s):</b> <i>Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension:</i> R03.0</p>	<p><b>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):</b> Age 18 years and up. Requires the diagnosis code listed in this row.</p>
<p><b>Breast Cancer: Medications for Risk Reduction</b></p> <p><u>USPSTF Rating (Sept. 2013): B</u> The USPSTF recommends that</p>	<p><b>Procedure Code(s):</b> <i>Evaluation and Management (Office Visits):</i> 99201, 99202, 99203, 99204,</p>	Requires one of the diagnosis codes listed in this row in the primary position.

## Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) section.  
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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463  <b>Diagnosis Code(s):</b> Z80.3, Z80.41, Z15.01, Z15.02	
<b>Primary Care Interventions to Promote Breastfeeding</b>  <u>USPSTF Rating (Oct. 2016): B</u> The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	N/A  Also see the <a href="#">Expanded Women's Preventive Health</a> section	Included in primary care or OB/GYN office visits
<b>Screening for Depression in Adults</b>  <u>USPSTF Rating (Jan. 2016): B</u> Recommendation: The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>Procedure Code(s):</b> 96127, G0444  <b>Diagnosis Code(s):</b> Required for 96127 Only: <i>Encounter for screening for depression:</i> Z13.31, Z13.32	Requires one of the diagnosis code listed in this row, for 96127.  The diagnosis codes listed in this row are <b>not</b> required, for G0444.
<b>Depression in Children and Adolescents (Screening)</b>  <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.  <b>Note:</b> The Bright Futures Periodicity Schedule recommends depression screening begin at age 12 through 21 years.	<b>Procedure Code(s):</b> 96127, G0444  <b>Diagnosis Code(s):</b> Required for 96127 Only: <i>Encounter for screening for depression:</i> Z13.31, Z13.32	Requires one of the diagnosis codes listed in this row, for 96127.  The diagnosis codes listed in this row are <b>not</b> required for G0444.

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</b></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><b>Procedure Code(s):</b> <i>Medical Nutrition Therapy or Counseling:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> 0403T, G0446, G0447, G0473</p> <p><b>Diagnosis Code(s):</b> Screening: Z13.220</p> <p><i>History:</i> F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49</p> <p><i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p><i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Impaired Fasting Glucose: R73.01</i></p> <p><i>Metabolic Syndrome: E88.81</i></p> <p><i>Hyperlipidemia / Dyslipidemia:</i> E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p><i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Essential Hypertension:</i> I10</p> <p><i>Secondary Hypertension:</i> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p>	<p>Requires one of the diagnosis codes listed in this row for 0403T, 97802-97804, 99401-99404, G0270, G0271, and S9470.</p> <p>The diagnosis code listed in this row are <b>not</b> required for G0446, G0447, and G0473.</p> <p>G0446 is limited to once per year.</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
	<p><i>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</i> O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9</p> <p><i>Urgent/Emergency/Crisis Hypertension:</i> I16.0, I16.1, I16.9</p> <p><i>Diabetes:</i> See the <a href="#">Diabetes Diagnosis Code List</a> (see list at end of section)</p> <p><i>Atherosclerosis:</i> See the <a href="#">Atherosclerosis Diagnosis Code List</a> (see list at end of section)</p> <p><i>Coronary Atherosclerosis:</i> I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812</p>	
<p><b>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</b></p> <p><u>USPSTF Rating (Sept. 2018): B</u> The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral</p>	<p><b>Procedure Code(s):</b> <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> G0446, G0447, G0473</p> <p><b>Diagnosis Code(s):</b> <i>Body Mass Index 30.0 – 39.9:</i></p>	<p>G0446 is limited to once per year.</p> <p>Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.</p> <p>The diagnosis codes listed in this row are <b>not</b> required for G0446, G0447 and G0473.</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
interventions.	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39  <i>Body Mass Index 40.0 and over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45  <i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9	
<b>Screening for Obesity in Children and Adolescents</b>  <u>USPSTF Rating (June 2017): B</u> The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	<b>Procedure Code(s):</b> <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804  <i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404  <i>Behavioral Counseling or Therapy:</i> G0446, G0447, G0473  Also see the codes in the <a href="#">Wellness Examinations</a> row above.  <b>Diagnosis Code(s):</b> <i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9	G0446 is limited to once per year.  Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.  The diagnosis codes listed in this row are <b>not</b> required for G0446, G0447, and G0473.
<b>Behavioral Counseling to Prevent Sexually Transmitted Infections</b>  <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).	<b>Procedure Code(s):</b> 99401, 99402, 99403, 99404, G0445  <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.	G0445 is limited to twice per year.  Does not have diagnosis code requirements for the preventive benefit to apply.
<b>Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions</b>  <u>USPSTF Rating (Sept. 2015): A</u> The USPSTF recommends that clinicians ask <b>all pregnant women</b> about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	<b>Procedure Code(s):</b> <i>Behavioral Interventions:</i> 99406, 99407 99401, 99402, 99403, 99404  Also see the codes in the <a href="#">Wellness Examinations</a> row above.  <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.	Does not have diagnosis code requirements for the preventive benefit to apply.

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
The USPSTF recommends that clinicians ask <b>all adults</b> about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.		
<p><b>Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents</b></p> <p><u>USPSTF Rating (Aug. 2013): B</u> The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends tobacco use assessments from age 11 years – 21 years.</p>	<p><b>Procedure Code(s):</b> <i>Smoking and Tobacco Use Cessation Counseling Visit:</i> 99406, 99407, 99401, 99402, 99403, 99404</p> <p>Also see the codes in the <a href="#">Wellness Examinations</a> row above.</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	Does not have diagnosis code requirements for the preventive benefit to apply.
<p><b>Screening for Visual Impairment in Children</b></p> <p><u>USPSTF Rating (Sept. 2017): B</u> The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p> <p><u>Bright Futures:</u> Instrument-based screening recommended for: Age 1–5 years: if the screening is available. Age 6 years and up: if unable to test visual acuity monocularly with age appropriate optotypes.</p>	<p><b>Procedure Code(s):</b> 99173, 99174, 99177</p> <p><b>Diagnosis Code(s):</b> See the Preventive Benefit Instructions.</p>	<p><b>Age Limit (99173, 99174 and 99177):</b> Up to age 21 years (ends on 21<sup>st</sup> birthday).</p> <p><b>Code 99173:</b> Does not have diagnosis code requirements for preventive benefits to apply.</p> <p><b>Code 99174 and 99177:</b> See the Medical Policy titled <a href="#">Omnibus Codes</a> for allowable diagnoses.</p>
<p><b>Behavioral Counseling to Prevent Skin Cancer</b></p> <p><u>USPSTF Rating (March 2018): B</u> The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6</p>	N/A	This service is included in a preventive care wellness examination or focused E&M visit.

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
months to 24 years with fair skin types to reduce their risk of skin cancer.		
<p><b>Prevention of Falls in Community-Dwelling Older Adults</b></p> <p><u>USPSTF Rating (April 2018): B</u> The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>	N/A	This service is included in a preventive care wellness examination or focused E&M visit.
<p><b>Screening for Intimate Partner Violence</b></p> <p><u>USPSTF Rating (Oct. 2018): B</u> The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> <p>Also see <a href="#">Screening and Counseling for Interpersonal and Domestic Violence</a> in the <i>Expanded Women's Preventive Health section</i>.</p>	N/A	This service is included in a preventive care wellness examination.
<p><b>Screening for Lung Cancer with Low-Dose Computed Tomography</b></p> <p><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><b>Procedure Code(s):</b> G0297</p> <p><b>Diagnosis Code(s):</b> F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p> <p><b>Codes for Reporting Purposes:</b> G9275, G9276, G9458, G9459, G9460</p> <p><b>Note:</b> Codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. <b>These codes are not separately reimbursable.</b></p>	<p>Requires one of the diagnosis codes listed in this row.</p> <p>Limitations:</p> <ul style="list-style-type: none"> <li>• Limited to one per year, <b>and</b></li> <li>• <b>All</b> of the following criteria: <ul style="list-style-type: none"> <li>○ Age 55 to 80 years (ends on 81<sup>st</sup> birthday), and</li> <li>○ At least 30 pack-years* of smoking history, and</li> <li>○ Either a current smoker, or, have quit within the past 15 years</li> </ul> </li> </ul> <p><b>Note:</b> 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</p>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
		year, or 2 packs per day for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page. <a href="http://www.cancer.gov/dictionary?Cd=306510">http://www.cancer.gov/dictionary?Cd=306510</a>
<p><b>Fluoride Application in Primary Care</b></p> <p><u>USPSTF Rating (May 2014): B</u> Children From Birth Through Age 5 Years. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p> <p><u>Bright Futures (April 2017):</u> For those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months between ages 6 months to 5 years.</p>	<p><b>Procedure Code(s):</b> <i>Application of Topical Fluoride by Physician or Other Qualified Health Care Professional: 99188</i></p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age 0-5years (ends on 6<sup>th</sup> birthday).</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p><b>Latent Tuberculosis Infection: Screening, Adults</b></p> <p><u>USPSTF Rating (Sept. 2016): B</u> The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.</p>	<p><b>Procedure Code(s):</b> <i>Screening:</i> 86480, 86481, 86580 <i>Followup Visit to Check Results:</i> 99211 <i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z20.1</p> <p><b>Note for age 18 – 20 years (ends on 21<sup>st</sup> birthday):</b> In addition to the codes in this row, the preventive benefit also applies to the diagnosis codes listed in the Bright Futures row: <a href="#">Tuberculosis (TB) Testing</a></p>	<p><i>Screening:</i> Ages 18 years and up.</p> <p>Requires one of the diagnosis codes listed in this row for CPT code 86480, 86481, and 86580.</p> <p><i>Followup Visit to Check Results (99211):</i> CPT code 99211 requires diagnosis code R76.11 or R76.12.</p> <p><i>Blood Draw:</i> Ages 18 years and up.</p> <p>Required to be billed with 86480 or 86481 <b>AND</b> one of the diagnosis codes listed in this row.</p>
<p><b>Preeclampsia Screening</b></p> <p><u>USPSTF Rating (April 2017): B</u> The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>	<p>Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit. See the following code groups in the <i>Expanded Women's Preventive Health</i> section:</p> <ul style="list-style-type: none"> <li>• <a href="#">Prenatal Office Visits</a></li> <li>• <a href="#">Prenatal Care Visits</a></li> <li>• <a href="#">Global Obstetrical Codes</a></li> </ul>	<p>See the following code groups in the <i>Expanded Women's Preventive Health</i> section:</p> <ul style="list-style-type: none"> <li>• <a href="#">Prenatal Office Visits</a></li> <li>• <a href="#">Prenatal Care Visits</a></li> <li>• <a href="#">Global Obstetrical Codes</a></li> </ul>



## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<b>Bright Futures</b>		
<b>Anemia Screening in Children</b> (Bright Futures)	<b>Procedure Code(s):</b> <i>Anemia Screening in Children:</i> 85014, 85018  <i>Blood Draw:</i> 36415, 36416  <b>Diagnosis Code(s):</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	<i>Anemia Screening in Children:</i> Ages prenatal to 21 (ends on 21 <sup>st</sup> birthday). No frequency limit.  Requires one of the diagnosis codes listed in this row.  <i>Blood Draw:</i> Ages prenatal to 21 (ends on 21 <sup>st</sup> birthday).  Required to be billed with 85014 or 85018 <b>AND</b> one of the diagnosis codes listed in this row.
<b>Hearing Tests</b>  <u>Bright Futures (April 2017):</u> <i>Hearing Tests:</i> Recommended at ages: Newborn; Between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; Once between age 11 – 14 years; Once between age 15 – 17 years; Once between age 18 – 21 years; Also recommended for those that have a positive risk assessment.  <i>Risk Assessment:</i> Recommended at ages: 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, 30 mo, 3 years, 7 years, and 9 years.	<b>Procedure Code(s):</b> <i>Hearing Tests:</i> 92551, 92552, 92553  <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z01.10  <b>Note:</b> A risk assessment is included in the code for a wellness examination visit; see the codes in the <a href="#">Wellness Examinations</a> row above	Ages prenatal to 21 (ends on 21 <sup>st</sup> birthday).  Limit of once per year.  Requires one of the diagnosis codes listed in this row.
<b>Screening for Visual Impairment in Children</b> (Bright Futures)	See row above for <a href="#">Screening for Visual Impairment in Children</a>	See row above <a href="#">Screening for Visual Impairment in Children</a> .
<b>Formal Developmental / Autism Screening</b>  <u>Bright Futures:</u> <ul style="list-style-type: none"> <li>• A formal, standardized <b>developmental</b> screen is recommended during the <b>9 month</b> visit.</li> <li>• A formal, standardized <b>developmental</b> screen is recommended during the <b>18 month</b> visit, including a formal <b>autism</b> screen.</li> <li>• A formal, standardized <b>autism</b> screen is recommended during the <b>24 month</b> visit.</li> <li>• A formal, standardized</li> </ul>	<b>Procedure Code(s):</b> 96110  <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	Ages prenatal to 2 years (ends on 3 <sup>rd</sup> birthday).  No frequency limit.  Requires one of the diagnosis codes listed in this row.

## Preventive Care Services

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<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<b>developmental</b> screen is recommended during the <b>30 month</b> visit.		
<p><b>Lead Screening</b></p> <p><u>Bright Futures:</u> <i>Screening Lab Work:</i> Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo.</p> <p><i>Risk Assessment, and Screening if positive:</i> Recommended at 6 mo, 9 mo, 12 mo, 18 mo, 24 mo, 3 years, 4 years, 5 years and 6 years.</p>	<p><b>Procedure Code(s):</b> <i>Lead Screening:</i> 83655</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Z00.121,Z00.129, Z77.011</p>	<p><i>Lead Screening:</i> Ages 6 months through age 6 years (ends on 7<sup>th</sup> birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 6 months through age 6 years (ends on 7<sup>th</sup> birthday).</p> <p>Required to be billed with 83655 <b>AND</b> one of the diagnosis codes in this row.</p>
<p><b>Tuberculosis (TB) Testing</b></p> <p><u>Bright Futures</u> For age 18 years and older, also refer to the USPSTF recommendation above for <a href="#">Latent Tuberculosis Infection: Screening, Adults</a>.</p>	<p><b>Procedure Code(s):</b> <i>Screening:</i> 86580</p> <p><i>Followup visit to check results:</i> 99211</p> <p><b>Diagnosis Code(s):</b> R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1</p> <p><b>Note:</b> For age 18 years and older: In addition to these codes, the preventive benefit also applies to all codes listed in the USPSTF recommendation above for <a href="#">Latent Tuberculosis Infection: Screening, Adults</a></p>	<p>Ages prenatal to 21(ends on 21<sup>st</sup> birthday).</p> <p><b>Note:</b> For age 18 years and older, also refer to the USPSTF recommendation above for <a href="#">Latent Tuberculosis Infection: Screening, Adults</a></p> <p>No frequency limit.</p> <p>CPT code 86580 requires one of the diagnosis codes listed in this row.</p> <p>CPT code 99211 requires diagnosis code R76.11, R76.12, or Z11.1.</p>
<p><b>Dyslipidemia Screening</b></p> <p><u>Bright Futures (April 2014):</u> <i>Risk Assessment:</i> Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.</p> <p><i>Screening Lab Work:</i> Conduct if risk assessment is positive, or, at the following intervals: once between age 9 – 11 years; once between age 17 – 21 years</p>	<p><b>Procedure Code(s):</b> <i>Dyslipidemia Screening Lab Work:</i> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.220</p> <p><b>Note:</b> A risk assessment is included in the code for a wellness examination visit; see the <a href="#">Wellness Examinations</a> row above.</p>	<p><i>Dyslipidemia Screening Lab Work:</i> Ages 24 months to 21 years (ends on 21<sup>st</sup> birthday). Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 24 months to 21 years (ends on 21<sup>st</sup> birthday).</p> <p>Requires one of the listed Dyslipidemia Screening procedure codes listed in this row <b>AND</b> one of the diagnosis codes listed in this row.</p>

## Preventive Care Services

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

<b>Service:</b> <i>A date in this column is when the listed rating was released, not when the benefit is effective.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Tobacco, Alcohol or Drug Use Assessment</b></p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends tobacco, alcohol or drug use assessment from age 11 years – 21 years.</p>	<p>See codes in the rows above:</p> <ul style="list-style-type: none"> <li><a href="#">Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents</a></li> <li><a href="#">Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</a></li> </ul>	<p>See the rows above:</p> <ul style="list-style-type: none"> <li><a href="#">Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents</a></li> <li><a href="#">Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</a></li> </ul>
<p><b>Psychosocial / Behavioral Assessment</b></p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends physicians conduct psychosocial / behavioral assessment at each of the recommended visits between newborn – 21 years.</p>	<p>An assessment is included in the code for a wellness examination visit; see the codes in the <a href="#">Wellness Examinations</a> row above.</p>	<p>See the <a href="#">Wellness Examinations</a> row above.</p>
<p><b>Depression Screening</b></p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends depression screening at each of the recommended visits between age 12 years – 21 years.</p>	<p>See the codes in the <a href="#">Depression in Children and Adolescents (Screening)</a> row above.</p>	<p>See the <a href="#">Depression in Children and Adolescents (Screening)</a> row above.</p>
<p><b>Sexually Transmitted Infections (STI)</b></p> <p><u>Bright Futures (April 2017):</u> Bright Futures recommends the following: <i>STI Risk Assessment:</i> Conduct risk assessment at each of the recommended visits between 11 years – 21 years. <i>STI Lab Work:</i> Conduct if risk assessment is positive.</p>	<p>See the codes in the <a href="#">Chlamydia Infection Screening</a> and <a href="#">Gonorrhea Screening</a> rows above.</p>	<p>See the <a href="#">Chlamydia Infection Screening</a> and <a href="#">Gonorrhea Screening</a> rows above.</p>
<p><b>HIV Screening</b></p> <p><u>Bright Futures (April 2017):</u> HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years and 21 years.  HIV Screening Lab Work: 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.</p>	<p>See the codes in the <a href="#">HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</a> row above.</p>	<p>See the <a href="#">HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</a> row above.</p>

## 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.

**Notes:**

- **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 <b>not</b> have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
<b>Immunization Administration</b>  Preventive when included as part of a preventive immunization.	90460	Immunization administration <b>through 18 years of age</b> via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	N/A	Pediatric	For applicable age see code description.
	90461	Immunization administration <b>through 18 years of age</b> via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	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	-

## 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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	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 <i>(revenue code)</i>	Vaccine administration	N/A	Both	-
<b>Meningococcal (MenB; MenB-4C; MenB-Fhbp; Hib-MenCY; MPSV4; MCV4; MenACWY)</b>	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	Both	<b>Benefit Limit: Age 10 and up.</b>
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	Both	<b>Benefit Limit: Age 10 and up.</b>
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule, when administered to <b>children 2-15 months of age</b> , 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	-
	<b>Hepatitis A</b>	90632	Hepatitis A vaccine (HepA), <b>adult dosage</b> , for intramuscular use	Havrix® VAQTA®	Adult
90633		Hepatitis A vaccine (HepA), <b>pediatric/adolescent dosage</b> -2 dose schedule, for intramuscular use	Havrix® VAQTA®	Pediatric	For applicable age see code description.
90634		Hepatitis A vaccine (HepA), <b>pediatric/adolescent dosage</b> -3 dose schedule, for intramuscular use	Havrix®	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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), <b>adult dosage</b> , for intramuscular use	Twinrix®	Adult	For applicable age see code description.
<b>Haemophilus influenzae b (Hib)</b>	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	-
<b>Human Papilloma Virus (HPV)</b>	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	Gardasil4®	Both	<b>Benefit Limit:</b> <b>Ages 9-26yrs.</b> <b>Ends on 27<sup>th</sup> birthday.</b>
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	N/A	Both	<b>Benefit Limit:</b> <b>Ages 9-26yrs.</b> <b>Ends on 27<sup>th</sup> birthday.</b>
	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	<b>Benefit Limit:</b> <b>Ages 9-26yrs.</b> <b>Ends on 27<sup>th</sup> birthday.</b>
<b>Seasonal Influenza ('flu')</b> <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	Fluad®	Both	-
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone® Intradermal Trivalent	Adult	<b>Benefit Limit:</b> <b>18 years-64 years.</b> <b>Ends on 65<sup>th</sup> birthday.</b>
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone® No Preservative Pediatric	Pediatric	<b>Benefit Limit:</b> <b>6-35 months old.</b>
	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	<b>Benefit Limit:</b> <b>3 years and up.</b>
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	Pediatric	<b>Benefit Limit:</b> <b>6-35 months old.</b>

## 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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	Both	<b>Benefit Limit:</b> <b>3 years and up.</b>
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	Both	<b>Benefit Limit:</b> <b>Ages 2-49 Years. Ends on 50<sup>th</sup> birthday</b>
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	Adult	<b>Benefit Limit:</b> <b>Ages 4 years and up.</b>
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	High Dose Fluzone®	Adult	<b>Benefit Limit:</b> <b>Ages 65 years and up</b>
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Flumist®	Both	<b>Benefit Limit:</b> <b>Ages 2-49 Years. Ends on 50<sup>th</sup> birthday.</b>
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	N/A	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	N/A	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	N/A	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	Both	<b>Benefit Limit:</b> <b>Ages 2 - 49 Years. Ends on 50<sup>th</sup> birthday.</b>
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	Adult	<b>Benefit Limit:</b> <b>Age 18 years and up.</b>
	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	<b>Benefit Limit:</b> <b>Age 4 years and up.</b>

## 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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok Quadrivalent <sup>®</sup>	Adult	<b><u>Benefit Limit:</u></b> <b>Age 18 years and up.</b>
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Fluzone Quadrivalent <sup>®</sup>	Pediatric	<b><u>Benefit Limit:</u></b> <b>6–35 months old.</b>
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria <sup>®</sup> Quadrivalent Fluarix <sup>®</sup> FluLaval Quadrivalent <sup>®</sup> Fluzone Quadrivalent <sup>®</sup>	Both	<b><u>Benefit Limit:</u></b> <b>Ages 6 months and up.</b>
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Fluzone Quadrivalent <sup>®</sup>	Pediatric	<b><u>Benefit Limit:</u></b> <b>6–35 months old.</b>
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria <sup>®</sup> Quadrivalent FluLaval Quadrivalent <sup>®</sup> Fluzone Quadrivalent <sup>®</sup>	Both	<b><u>Benefit Limit:</u></b> <b>Ages 6 months and up.</b>
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	-	Both	-
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax Quadrivalent <sup>®</sup> (non-preservative free)	Both	-
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu <sup>®</sup>	Adult	<b><u>Benefit Limit:</u></b> <b>Ages 18 years and up</b>
	Q2035	Influenza virus vaccine, split virus, when administered to individuals <b>3 years of age and older</b> , for intramuscular use (AFLURIA)	Afluria <sup>®</sup>	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals <b>3 years of age and older</b> , for intramuscular use (FLULAVAL)	Flulaval <sup>®</sup>	Both	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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	Q2037	Influenza virus vaccine, split virus, when administered to individuals <b>3 years of age and older</b> , for intramuscular use (FLUVIRIN)	Fluvirin <sup>®</sup>	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine, split virus, when administered to individuals <b>3 years of age and older</b> , for intramuscular use (Fluzone)	Fluzone <sup>®</sup>	Both	For applicable age see code description.
	Q2039	Influenza virus vaccine, not otherwise specified	N/A	Both	-
<b>Pneumococcal polysaccharide (PPSV23)</b>	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to <b>individuals 2 years or older</b> , for subcutaneous or intramuscular use	Pneumovax 23 <sup>®</sup>	Both	For applicable age see code description.
<b>Pneumococcal conjugate</b>	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13 <sup>®</sup> (PCV13)	Both	-
<b>Rotavirus (RV1, RV5)</b>	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Rotateq <sup>®</sup>	Pediatric	<b>Benefit Limit: 0 - 8 months old.</b>
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix <sup>®</sup>	Pediatric	<b>Benefit Limit: 0 - 8 months old.</b>
<b>Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)</b>	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to <b>children 4 through 6 years of age</b> , for intramuscular use	Kinrix <sup>®</sup> Quadracel <sup>®</sup>	Pediatric	For applicable age see code description.
<b>Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)</b>	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel <sup>®</sup>	Both	-
<b>Diphtheria, tetanus, acellular pertussis (DTap)</b>	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to <b>individuals younger than 7 years</b> , for intramuscular use	Daptacel <sup>®</sup> Infanrix <sup>®</sup>	Pediatric	For applicable age see code description.
<b>Diphtheria and tetanus (DT)</b>	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals <b>younger than 7 years</b> , for intramuscular use	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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
<b>Measles, Mumps, Rubella (MMR)</b>	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II <sup>®</sup>	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad <sup>®</sup>	Both	-
<b>Polio (IPV)</b>	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol <sup>®</sup>	Both	-
<b>Tetanus and diphtheria (Td)</b>	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to <b>individuals 7 years or older</b> , for intramuscular use	Tenivac <sup>®</sup> Decavac <sup>®</sup>	Both	For applicable age see code description.
<b>Tetanus, diphtheria toxoids and acellular pertussis (Tdap)</b>	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to <b>individuals 7 years or older</b> , for intramuscular use	Adacel <sup>®</sup> Boostrix <sup>®</sup>	Both	For applicable age see code description.
<b>Varicella (VAR) ('chicken pox')</b>	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax <sup>®</sup>	Both	-
<b>Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)</b>	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix <sup>®</sup>	Both	<b><u>Benefit Limit:</u></b> <b>Ages 0-6yrs.</b> <b>Ends on 7<sup>th</sup> birthday.</b>
<b>Zoster / Shingles (HZV/ZVL, RZV )</b>	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Zostavax <sup>®</sup>	Adult	<b><u>Benefit Limit:</u></b> <b>Age 60 years and up.</b>
	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	Shingrix <sup>®</sup>	Adult	<b><u>Benefit Limit:</u></b> <b>Age 50 years and up.</b>
<b>Hepatitis B</b>	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	HEPLISAV-B <sup>®</sup>	Adult	<b><u>Benefit Limit:</u></b> <b>Age 18 and up.</b>
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Recombivax HB <sup>®</sup>	Both	-
	90743	Hepatitis B vaccine (HepB), <b>adolescent</b> , 2 dose schedule, for intramuscular use	Recombivax HB <sup>®</sup>	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), <b>pediatric/adolescent dosage</b> , 3 dose schedule, for intramuscular use	Recombivax HB <sup>®</sup> Engerix-B <sup>®</sup>	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), <b>adult dosage</b> , 3 dose schedule, for intramuscular use	Recombivax HB <sup>®</sup> Engerix-B <sup>®</sup>	Adult	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: (Pediatric, Adult, or Both)	Benefit Limits: Age / Other (See Note above)
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	Engerix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	N/A	Both	-

## Expanded Women's Preventive Health

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Service: <i>A date in this column reflects when the listed rating was issued.</i>	Code(s):	Preventive Benefit Instructions:	
<p><b>Well-Woman Visits</b></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 <a href="#">Wellness Examinations</a> and <a href="#">Preeclampsia Screening</a> in the <a href="#">Preventive Care Services</a> section.</p>	<p><b>Procedure Code(s):</b></p> <p><i>Well-Woman Visits:</i> See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section.</p> <p><i>Prenatal Office Visits:</i> Evaluation and Management (Office Visits): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463</p> <p>Physician Prenatal Education, Group Setting: 99078</p> <p><i>Prenatal Care Visits:</i> 59425, 59426</p> <p><i>Global Obstetrical Codes:</i> 59400, 59510, 59610, 59618</p>	<p><i>Well-Woman Visits:</i> See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section.</p> <p><i>Prenatal Office Visits:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p> <p><i>Prenatal Care Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Global Obstetrical Codes:</i> The routine, low-risk, prenatal visits portion of the code is covered as preventive.  Does not have diagnosis code requirements for the preventive benefit to apply.</p>	
	<p><b>Diagnosis Code(s):</b></p> <p>See the <a href="#">Pregnancy Diagnosis Code List</a> (see list at end of section).</p>		
	<p><b>Screening for Gestational Diabetes Mellitus</b></p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24</p>	<p><b>Procedure Code(s):</b></p> <p><i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p>	<p><i>Diabetes Screening:</i> Requires a <a href="#">Pregnancy Diagnosis Code</a> (regardless of gestational week) (see list at end of section).</p> <p><i>Blood Draw:</i> Requires one of the diabetes screening procedure codes listed in this row <b>AND</b></p>

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Service:	Code(s):	Preventive Benefit Instructions:
<p><i>A date in this column reflects when the listed rating was issued.</i></p> <p>and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. This recommendation also suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.</p> <p>Also see the <a href="#">Diabetes Screening</a> and <a href="#">Gestational Diabetes Mellitus Screening</a> sections of the <i>Preventive Care Services</i> section, and the <a href="#">Screening for Diabetes Mellitus After Pregnancy</a> section.</p>	<p><b>Diagnosis Code(s):</b> See the <a href="#">Pregnancy Diagnosis Code List</a> (at end of section).</p>	<p>one of the <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section).</p> <p><b>Note:</b> If a diabetes diagnosis code is present in any position, the preventive benefit will <b>not</b> be applied. See the <a href="#">Diabetes Diagnosis Code List</a> (at end of section).</p>
<p><b>Screening for Diabetes Mellitus After Pregnancy</b></p> <p><u>HRSA Requirement (Dec. 2017)</u> The Women's Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.</p> <p>Also see <a href="#">Gestational Diabetes Mellitus Screening</a> and <a href="#">Diabetes Screening</a> in the <i>Preventive Care Services</i> section, and the <a href="#">Screening for Gestational Diabetes Mellitus</a> section.</p>	<p><b>Procedure Code(s):</b> <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> <b>Required Screening Diagnosis Codes</b> (requires at least one): Z00.00, Z00.01, Z13.1 <b>AND</b> requires the following additional code: <b>Additional Diagnosis Code Required:</b> Z86.32 (personal history of gestational diabetes)</p>	<p><i>Diabetes Screening:</i> Requires one of the Required Screening diagnosis codes listed in this row <b>AND</b> Z86.32.</p> <p>No age limit.</p> <p><i>Blood Draw:</i> Requires one of the Diabetes Screening procedure codes listed in this row <b>AND</b> one of the Required Screening diagnosis codes listed in this row <b>AND</b> Z86.32.</p> <p><b>Note:</b> If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the <a href="#">Diabetes Diagnosis Code List</a> (at end of section).</p>

## Expanded Women's Preventive Health

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<b>Service:</b> <i>A date in this column reflects when the listed rating was issued.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p><b>Screening for Urinary Incontinence</b></p> <p>The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually.</p>	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.
<p><b>Counseling for Sexually Transmitted Infections (STIs)</b></p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs.</p> <p>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>	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.
<p><b>Education, Risk Assessment, and Screening for Human Immunodeficiency Virus Infection</b></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. <b>All women</b> 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</p>	<p><b>Education and Risk Assessment:</b> See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above</p> <p><b>Screening Tests:</b> See the <a href="#">HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</a> row in the <i>Preventive Care Services</i> section above</p>	<p><b>Education and Risk Assessment:</b> See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.</p> <p><b>Screening Tests:</b> See the <a href="#">HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</a> row in the <i>Preventive Care Services</i> section above.</p>

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<b>Service:</b> <i>A date in this column reflects when the listed rating was issued.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
<p>HIV infection.</p> <p>Screening for HIV is recommended <b>for all pregnant</b> 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><b>Contraceptive Methods (Including Sterilizations)</b></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.</p> <p>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, see the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.</p> <p><b>Notes:</b> Certain employers may qualify for</p>	<p><b>Code Group 1 Procedure Code(s):</b> <i>Sterilizations:</i> Tubal Ligation, Oviduct Occlusion: 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See <a href="#">Code Group 4</a> below for Tubal Ligation Followup)</p> <p><i>Contraceptive Methods:</i> Diaphragm or Cervical Cap: 57170, A4261, A4266 IUD (copper): J7300 IUD (Skyla®): J7301 IUD (Liletta®): J7297 IUD (Kyleena®): J7296 (See <a href="#">Code Group 2</a> below for additional IUD codes)</p>	<p><b>Code Group 1:</b> Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p><b>Code Group 2 Procedure Code(s):</b> <i>Contraceptive Methods:</i> Implantable Devices: J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)</p> <p>IUDs: J7298 (Mirena®) S4989 58300, S4981 (insertion) 58301 (removal) (See <a href="#">Code Group 1</a> above for additional IUD codes)</p> <p><i>Injections:</i> J1050 (injection) 96372 (administration)</p>	

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Service:	Code(s):	Preventive Benefit Instructions:
<p><i>A date in this column reflects when the listed rating was issued.</i></p> <p>an exemption from covering contraceptive methods and sterilizations on account of religious objections. 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.</p>	<p><b>Code Group 2 Diagnosis Code(s):</b> These are required for Code Group 2. <i>Contraceptive Management:</i> Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p>	
	<p><b>Code Group 3 Procedure Code(s):</b> <i>Anesthesia for Sterilization:</i> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p><b>Code Group 3 Diagnosis Code(s):</b> <i>Sterilization:</i> Z30.2</p>	<p><b>Code Group 3:</b> Requires one of the Code Group 3 diagnosis code listed in this row.</p>
	<p><b>Code Group 4 Procedure Code(s): Tubal Ligation Followup Hysterosalpingogram:</b> <i>Catheterization and Introduction of Saline or Contrast Material:</i> 58340 <i>Hysterosalpingography:</i> 74740 <i>Contrast Material:</i> Q9967</p> <p><b>Code Group 4 Diagnosis Code(s):</b> <i>Tubal Ligation Status:</i> Z98.51</p>	<p><b>Code Group 4:</b> Requires one of the Code Group 4 diagnosis code listed in this row.</p>
	<p><b>Code Group 5 Procedure Code(s):</b> <i>IUD Followup Visit:</i> 99211, 99212</p> <p><b>Code Group 5 Diagnosis Code(s):</b> Z30.431</p>	<p><b>Code Group 5:</b> Requires one of the Code Group 5 diagnosis code listed in this row.</p>
	<p><b>Breastfeeding Services and Supplies</b></p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.</p>	<p><b>Counseling and Education Procedure Code(s):</b> 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, S9443</p> <p>Also see the codes in the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.</p> <p><b>Counseling and Education Diagnosis Code(s):</b> Z39.1</p>
	<p><b>Breastfeeding Equipment &amp; Supplies Procedure Code(s):</b> <i>Personal Use Electric Breast Pump:</i> E0603</p>	<p><b>Breastfeeding Equipment &amp; Supplies:</b> E0603 is limited to one purchase per birth.</p>

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<b>Service:</b> <i>A date in this column reflects when the listed rating was issued.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
	<p><b>Breast Pump Supplies:</b> A4281, A4282, A4283, A4284, A4285, A4286</p> <p><b>Breastfeeding Equipment &amp; Supplies Diagnosis Code(s):</b> <a href="#">Pregnancy Diagnosis Code</a> (see list at end of section) <b>OR</b> Z39.1.</p>	E0603 and A4281-A4286 require at least one of the diagnosis codes listed in this row.
<p><b>Screening and Counseling for Interpersonal and Domestic Violence</b></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>Also see the <a href="#">Screening for Intimate Partner Violence</a> row in the <i>Preventive Care Services</i> section above.</p>	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.	See the <a href="#">Wellness Examinations</a> row in the <i>Preventive Care Services</i> section above.
<p><b>Breast Cancer Screening for Average-Risk Women</b></p> <p><u>HRSA Requirement (Dec. 2016):</u> Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer.</p>	See the <a href="#">Screening Mammography</a> row in the <i>Preventive Care Services</i> section above.	See the <a href="#">Screening Mammography</a> row in the <i>Preventive Care Services</i> section above.



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<b>Service:</b> <i>A date in this column reflects when the listed rating was issued.</i>	<b>Code(s):</b>	<b>Preventive Benefit Instructions:</b>
Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.		
<b>Screening for Cervical Cancer</b>  HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. 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.	<b>Human Papillomavirus DNA Testing (HPV)</b> See the <a href="#">Cervical Cancer Screening</a> row in the <i>Preventive Care Services</i> section above.	<b>Human Papillomavirus DNA Testing (HPV)</b> See the <a href="#">Cervical Cancer Screening</a> row in the <i>Preventive Care Services</i> section above.
	<b>Cervical Cytology (Pap Test):</b> See the <a href="#">Cervical Cancer Screening</a> row in the <i>Preventive Care Services</i> section above.	<b>Cervical Cytology (Pap Test):</b> See the <a href="#">Cervical Cancer Screening</a> row in the <i>Preventive Care Services</i> section above.

### Revenue Codes

See the [Screening Mammography](#) and [Preventive Immunizations](#) sections above for the applicable revenue codes.

### Diagnosis Codes

#### Atherosclerosis Diagnosis Code List

Refer to the *Preventive Care Services* section regarding the following Atherosclerosis Diagnosis Codes which are allowed for [Cholesterol Screening \(Lipid Disorders Screening\)](#) and [Behavioral Counseling in Primary Care to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors](#)



Atherosclerosis  
Diagnosis Code List

#### Diabetes Diagnosis Code List

Refer to the [Preventive Care Services](#) section and the [Expanded Women's Preventive Health](#) section regarding the following Diabetes Diagnosis Codes.



Diabetes Diagnosis  
Code List

## Diagnosis Codes

### 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](#) section.



Hep C Screening  
Diagnosis Code List

### Pregnancy Diagnosis Code List

The following Pregnancy Diagnosis Codes are required where indicated in the [Preventive Care Services](#) section or in the [Expanded Women's Preventive Health](#) section.



Pregnancy Diagnosis  
Code List

## REFERENCES

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<http://www.cdc.gov/vaccines/acip/committee/guidance/vac-abbrev.html>. Accessed January 14, 2019.

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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](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf). Accessed January 14, 2019.

American Academy of Pediatrics, Bright Futures Guidelines, 4<sup>th</sup> edition, Evidence and Rationale chapter [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_Evidence\\_Rationale.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf). Accessed January 14, 2019.

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July 19, 2010 IRS Interim Rules: [http://www.irs.gov/irb/2010-29\\_IRB/index.html](http://www.irs.gov/irb/2010-29_IRB/index.html). Accessed January 14, 2019.

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<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>. Accessed January 14, 2019.

U.S. Food and Drug Administration (FDA), Vaccines Licensed for Use in the United States:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>. Accessed January 14, 2019.

Women's Preventive Services Guidelines <https://www.hrsa.gov/womens-guidelines-2016/index.html>. Accessed January 14, 2019.

Women's Preventive Services Initiative (WPSI) <https://www.womenspreventivehealth.org/>. Accessed January 14, 2019.

Date	Action/Description
04/01/2019	<ul style="list-style-type: none"> <li>• Revised list of applicable procedure and diagnosis codes for:               <ul style="list-style-type: none"> <li><b>Preventive Care Services</b></li> <li><i>Syphilis Screening</i> <ul style="list-style-type: none"> <li>○ Updated service description:                   <ul style="list-style-type: none"> <li>▪ Added language to clarify the June 2016 USPSTF 'A' rating applies to non-pregnant adults and adolescents at increased risk</li> <li>▪ Removed May 2009 USPSTF 'A' rating</li> <li>▪ Added September 2018 USPSTF 'A' rating to indicate the USPSTF recommends early screening for syphilis infection in all pregnant women</li> </ul> </li> </ul> </li> <li><i>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults (previously titled Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse)</i> <ul style="list-style-type: none"> <li>○ Updated service description:                   <ul style="list-style-type: none"> <li>▪ Removed May 2013 USPSTF 'B' rating</li> <li>▪ Added November 2018 USPSTF 'B' rating to indicate the USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use</li> </ul> </li> </ul> </li> <li><i>Screening for Intimate Partner Violence</i> <ul style="list-style-type: none"> <li>○ Updated service description:                   <ul style="list-style-type: none"> <li>▪ Removed January 2013 USPSTF 'B' rating</li> <li>▪ Added October 2018 USPSTF 'B' rating to indicate the USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services</li> <li>▪ Added reference link to the <i>Screening and Counseling for Interpersonal and Domestic Violence</i> section of the policy</li> </ul> </li> </ul> </li> <li><b>Expanded Women's Health Preventive Health</b></li> <li><i>Screening and Counseling for Interpersonal and Domestic Violence</i> <ul style="list-style-type: none"> <li>○ Added reference link to the <i>Screening for Intimate Partner Violence</i> section of the policy</li> </ul> </li> </ul> </li> <li>• Archived previous policy version CDG.016.24</li> </ul>