HealthChoice

## HealthChoice Preventive Care Services

**Effective Oct. 1, 2024**
Released 10.08 2024

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

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

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

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

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

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

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

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HealthChoice

# Preventive Services

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

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

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| USPSTF Rating (Feb. 2004): B<br>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. | Pregnancy Diagnosis Codes | |
| **Syphilis Screening**<br><br>*Non-Pregnant Adults and Adolescents at Increased Risk:*<br>USPSTF Rating (Sept. 2022): A<br>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.<br><br>*Pregnant Women:*<br>USPSTF Rating (Sept. 2018): A<br>The USPSTF recommends early screening for syphilis infection in all pregnant women.<br><br>Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years. | **Procedure Code(s):**<br>*Syphilis Screening:*<br>0064U, 0065U, 0210U, 86592, 86593, 86780<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>*Pregnancy:*<br>Pregnancy Diagnosis Codes<br>OR<br>*Screening:*<br>Adult: Z00.00, Z00.01<br>Child: Z00.121, Z00.129<br>Other: Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 | *Syphilis Screening:*<br>Requires a Pregnancy Diagnosis Code **OR** one of the Screening diagnosis codes listed in this row.<br><br>*Blood Draw:*<br>Requires **both** of the following:<br>One of the listed Syphilis Screening procedure codes listed in this row **AND**<br>One of the Screening diagnosis codes listed in this row **OR** a Pregnancy Diagnosis Code. |
| **Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening**<br><br>USPSTF Rating (Aug. 2019): B<br>The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. | ***Genetic Counseling and Evaluation***<br>**Procedure Code(s):**<br>*Medical Genetics and Genetic Counseling Services:* 96040, S0265<br><br>*Evaluation and Management (Office Visits):*<br>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417**,** G0463<br><br>**Diagnosis Code(s):**<br>Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43 | ***Genetic Counseling and Evaluation***<br>May require genetic counseling before BRCA Lab Screening.<br><br>Requires one of the Genetic Counseling and Evaluation diagnosis codes listed in this row in the primary position. |
| | **Procedure Code(s):**<br>*BRCA Lab Screening*:<br>81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>*Family History or Personal History of breast cancer and/or ovarian c*ancer:<br>Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43 | Limited to one test per member, per lifetime.<br><br>*BRCA Lab Screening:*<br>Certification requirements apply to BRCA lab screening.<br><br>*Blood Draw:*<br>Requires one of the BRCA Lab Screening procedure codes listed in this row **AND** one of the BRCA Lab Screening diagnosis codes listed in this row. |
| **Pre-Diabetes and Type 2 Diabetes Screening**<br><br>USPSTF Rating (August 2021): B<br>The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive | **Procedure Code(s):**<br>*Diabetes Screening:*<br>82947, 82948, 82950, 82951, 82952, 83036<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Required Diagnosis Codes (requires at least one): | Limited to age 35-70 years (ends on 71st birthday).<br><br>*Diabetes Screening:*<br>Requires one of the Required Diagnosis Codes listed in this row **AND** one of the listed Additional Diagnosis Codes in this row. |

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| interventions.<br><br>Also see Behavioral Counseling section in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors for intensive behavioral counseling interventions.<br><br>For additional diabetes screening benefits, refer also to the Expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy. | Z00.00, Z00.01, Z13.1<br>**AND** One of the following additional diagnosis codes as follows: (requires at least one):<br><br>*Overweight:* E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29<br>*Obesity :* E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45<br>*Body Mass Index 30.0 – 39.9:*<br>Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39<br>*Body Mass Index 40.0 and Over:*<br>Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 | *Blood Draw:*<br>Requires ALL of the following:<br>- One of the listed Diabetes Screening procedure codes listed in this row **AND**<br>- One of the listed Required Diagnosis Codes **AND**<br>- One of the listed Additional Diagnosis Codes.<br><br>**Preventive Benefit Does Not Apply:** If a Diabetes Diagnosis Code is present in any position, the preventive benefit does **not** apply; refer to the Diabetes Diagnosis Code List. |
| | **Pre-Diabetes Preventive Interventions Procedure Code(s):**<br>*Medical Nutrition Therapy or Counseling:*<br>97802, 97803, 97804, G0270, G0271, S9470<br><br>*Preventive Medicine Individual Counseling:*<br>99401, 99402, 99403, 99404<br><br>*Behavioral Counseling or Therapy:*<br>G0447, G0473<br><br>**Diagnosis Code(s):**<br>R73.03 (prediabetes) | **Pre-Diabetes Preventive Interventions**<br>Limited to age 35-70 years (ends on 71st birthday).<br>Requires diagnosis code 73.03. |
| **Gestational Diabetes Mellitus Screening**<br><br>USPSTF Rating (Aug. 2021) B:<br>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant persons at 24 weeks of gestation or after.<br><br>Also see Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy. | Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus codes. | Refer to the expanded Women's Preventive Health section for Screening for Gestational Diabetes Mellitus preventive benefit instructions.<br><br>**Note**: This benefit applies regardless of the gestational week. |
| **Screening Mammography**<br><br>USPSTF Rating (Apr. 2024): B<br>The USPSTF recommends biennial screening mammography for women aged 40 to 74 years<br><br>Also see Breast Cancer Screening for Average-Risk Women. | **Procedure Code(s):**<br>77063, 77067<br><br>***Revenue Code:***<br>0403<br><br>**Diagnosis Code(s)**:<br>Does not have diagnosis code requirements for the preventive benefit to apply. | No age limits.<br><br>**Note:** This benefit only applies to screening mammography. |
| **Diagnostic Mammography**<br><br>Oklahoma HB3504 (May 2022)<br>Effective 11/1/2022 - Health Benefit plans shall include coverage for a low-dose mammography screening for detection of the presence of occult breast cancer **and a diagnostic examination for the detection of breast cancer**. Coverage shall not be | **Procedure Code(s):**<br>*Diagnostic Mammogram*<br>77061, 77062, 77065, 77066, G0279<br><br>*Ultrasound*<br>76641, 76642<br><br>*MRI*<br>77046, 77047, 77048, 77049 | No age limits.<br><br>MRI of the breast, with or without contrast material.<br><br>**Note:** This benefit only applies to diagnostic mammography.<br><br>HDHP members must meet annual deductible before benefit |

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| subject to deductible, copay, coinsurance or require that a female undergo a mammography screening at a specified time as a condition of payment. Any female 35-39 shall be entitled to coverage for a low-dose mammography screening once every 5 years. Any female 40 years of age or older shall be entitled to coverage for an annual low-dose mammography screening.<br><br>*Federal regulations require that HDHP participants meet their annual deductible before a health plan can pay towards any services other than preventive. After the deductible is met, these services will be covered at 100% by the plan.<br><br>Also see Screening Mammography and Breast Cancer Screening for Average-risk Women. | ***Revenue Code:***<br>*0401*<br><br>**Diagnosis Code(s)**:<br>Does not have diagnosis code requirements for the preventive benefit to apply. | applies. |
| **Cervical Cancer Screening**<br><br>USPSTF Rating (Aug. 2018): A<br>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.<br><br>For women aged 30 to 65 years, the USPSTF recommends:<br>• Screening every 3 years with cervical cytology alone,<br>• Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or<br>• Every 5 years with hrHPV testing in combination with cytology (co-testing).<br><br>Bright Futures, March 2014:<br>Adolescents should no longer be routinely screened for cervical dysplasia until age 21 | ***Human Papillomavirus DNA Testing (HPV):***<br>**Procedure Code(s):**<br>0500T, 87624, 87625, G0476<br><br>**Diagnosis Code(s):**<br>Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4 | ***Human Papillomavirus DNA Testing (HPV):***<br>Requires one of the diagnosis codes listed in this row.<br><br>Limited to age 30 years and up. |
| | ***Cervical Cytology (Pap Test)***<br><br>***Code Group 1 Procedure Code(s):***<br>G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001<br><br>***Code Group 1 Diagnosis Code(s):***<br>Does not have diagnosis code requirements for preventive benefits to apply. | ***Cervical Cytology (Pap Test)***<br><br>***Code Group 1:***<br>Limited to age 21-65 years (ends on 66th birthday).<br>Does not have diagnosis code requirements for preventive benefits to apply. |
| | ***Cervical Cytology (Pap Test)***<br><br>***Code Group 2 Procedure Code(s):***<br>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175<br><br>***Code Group 2 Diagnosis Code(s):***<br>Z00.00, Z00.01, Z01.411, Z01.419, Z12.4 | ***Cervical Cytology (Pap Test)***<br><br>***Code Group 2:***<br>Limited to age 21-65 years (ends on 66th birthday).<br><br>Requires one of the Code Group 2 diagnosis codes listed in this row. |
| **Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication**<br><br>USPSTF Rating (Aug. 2022): B<br>The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, | **Procedure Code(s):**<br>*Cholesterol Screening:*<br>80061, 82465, 83718, 83719, 83721, 83722, 84478<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Z00.00, Z00.01, Z13.220 | *Cholesterol Screening:*<br>Age 40-75 years (ends on 76th birthday).<br><br>Requires one of the diagnosis codes listed in this row.<br><br>*Blood Draw*:<br>Ages 40-75 years (ends on 76th birthday): Requires one of the listed Cholesterol Screening procedure codes **AND** one of the Diagnosis Codes listed in this |

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| or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. | | row.<br><br>**Preventive Benefit Does Not Apply:** For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does **not** apply:<br>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 |
| **Colorectal Cancer Screening**<br><br>USPSTF Rating (May 2021): A<br>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.<br><br>USPSTF Rating (May 2021): B<br>The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. | All services performed on the same day and billed on the claim with the colonoscopy are covered as preventive, with the exception of other non-preventive surgeries. | |
| | **Colonoscopy**<br>**Procedure Code(s):**<br>**Colonoscopy:**<br>G0105, G0121<br><br>Preventive Colonoscopy When Billed with Certain Codes (see Preventive Benefit Instructions to the right):<br>44388*, 44389*, 44392*, 44394*, 45378*, 45380*, 45381*, 45384*, 45385*, 45388*<br><br>**Diagnosis Code(s):**<br>Applies to Procedure Codes with asterisk (*) above:<br>Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79<br><br>Note: Also see the Colonoscopy Pre-Op Consultation row below. | **Colonoscopy**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Limited to one every 3 calendar years.<br><br>Codes G0105 and G0121 do not have diagnosis code requirements for preventive benefits to apply.<br><br>Codes with an asterisk (*) are preventive when:<br>* Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79); **or**<br>* Billed in addition to G0104, G0105, G0106, G0120, G0121, G0122, G0328 or S0285 |
| | **Sigmoidoscopy**<br>**Procedure Code(s):**<br>**Sigmoidoscopy:**<br>G0104<br><br>Preventive Sigmoidoscopy When Billed with Certain Codes (see Preventive Benefit Instructions to the right):<br>45330*, 45331*, 45333*, 45338*, 45346*<br><br>**Diagnosis Code(s):**<br>Applies to Procedure Codes with asterisk (*) above:<br>Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 | **Sigmoidoscopy**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Limited to one every 3 calendar years.<br><br>Code G0104 does not have diagnosis code requirements for preventive benefits to apply.<br><br>Codes with an asterisk (*) are preventive when:<br>* Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79); **or**<br>* Billed in addition to codes G0104, G0105, G0106, G0120, G0121, G0122, G0328, or S0285 |

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| | **Barium Enema**<br>**Procedure Code(s):**<br>G0106, G0120, G0122<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefit to apply. | **Barium Enema**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Limited to one every 3 calendar years.<br><br>Codes G0106, G0120, and G0122 do not have diagnosis code requirements for preventive benefits to apply. |
| | **Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy)**<br>**Procedure Code(s):**<br>Pathology:<br>88304, 88305<br><br>Anesthesia:<br>00812, 99152, 99153, 99156, 99157, G0500<br><br>**Diagnosis Codes(s):** Applies to the Pathology and Anesthesia codes listed above:<br>Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 | **Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy)**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Requires both of the following:<br>- One of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79); **AND**<br>* One of the procedure codes listed in the Colonoscopy row, or the Sigmoidoscopy row.<br><br>Note: Preventive benefits apply when the surgeon's claim is preventive. |
| | **Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT)**<br>**Procedure Code(s):**<br>Preventive:<br>G0328<br><br>Preventive When Billed with Certain Codes (see Preventive Benefit Instructions to the right):<br>82270*, 82274*<br><br>**Diagnosis Code(s):**<br>Applies to Procedure Codes with asterisk (*) above:<br>Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 | **Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT)**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Limited to one test per calendar year.<br><br>Code G0328 does not have diagnosis code requirements for preventive benefits to apply.<br><br>Codes with an asterisk (*) are preventive when:<br>* Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79); or<br>* Billed in addition to G0104, G0105, G0106, G0120, G0121, G0122, G0328 or S0285. |
| | **Fecal DNA:**<br>81528<br><br>**Diagnosis Code(s),**<br>Code 81528 does not have diagnosis code requirements for preventive benefits to apply. | **Fecal DNA:**<br>**Age Limits:** 45-75 years (ends on 76th birthday).<br><br>Limited to one every 3 calendar years. |

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| | | Code 81528 does not have diagnosis code requirements for preventive benefits to apply. |
| | **Pre-op/Consultation:**<br>**Procedure Code(s):**<br>Preventive:<br>S0285<br><br>Preventive when billed with one of the diagnosis codes listed in this row:<br>99202*, 99203*, 99204*, 99205*, 99211*, 99212*, 99213*, 99214*, 99215*, 99242*, 99243*, 99244*, 99245*, 99417*<br><br>**Diagnosis Code(s)**:<br>Applies to Procedure Codes with asterisk (*) above:<br>Z12.10, Z12.11, Z12.12. Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 | **Pre-Op Consultation**<br>**Age Limits**: 45-75 years (ends on 76th birthday).<br><br>Code S0285 does not have diagnosis code requirements for preventive benefits to apply.<br><br>Codes with an asterisk (*) are preventive when billed with one of the diagnosis codes listed in this row (Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79). |
| | **Computed Tomographic Colonography (Virtual Colonoscopy)**<br>**Procedure Code(s):**<br>74263<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefit to apply. | **Computed Tomographic Colonography (Virtual Colonoscopy)**<br>**Age Limits:** 45-75 years (ends on 76th birthday)<br><br>Does not have diagnosis code requirements for the preventive benefit to apply. |
| **Wellness Examinations**<br>*(well baby, well child, well adult)*<br><br>USPSTF Rating: None<br>HealthChoice supports AAP and AAFP age and frequency guidelines, as well as recommendations of Bright Futures.<br><br>HRSA Requirements:<br>The Wellness Examinations codes in this row include the following HRSA requirements for women, where applicable:<br>* Breastfeeding support, counseling, and education<br>* Contraceptive methods and sterilizations (counseling and follow-up care)<br>* Screening and counseling for interpersonal domestic violence<br>* Screening for human immunodeficiency virus infection (HIV); education and risk assessment Counseling for sexually transmitted infections (STIs)<br>* Well-woman preventive visits<br>* Screening for urinary incontinence<br>* Obesity prevention in midlife women (counseling) | **Procedure Code(s):**<br>*Preventive medicine services (Evaluation and Management):* 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397<br><br>*Medicare wellness exams:* G0402, G0438, G0439<br><br>*STIs behavioral counseling:* G0445<br><br>*Annual gynecological exams:* S0610, S0612, S0613<br><br>Pelvic Examination (add-on code):<br>**99459**<br><br>*Preventive medicine, individual counseling:* 99401, 99402, 99403, 99404<br><br>*Preventive medicine, group counseling:* 99411, 99412<br><br>*Newborn Care (evaluation and management)*: 99460, 99461, 99462, 99463<br><br>*Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT Scan)*: G0296<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | Does not have diagnosis code requirements for the preventive benefit to apply.<br><br>Limited to two annual wellness exams per calendar year for ages 18 and older.<br><br>For ages 17 and younger, wellness visit frequency is determined in accordance with Bright Futures recommendations.<br><br>STI Behavioral Counseling: G0445 is limited to twice per calendar year.<br><br>Pelvic Examination add-on code **99459:**<br>Preventive care services benefits may apply to 99459 when the related Evaluation and Management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits.<br><br>LDCT G0296 is limited to age 50 to 80 years (ends on 81st |

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| | Also see the Expanded Women's Preventive Health section. | birthday) and is limited to once per calendar year. |
| **Vaccines (Immunizations)**<br><br>USPSTF Rating: None<br>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 of the Centers for Disease Control and Prevention. Implementation will typically occur within 60 days after publication in the MMWR. | Refer to the Preventive Vaccines (Immunizations) section. | Refer to the Preventive Vaccines (Immunizations) section |
| **Newborn Screenings**<br>All newborns<br><br>USPSTF Rating (March 2008): A<br>Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns.<br><br>USPSTF Rating (March 2008): A<br>Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns.<br><br>USPSTF Rating (Sept. 2007): A<br>Sickle Cell Screening: Screening for sickle cell disease in newborns.<br><br>Refer to Hearing Screening/Tests (Bright Futures). | **Procedure Code(s):**<br>*Hypothyroidism Screening:*<br>84437, 84443<br><br>*Phenylketonuria Screening:*<br>84030, S3620<br><br>*Sickle Cell Screening:*<br>83020, 83021, 83030, 83033, 83051, S3850<br><br>*Blood Draws:* 36415, 36416<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | *Newborn Screenings:*<br>Does not have diagnosis code requirements for the preventive benefit to apply.<br><br>*Blood Draw*:<br>Age 0-90 days, requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes. |
| **Metabolic Screening Panel (Newborns)** | **Procedure Code(s):**<br>*Metabolic Screening Panel:*<br>82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | *Metabolic Screening Panel:*<br>Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.<br><br>*Blood Draw*:<br>Age 0-90 days. Requires one of the listed Metabolic Screening Panel procedure codes listed in this row. |
| **Osteoporosis Screening**<br><br>USPSTF Rating (June 2018): B<br>Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.<br><br>USPSTF Rating (June 2018): B<br>Post-menopausal women younger | **Procedure Code(s):**<br>76977, 77080, 77081, G0130<br><br>**Diagnosis Code(s):**<br>Z00.00, Z00.01, Z13.820, Z82.62 | Requires one of the diagnosis codes listed in this row. |

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| than 65 years at increased risk of osteoporosis: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. | | |
| **Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults**<br><br>USPSTF Rating (Nov. 2018): B<br>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.<br><br>Bright Futures (April 2017):<br>Bright Futures recommends alcohol or drug use assessments from age 11-21 years.<br><br>Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures). | **Procedure Code(s):**<br>*Alcohol or Drug Use Screening:*<br>99408, 99409<br><br>*Annual Alcohol Screening:*<br>G0442<br><br>*Brief Counseling for Alcohol:*<br>G0443<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefit to apply. | Limited to age 18 and older.<br><br>Limited to two screenings per calendar year.<br><br>Does not have diagnosis code requirements for preventive benefits to apply. |
| **High Blood Pressure in Adults – Screening:**<br><br>USPSTF Rating (April 2021): A<br>The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement.<br><br>The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. | ***Blood Pressure Measurement in a Clinical Setting:***<br>N/A | ***Blood Pressure Measurement in a Clinical Setting***:<br>This service is included in a preventive care wellness examination. |
| | ***Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):***<br>*Ambulatory Blood Pressure Measurement:*<br>93784, 93786, 93788, 93790<br><br>**Diagnosis Code(s):**<br>*Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension:*<br>R03.0 | ***Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):***<br>Age 18 years and up. Requires the diagnosis code listed in this row. |
| **Breast Cancer: Medications for Risk Reduction**<br><br>USPSTF Rating (Sept. 2019): B<br>The USPSTF recommends that clinicians offer to prescribe risk reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. | N/A | This service is included in a preventive care wellness examination or focused E&M visit. Refer to pharmacy benefits for additional coverage. |

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| **Prostate Cancer Screening: Men**<br>USPSTF Rating for Men 55 - 69 (May 2018): C<br>The USPSTF For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; over diagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening.<br><br>USPSTF Rating for Men 70 an Over (May 2018): D<br>The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older. | **Procedure Code(s):**<br>84152, 84153, 84154, G0102, G0103<br><br>**Diagnosis Code(s):**<br>Z00.00, Z00.01, Z12.5, Z80.42 | Limited to males age 40 and over.<br><br>Limit of one per calendar year.<br><br>Requires one of the diagnosis codes listed in this row for 84152, 84153, 84154, G0102, G0103 |
| **Metabolic Screening Panel** (Adults) | **Procedure Code(s):**<br>80050, 80053<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefit to apply. | Limited to age 20 and over.<br>Limited to one per calendar year. |
| **Primary Care Interventions to Promote Breastfeeding**<br><br>USPSTF Rating (Oct. 2016): B<br>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding. | **Procedure Code(s):**<br>N/A<br><br>Refer to the expanded Women's Preventive Health section for additional benefits. | Included in primary care or OB/GYN office visits |

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| **Depression and Suicide Risk in Adults, Screening**<br><br>USPSTF Rating (Jun. 2023): B<br>The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults (65 years or older).<br><br>Bright Futures (February 2017):<br>Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2 4, and 6 months of age.<br><br>Also see Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression – Preventive Interventions (Counseling). | **Procedure Code(s):**<br>96127, 96161, G0444<br><br>**Diagnosis Code(s):**<br>Required for 96127 Only:<br>*Encounter for screening for depression:* Z13.31, Z13.32 | Requires one of the diagnosis codes listed in this row for 96127.<br><br>The diagnosis codes listed in this row are **not** required, for 96161, G0444. |
| **Depression and Suicide Risk in Children and Adolescents: Screening**<br><br>USPSTF Rating (Oct. 2022): B<br>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.<br><br>Bright Futures (February 2017):<br>Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2 4, and 6 months of age. The Bright Futures Periodicity Schedule recommends depression screening begin at age 12 through 21 years.<br><br>Also see Anxiety Disorders in Adults (Screening) USPSTF; Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression-Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures). | **Procedure Code(s):**<br>96127, 96161, G0444<br><br>**Diagnosis Code(s):**<br>Required for 96127 Only:<br>*Encounter for screening for depression:* Z13.31, Z13.32 | Requires one of the diagnosis codes listed in this row for 96127.<br><br>The diagnosis codes listed in this row are not required for 96161, G0444. |
| **Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions**<br><br>USPSTF Rating (Nov. 2020): B | **Procedure Code(s):**<br>*Medical Nutrition Therapy or Counseling:*<br>97802, 97803, 97804, G0270, G0271, S9470<br>*Preventive Medicine Individual Counseling:*<br>99401, 99402, 99403, 99404<br>*Behavioral Counseling or Therapy:*<br>G0446, G0447, G0473 | Requires one of the diagnosis codes listed in this row for 97802-97804, 99401-99404, G0270, G0271, and S9470.<br><br>*Behavioral Counseling or Therapy:* G0446 is limited to once per calendar year. |

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

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| kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions. | Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39<br>*Body Mass Index 40.0 and over:*<br>Z68.41, Z68.42, Z68.43, Z68.44, Z68.45<br>*Obesity:* E66.01, E66.09, E66.1, E66.8, E66.9 | row are **not** required for G0446, G0447 and G0473. |
| **High Body Mass Index in Children and Adolescents: Interventions**<br><br>USPSTF Rating (June 2024: B<br>The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions. | **Procedure Code(s):**<br>*Medical Nutrition Therapy:* 97802, 97803, 97804<br>*Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404<br>*Behavioral Counseling or Therapy:* G0446, G0447, G0473<br><br>Refer also to the codes in the Wellness Examinations section.<br><br>**Diagnosis Code(s):**<br>*Obesity:* E66.01, E66.09, E66.1, E66.2, E66.8, E66.9 | Requires one of the diagnosis codes listed in this row for 97802-97804 and 99401-99404.<br><br>*Behavioral Counseling or Therapy:* G0446 is limited to once per calendar year.<br><br>The diagnosis codes listed in this row are **not** required for G0446, G0447 and G0473. |
| **Behavioral Counseling to Prevent Sexually Transmitted Infections**<br><br>USPSTF Rating (Aug. 2020): B<br>The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). | **Procedure Code(s):**<br>*STIs Behavioral Counseling:* G0445<br><br>*Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | G0445 is limited to two per calendar year.<br><br>Does not have diagnosis code requirements for the preventive benefit to apply. |
| **Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons**<br><br>USPSTF Rating (Jan. 2021): A<br>Pregnant Persons (A): The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.<br><br>Non-pregnant Adults (A): The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Admin–approved pharmacotherapy for cessation to non-pregnant adults who use tobacco.<br><br>Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit. Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures). | **Procedure Code(s):**<br>*Behavioral Interventions:*<br>99406, 99407<br><br>*Preventive Medicine Individual Counseling:*<br>99401, 99402, 99403, 99404<br><br>Refer also to the codes in the Wellness Examinations section.<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | Does not have diagnosis code requirements for the preventive benefit to apply. |

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| **Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents**<br><br>USPSTF Rating (Apr. 2020): B<br>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.<br><br>Bright Futures (April 2017):<br>Bright Futures recommends tobacco use assessments from age 11 to 21 years.<br><br>Also see Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures). | **Procedure Code(s):**<br>*Smoking and Tobacco Use Cessation Counseling Visit:*<br>99406, 99407<br><br>*Preventive Medicine Individual Counseling:*<br>99401, 99402, 99403, 99404<br><br>Refer also to the Wellness Examinations section.<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | Does not have diagnosis code requirements for the preventive benefit to apply. |
| **Screening for Visual Impairment in Children**<br><br>USPSTF Rating (Sept. 2017): B<br>The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.<br><br>Bright Futures:<br>Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year olds.<br><br>Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age. | **Procedure Code(s):**<br>*Visual Acuity Screening (e.g., Snellen chart):*<br>99173<br><br>*Instrument-Based Screening:*<br>99174, 99177<br><br>**Diagnosis Code(s):**<br>Refer to the Preventive Benefit Instructions. | *Visual Acuity Screening (99173):*<br>Up to age 21 years (ends on 22nd birthday). Does not have diagnosis code requirements for preventive benefits to apply.<br><br>*Instrument-Based Screening (99174 and 99177):*<br>Age 1 to 5 (ends on 6th birthday): Does not have diagnosis code requirements for preventive benefits to apply.<br><br>Age 6 to 21 years (ends on 22nd birthday): HealthChoice follows the UHC Medical Policy titled Omnibus Codes for allowable diagnoses |
| **Behavioral Counseling to Prevent Skin Cancer**<br><br>USPSTF Rating (March 2018): B<br>The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for person's ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer. | N/A | This service is included in a preventive care wellness examination or focused E&M visit. |
| **Falls Prevention in Community-Dwelling Older Adults: Interventions**<br><br>USPSTF Rating (June 2024): B<br>The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. | N/A | This service is included in a preventive care wellness examination or focused E&M visit. |

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| **Screening for Intimate Partner Violence**<br><br>USPSTF Rating (Oct. 2018): B<br>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.<br><br>Also see Screening and Counseling for Interpersonal and Domestic Violence. | N/A | This service is included in a preventive care wellness examination. |
| **Screening for Lung Cancer with Low-Dose Computed Tomography**<br><br>USPSTF Rating (Mar. 2021): B<br>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. | **Procedure Code(s)**:<br>71271<br><br>**Diagnosis Code(s):**<br>F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 | Requires one of the diagnosis codes listed in this row.<br><br>Limitations:<br>Limited to one per calendar year and<br>* All of the following criteria:<br>* Age 50 to 80 years (ends on 81st birthday), and<br>* At least 30 pack-years* of smoking history, and<br>* Either a current smoker or has quit within the past 15 years<br>*A pack-year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page. http://www.cancer.gov/dictionary?CdrID=306510" |
| **Fluoride Application in Primary Care**<br><br>USPSTF Rating (May 2014): B<br>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.<br><br>Bright Futures (April 2017):<br>For those at high risk, consider application of fluoride varnish for | **Procedure Code(s):**<br>*Application of Topical Fluoride by Physician or Other Qualified Health Care Professional:*<br>99188<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for the preventive benefit to apply. | Age 0-5 years (ends on 6th birthday). Does not have diagnosis code requirements for the preventive benefit to apply.<br><br>Limited to two per calendar year. |

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| caries prevention every 3 to 6 months between ages 6 months to 5 years. | | |
| **Latent Tuberculosis Infection: Screening, Adults**<br><br>USPSTF Rating (May 2023): B<br>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.<br><br>This recommendation applies to asymptomatic adults at increased risk for latent tuberculosis infection (LTBI). | **Procedure Code(s):**<br>*Screening:*<br>86480, 86481, 86580<br><br>*Follow-up Visit to Check Results:*<br>99211<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z20.1<br><br>**Note for age 18-21 years (ends on 22nd birthday):** In addition to the codes in this row, the preventive benefit also applies to the diagnosis codes listed in the Bright Futures row: Tuberculosis (TB) Testing. | *Screening:*<br>Ages 18 years and up.<br><br>Requires one of the diagnosis codes listed in this row for codes 86480, 86481, and 86580.<br><br>*Follow-up Visit to Check Results (99211)*: CPT code 99211 requires diagnosis code R76.11 or R76.12.<br><br>*Blood Draw*: Ages 18 years and up.<br>Required to be billed with 86480 or 86481 **AND** one of the diagnosis codes listed in this row. |
| **Hypertensive Disorders of Pregnancy: Screening**<br><br>USPSTF Rating (Sept. 2023): B<br>The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy. | Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit.<br><br>Refer to Expanded Women's Preventive Health for Prenatal Office Visits, Prenatal Care Visits, Global Obstetrical Codes | See the following code groups in the expanded Women's Preventive Health section:<br>• Prenatal Office Visits<br>• Prenatal Care Visits<br>• Global Obstetrical Codes |
| **Perinatal Depression - Preventive Interventions (Counseling)**<br><br>USPSTF Rating (Feb. 2019): B<br>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.<br><br>Note: This policy addresses coding for interventions from a network medical provider only. For perinatal depression preventive interventions with a mental health provider, refer to the plan's mental health plan benefit administrator.<br><br>Refer also to Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); and Depression Screening (Bright Futures). | **Code Group 1 Procedure Code(s):**<br>*Preventive Medicine Individual Counseling:*<br>99401, 99402, 99403, 99404<br><br>*Preventive Medicine, Group Counseling:* 99411, 99412<br><br>*Prenatal Care Visits:* 59425, 59426<br><br>*Preventive Medicine Services (Evaluation and Management):* 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 | **Code Group 1:**<br>Does not have diagnosis code requirements for the preventive benefit to apply. |
| | **Code Group 2 Procedure Code(s):**<br>*Evaluation and Management (Office Visits):*<br>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463<br><br>**Diagnosis Code(s):**<br>A **Pregnancy Diagnosis Code**; or Z39.2 (encounter for routine postpartum follow-up); or Z13.32 (encounter for screening for maternal depression) | **Code Group 2:**<br>Requires one of the Code Group 2 diagnosis codes listed in this row. |
| **Prevention of Acquisition of Human Immunodeficiency Virus (HIV): Pre-exposure Prophylaxis**<br><br>USPSTF Rating (Aug. 2023): A<br>The USPSTF recommends that clinicians prescribe preexposure | **Procedure Code(s):**<br>*Kidney Function Testing (Creatinine):*<br>82565, 82575<br><br>*Pregnancy Testing:*<br>81025, 84702, 84703 | Requires one of the diagnosis codes listed in this row in the primary position. |

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| prophylaxis A using effective antiretroviral therapy to persons at increased risk of HIV acquisition to decrease the risk of acquiring HIV.<br><br>Note: This Includes:<br>* Kidney function testing (creatinine)<br>* Serologic testing for hepatitis B and C virus<br>* Testing for other STIs<br>* Pregnancy testing when appropriate<br>* Ongoing follow-up and monitoring including HIV testing every 3 months<br><br>Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit. | *Office Visits:*<br>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 (Refer also to codes in the Wellness Examinations section)<br><br>*Antiretroviral Therapy Injection:*<br>96372 (Administration),<br>J0739 (Injection cabotegravir, 1 mg)<br><br>**Diagnosis Code(s):**<br>Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><br>Refer also to: Behavioral Counseling to Prevent Sexually Transmitted Infections; Chlamydia Infection Screening; Gonorrhea Screening; Hepatitis B Virus Infection Screening; Hepatitis C Virus Infection Screening: Human Immunodeficiency Virus Screening for Adolescents and Adults; Syphilis Screening | |
| **Unhealthy Drug Use Screening (Adults)**<br><br>USPSTF Rating (June 2020): B<br>The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)<br><br>Bright Futures (April 2017):<br>Bright Futures recommends alcohol or drug use assessments from age 11-21 years.<br><br>Also see: Screening and Behavioral counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults; Tobacco, Alcohol, or Drug Use Assessment (Bright Futures). | **Procedure Code(s):**<br>*Alcohol or Drug Use Screening:*<br>99408, 99409<br><br>**Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefit to apply. | Does not have diagnosis code requirements for preventive benefit to apply. |
| **Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions**<br><br>USPSTF Rating (May 2021): B<br>The USPSTF recommends that clinicians offer pregnancy persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy. | **Procedure Code(s):**<br>Medical Nutrition Therapy:<br>97802, 97803, 97804, G0270, G0271, S9470<br><br>Preventive Medicine Individual Counseling:<br>99401, 99402, 99403, 99404<br><br>Behavioral Counseling or Therapy:<br>G0447, G0473<br><br>**Diagnosis Code(s):**<br>A **Pregnancy Diagnosis Code** | Requires one of the diagnosis codes listed in this row. |

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| **Anxiety in Children and Adolescents: Screening**<br><br>USPSTF Rating (Oct. 2022): B<br>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.<br><br>Also see Anxiety Disorders in Adults Screening (USPSTF); Screening for Anxiety (HRSA), Screening for Depression in Adults (USPSTF), Perinatal Depression -Preventive Interventions (Counseling) (USPSTF), and Depression and Suicide Risk Screening (Bright Futures). | **Procedure Code(s):**<br>96127<br><br>**Diagnosis Code(s):**<br>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39 | Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39 |
| **Anxiety Disorders in Adults, Screening**<br><br>USPSTF Rating (Oct. 2022): B<br>The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.<br><br>Refer to Screening for Anxiety (HRSA), and Screening for Anxiety in Children and Adolescents (USPSTF). | **Procedure Code(s):**<br>96127<br><br>**Diagnosis Code(s):**<br>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39 | Requires the diagnosis code listed in this row. |
| **Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication**<br><br>USPSTF Rating (Aug. 2023): A<br>The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.08 mg (400 to 800 µg) of folic acid. | Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit. | Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit. |

# Bright Futures

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

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| | | 85018 **AND** one of the diagnosis codes listed in this row. |
| **Hearing Screening/Test**<br><br>Bright Futures (April 2017):<br>*Hearing Tests*: Recommended at ages: Newborn; Between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; Once between age 11 – 14 years; Once between age 15 – 17 years; Once between age 18 – 21 years; Also recommended for those that have a positive risk assessment.<br><br>*Risk Assessment*: Recommended at ages: 4 mo., 6 mo., 9 mo., 12 mo., 15 mo., 18 mo., 24 mo., 30 mo., 3 years, 7 years, and 9 years. | **Procedure Code(s):**<br>*Hearing Screenings:*<br>92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008<br><br>**Diagnosis Code(s):**<br>Examination of Hearing - Z01.10<br>Routine Child - Z00.121, Z00.129<br>General Exam for (18-21 years): Z00.00, Z00.1<br><br>Note: A risk assessment is included in the code for a wellness examination visit; refer to the codes in the Wellness Examinations section. | Ages prenatal to 21 (ends on 22nd birthday).<br><br>Limited to once per calendar year; otherwise included in the preventive wellness exam.<br><br>Ages 0-90 days: Does not have diagnosis code requirements for the preventive benefit to apply.<br><br>Ages 91 days to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row. |
| **Screening for Visual Impairment in Children**<br>(Bright Futures) | Refer to preventive benefit tab Screening for Visual Impairment in Children | Refer to preventive benefit tab Screening for Visual Impairment in Children |
| **Formal Developmental / Autism Screening**<br><br>Bright Futures:<br>•A formal, standardized developmental screen is recommended during the 9 month visit. •A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen.*A formal, standardized autism screen is recommended during the 24 month visit. •A formal, standardized developmental screen is recommended during the 30 month visit. | **Procedure Code(s):**<br>96110<br><br>**Diagnosis Code(s):**<br>Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49 | Ages prenatal to 2 years (ends on 3rd birthday).<br><br>No frequency limit.<br><br>Requires one of the diagnosis codes listed in this row. |
| **Lead Screenings in Children**<br><br>Bright Futures:<br>*Screening Lab Work:* Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo. and 24 mo.<br><br>*Risk Assessment and Screening if positive*: Recommended at 6 mo., 9 mo., 12 mo., 18 mo., 24 mo., 3 years, 4 years, 5 years and 6 years. | **Procedure Code(s):**<br>*Lead Screening:*<br>83655<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Z00.121, Z00.129, Z77.011 | *Lead Screening:*<br>Ages 6 months through age 6 years (ends on 7th birthday). No frequency limit.<br><br>Requires one of the diagnosis codes listed in this row.<br><br>*Blood Draw:*<br>Ages 6 months through age 6 years (ends on 7th birthday).<br><br>Required to be billed with 83655 **AND** one of the diagnosis codes in this row. |
| **Tuberculosis (TB) Testing**<br><br>Bright Futures:<br>For age 18 years and older, also refer to the USPSTF recommendation | **Procedure Code(s):**<br>*Screening:*<br>86580<br><br>*Follow-up visit to check results:* | Ages prenatal to 21 (ends on 22nd birthday).<br>**Note**: For age 18 years and older, also refer to the USPSTF recommendation for Latent |

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| above for Latent Tuberculosis Infection: Screening, Adults. | 99211<br><br>**Diagnosis Code(s):**<br>R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7<br><br>Note: For age 18 years and older: In addition to these codes, the preventive benefit also applies to all codes listed in the USPSTF recommendation for Latent Tuberculosis Infection: Screening, Adults | Tuberculosis Infection: Screening, Adults.<br><br>No frequency limit.<br><br>Requires one of the diagnosis codes listed in this row for code 86580.<br><br>Requires diagnosis code R76.11, R76.12, or Z11.1 for code 99211. |
| **Dyslipidemia Screening**<br><br>Bright Futures: (April 2014):<br>*Risk Assessment*: Recommended at 24 mo., 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.<br><br>*Screening Lab Work*: Conduct if risk assessment is positive, or, at the following intervals: once between age 9 – 11 years; once between age 17 – 21 years | **Procedure Code(s):**<br>*Dyslipidemia Screening Lab Work:*<br>80061, 82465, 83718, 83719, 83721, 83722, 84478<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Z00.121, Z00.129, Z13.220<br><br>Note: A risk assessment is included in the code for a wellness examination visit; refer to the Wellness Examinations section. | *Dyslipidemia Screening Lab Work*:<br>Ages 24 months to 21 years (ends on 22nd birthday).<br>Requires one of the diagnosis codes listed in this row.<br><br>*Blood Draw:*<br>Ages 24 months to 21 years (ends on 22nd birthday).<br><br>Requires one of the listed Dyslipidemia Screening procedure codes listed in this row **AND** one of the diagnosis codes listed in this row. |
| **Tobacco, Alcohol or Drug Use Assessment**<br><br>Bright Futures: (April 2017):<br>Bright Futures recommends tobacco, alcohol or drug use assessment from age 11 years – 21 years. | Refer to codes in the sections noted below:<br><br>• Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents<br>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults<br>* Unhealthy Drug Use Screening (Adults) | Refer to codes in the sections noted below:<br>• Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents<br>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults<br>* Unhealthy Drug Use Screening (Adults) |
| **Behavioral/Social/Emotional Screening**<br><br>Bright Futures (Jul. 2022):<br>Bright Futures recommends behavioral /social /emotional screening annually from newborn – 21 years.<br><br>Also see Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression-Preventive Interventions (Counseling) (USPSTF), and Depression and Suicide Risk Screening (Bright Futures) | An assessment is included in the code for a wellness examination visit; refer to Wellness Examinations | Refer to Wellness Examinations |
| **Depression and Suicide Risk Screening**<br><br>Bright Futures (July 2022):<br>Bright Futures recommends screening adolescents age 12-21 | Refer to the codes in the Depression in Adults (Screening) section. | Refer to the Depression in Children and Adolescents (Screening) section. |

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| years for depression and suicide risk, making every effort to preserve confidentiality of the adolescent.<br><br>Bright Futures: (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.<br><br>Also see Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression - Preventive Interventions (Counseling) (USPSTF). | | |
| **Sexually Transmitted Infections (STI)**<br><br>Bright Futures: (April 2017): Bright Futures recommends the following: *STI Risk Assessment:* Conduct risk assessment at each of the recommended visits between 11-21 years. *STI Lab Work*: Conduct if risk assessment is positive. | Refer to the codes in the Chlamydia Infection Screening and Gonorrhea Screening section. | Refer to the Chlamydia Infection Screening and Gonorrhea Screening section. |
| **HIV Screening**<br><br>Bright Futures (Apr. 2023): HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years, 21 years.<br><br>HIV Screening Lab Work: Conduct at least once between age 15-21 years. Also recommended anytime between ages 11-14 years, when a risk assessment is positive. And after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently if at high risk. | Refer to the codes in the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section. | Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults section. |
| **Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening**<br><br>Bright Futures (July 2022): All children should be evaluated for conditions predisposing to SCA and SCD in the course of routine health care. A thorough and detailed history, family history, and physical examination are necessary to begin assessing SCA and SCD risk. The ECG should be the first test ordered when there is a concern for SCA risk. The ECG should be interpreted by a physician trained in recognizing | **Procedure Code(s):**<br>*ECG Screening for those at Risk*<br>93000, 93005, 93010<br><br>**Diagnosis Code(s):**<br>Required Screening Diagnosis Codes (requires at least one):<br>Adult: Z00.00, Z00.01<br>Child: Z00.121, Z00.129<br><br>And requires one of the following Additional Diagnosis Codes (requires at least one):<br>I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Q87.85, Q93.52, Z82.41, Z82.49, Z84.81 | *ECG Screening for those at Risk:* Limited to ages 11 years to 21 years (ends on 22nd birthday). Requires one of the Screening Diagnosis Codes listed in this row and one of the Additional Diagnosis Codes listed in this row. |

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| electrical heart disease (i.e., a pediatric cardiologist or pediatric electrophysiologist). | *Risk Assessment:*<br>A risk assessment is included in the code for a wellness examination visit; see the codes in the Wellness Examinations row above | |
| **Hepatitis B Virus Infection Screening**<br><br>Bright Futures (July 2022):<br>Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection). | Refer to the codes in the Hepatitis B Virus Infection Screening row above. | Refer to the codes in the Hepatitis B Virus Infection Screening row above. |

# Vaccines (Immunizations)

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

| Category: | Code(s): | Description: | Trade Name(s): (See Note Above) | Age Group: (Pediatric, Adult, or Both) | Benefit Limits: Age / Other (See Note above) |
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| **Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)** | 90696 | Diphtheria, tetanus toxoids, acellular pertussis vacc and inactivated poliovirus vacc (DTaP-IPV), when admin to children 4 through 6 years of age, for intramusc use | Kinrix®<br>Quadracel® | Pediatric | For applicable age see code description. |
| **Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)** | 90697 | Diptheria, tetanus toxoids, acellular pertussis, inactivated polivirus vacc, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB) | Vaxelis® | Pediatric | Age 0-4 years (ends on 5th birthday) |
| **Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)** | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vacc, Haemophilus influenza type b, and inactivated poliovirus vacc, (DTaP-IPV/Hib), for intramusc use | Pentacel® | Pediatric | Ages 0-4 years (ends on 5th birthday) |
| **Diphtheria, tetanus, acellular pertussis (DTap)** | 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vacc (DTaP), when admin to indiv younger than 7 years, for intramusc use | Daptacel®<br>Infanrix® | Pediatric | For applicable age see code description. |
| **Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)** | 90723 | Diphtheria, tetanus toxoids, acellular pertussis vacc, hepatitis B, and inactivated poliovirus vacc (DTaP-HepB-IPV), for intramusc use | Pediarix® | Pediatric | Ages 0-6 years (ends on 7th birthday) |
| **Dengue** | 90587 | DENGUE VACC QUADRVLNT, LIVE, 3 DOSE SCHED, FOR SUBCUT USE | Dengvaxia® | Pediatric | Ages 9-16 years (ends on 17th birthday) |

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| **Hepatitis A** | 90632 | Hepatitis A vacc (HepA), adult DOS, for intramusc use | Havrix® VAQTA® | Adult | For applicable age see code description. |
| | 90633 | Hepatitis A vacc (HepA), pediatric/adolescent DOS-2 dose Sched, for intramusc use | Havrix® VAQTA® | Pediatric | For applicable age see code description. |
| | 90636 | Hepatitis A and hepatitis B vacc (HepA-HepB), adult DOS, for intramusc use | Twinrix® | Adult | For applicable age see code description. |
| **Haemophilus influenza b (Hib)** | 90647 | Haemophilus influenza b vacc (Hib), PRP-OMP Conj, 3 dose Sched, for intramusc use | PedvaxHIB® | Both | For applicable age see code description. |
| | 90648 | Haemophilus influenza b vacc (Hib), PRP-T Conj, 4 dose sched, for intramusc use | ActHIB® Hiberx® | Both | For applicable age see code description. |
| **Hepatitis B** | 90739 | Hepatitis B vacc (HepB), CpG-adjuvanted, adult DOS, 2 dose or 4 dose Sched, for intramusc use | HEPLISAV-B® | Adult | Ages 18 and older |
| | 90740 | Hepatitis B vacc (HepB), dialysis or immunosuppressed patient DOS, 3 dose Sched, for intramusc use | Recombivax HB® | Both | - |
| | 90743 | Hepatitis B vacc (HepB), adolescent, 2 dose Sched, for intramusc use | Recombivax HB® | Pediatric (adolescent only) | For applicable age see code description. |
| | 90744 | Hepatitis B vacc (HepB), pediatric/adolescent DOS, 3 dose Sched, for intramusc use | Recombivax HB® Engerix-B® | Pediatric | For applicable age see code description. |
| | 90746 | Hepatitis B vacc (HepB), adult DOS, 3 dose Sched, for intramusc use | Recombivax HB® Engerix-B® | Adult | For applicable age see code description. |
| | 90747 | Hepatitis B vacc (HepB), dialysis or immunosuppressed patient DOS, 4 dose Sched, for intramusc use | Engerix-B® | Both | - |
| | 90759 | HEPATITIS B vacc (HepB), 3-ANTIGEN (S, PRE-S1, PRE-S2), 10 MCG DOS, 3 DOSE SCHED, FOR INTRAMUSC USE | PreHevbrio™ | Adult | Ages 18 and older |
| **Human Papilloma Virus (HPV)** | 90651 | Human Papillomavirus vacc types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose Sched, for intramusc use | Gardasil9® | Both | Ages 9-45 (ends on 46th birthday). |
| **COVID-19 Vaccines** | 90480 | IMM ADMN BY INTRAMSC INJ OF SEVR ACUT RESP SYNDR CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DIS [COVID-19]) VACC, SGL DS | Applies to all COVID-19 vaccine codes | Both | Ages 6 months and up.<br><br>Refer to the COVID-19 vaccine product for applicable ages. |

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| | **91304** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramusc use | Novavax | Borth | Ages 12 years and older |
| | **91318** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramusc use | Pfizer | Pediatric | Ages 6 month through 4 years (ends on 5th birthday) |
| | **91319** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramusc use | Pfizer | Pediatric | Ages 5 years through 11 years (ends on 12th birthday) |
| | **91320** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramusc use | Pfizer | Both | Ages 12 years and older |
| | **91321** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramusc use | Moderna | Pediatric | Ages 6 month through 11 years (ends on 12th birthday) |
| | **91322** | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramusc use | Moderna | Both | Ages 12 years and older |
| **Immunization Administration**<br><br>Preventive when included as part of a preventive Immun. | 90460 | Immun admin through 18 years of age via any route of admin, with counseling by physician or other qualified health care prof; first or only component of each vacc or toxoid administered | N/A | Pediatric | For applicable age see code description. |

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| | 90461 | Immun admin through 18 years of age via any route of admin, with counseling by physician or other qualified health care prof; each add'l vacc or toxoid component admin (List sept in addition to code for primary proc) | N/A | Pediatric | For applicable age see code description. |
| | 90471 | Immun admin (includes percutaneous, intradermal, SUBCUT, or intramusc injections); one vacc (single or combination vacc/toxoid) | N/A | Both | - |
| | 90472 | Immun admin (includes percutaneous, intradermal, SUBCUT, or intramusc injections); each add'l vacc (single or combination vacc/toxoid) (List sept in addition to code for prim proc) | N/A | Both | - |
| | 90473 | Immun admin by intranasal or oral route; one vacc (single or combination vacc/toxoid) | N/A | Both | - |
| | 90474 | Immun admin by intranasal or oral route; each add'l vacc (single or combination vacc/ toxoid) (List sept in addtn to code for prim. proc) | N/A | Both | - |
| | 96380 | Admin of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramusc INJ, w/counseling by phys or other qual health care prof | N/A | Pediatric | Ages 0-19 months (ends at age 20 months) |
| | 96381 | Admin of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramusc INJ | N/A | Pediatric | Ages 0-19 months (ends at age 20 months) |
| | G0008 | Admin of Influenza Virus Vacc | N/A | Both | N/A |
| | G0009 | Admin of pneumococcal vacc | N/A | Both | - |
| | G0010 | Admin of hepatitis B vacc | N/A | Both | - |
| | 0771 *(revenue code)* | Vacc admin | N/A | Both | - |
| **Seasonal Influenza ('flu')**<br><br>Note: Additional new seasonal flu Immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date. | 90653 | Influenza vacc, inactivated (IIV), subunit, adjuvant, for intramusc use | Fluad® | Adult | Ages 65 years and up |
| | 90656 | INFLUENZA VIRUS VACC SPLIT PRSRV FREE 3 YRS/> IM | AFLURIA® | Both | Ages 6 months and older |
| | 90657 | INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM | AFLURIA® | Pediatric | Ages 6-35 months |
| | 90658 | INFLUENZA VIRUS VACCINE SPLIT VIRUS 3/> YRS IM | AFLURIA® | Both | Ages 3 years and older |

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| | 90661 | INFLUENZA VACCINE CELL CULT PRSRV FREE IM | FLUCELVAX® | Both | Ages 6 months and older |
| | 90662 | Influenza virus vacc (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramusc use | High Dose Fluzone® | Adult | Ages 65 years and older |
| | 90664 | Influenza virus vacc, live (LAIV), pandemic formulation, for intranasal use | Flumist® | Both | Ages 2-49 years (ends on 50th birthday) |
| | 90666 | Influenza virus vacc (IIV), pandemic formulation, split virus, preservative free, for intramusc use | N/A | Both | - |
| | 90667 | Influenza virus vacc (IIV), pandemic formulation, split virus, adjuvant, for intramusc use | N/A | Both | - |
| | 90668 | Influenza virus vacc (IIV), pandemic formulation, split virus, for intramusc use | N/A | Both | - |
| | 90672 | Influenza virus vacc, quadrivalent, live (LAIV4), for intranasal use | Flumist® (LAIV4) | Both | Ages 2-49 years (ends on 50th birthday) |
| | 90674 | Influenza virus vacc, quadrivalent (ccIIV4), derived from cell cultures, subunit, pres and antibiotic free, 0.5 mL DOS, for intramusc use | Flucelvax® Quadrivalent | Both | Ages 6 months and older |
| | 90682 | Influenza virus vacc, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, pres and antibiotic free, for intramusc use | Flublok® Quadrivalent | Adult | Ages 18 years and older |
| | 90685 | Influenza virus vacc, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramusc use | Afluria® Quadrivalent Fluzone® Quadrivalent | Pediatric | Ages 6-35 months |
| | 90686 | Influenza virus vacc, quadrivalent (IIV4), split virus, preservative free, 0.5 mL DOS, for intramusc use | Afluria® Quadrivalent Fluarix® Quadrivalent FluLaval® Quadrivalent Fluzone® Quadrivalent | Both | Ages 6 months and older |
| | 90687 | Influenza virus vacc, quadrivalent (IIV4), split virus, 0.25 mL DOS, for intramusc use | Fluzone® Quadrivalent | Pediatric | Ages 6-35 months |
| | 90688 | Influenza virus vacc, quadrivalent (IIV4), split virus, 0.5 mL DOS, for intramusc use | Afluria® Quadrivalent FluLaval® Quadrivalent Fluzone® Quadrivalent | Both | Ages 6 months and older |

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| | 90689 | Influenza virus vacc quadrivalent (IIV4), inactivated, adjuvanted, pres free, 0.25mL DOS, for intramusc use | - | Both | - |
| | 90694 | Influenza virus vacc, quadrivalent (aIIV4), inactivated, adjuvanted, pres free, 0.5 ml DOS, for intramusc use | Fluad® Quadrivalent | Adult | Ages 65 years and older |
| | 90756 | Influenza virus vacc, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL DOS, for intramusc use | Flucelvax Quadrivalent® (non-preservative free) | Both | Ages 6 months and older |
| | Q2035 | Influenza virus vacc, split virus, when administered to indiv 3 years of age and older, for intramusc use (AFLURIA) | Afluria® | Both | For applicable age see code description. |
| | Q2036 | Influenza virus vacc, split virus, when admin to indiv 3 years of age and older, or intramusc use (FLULAVAL) | Flulaval® | Both | For applicable age see code description. |
| | Q2037 | Influenza virus vacc, split virus, when admin to indiv 3 years of age and older, for intramusc use | Fluvirin® | Both | For applicable age see code description. |
| | Q2038 | Influenza virus vacc, split virus, when admin to indiv 3 years of age and older, for intramusc use (Fluzone) | Fluzone® | Both | For applicable age see code description. |
| | Q2039 | Influenza virus vacc, not otherwise specified | N/A | Both | - |
| **Measles, Mumps, Rubella (MMR)** | 90707 | Measles, mumps and rubella virus vacc (MMR), live, for SUBCUT use | MMR II® Priorix® | Both | - |
| | 90710 | Measles, mumps, rubella, and varicella vacc (MMRV), live, for SUBCUT use | ProQuad® | Pediatric | Ages 1-12 years (ends on 13th birthday) |
| **Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)** | 90619 | Meningococcal Conj vacc, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramusc use | MenQuadfi® | Both | N/A |
| | 90620 | Meningococcal recombinant protein and outer membrane vesicle vacc, serogroup B (MenB-4C), 2 dose Sched, for intramusc use | Bexsero® | Both | Ages 10 years and older |
| | 90621 | Meningococcal recombinant lipoprotein vacc, serogroup B (MenB-FHbp), 2 or 3 dose Sched, for intramusc use | Trumenba® | Both | Ages 10 years and older |

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| | 90623 | MENINGOCOCCAL PENTAVALENT VACC, CONJ MEN A, C, W, Y-TETANUS TOXOID CARRIER, AND MENB-EHBP, FOR INTRAMUSC USE | PENBRYA® | Both | Ages 10 years to 25 years (ends on 26th birthday) |
| | 90644 | Meningococcal conj vacc, serogroups C & Y and Haemophilus influenza b vacc (Hib-MenCY), 4 dose Sched, when admin to children 2-15 months of age, for intramusc use | MenHibrix® | Pediatric | For applicable age see code description |
| | 90734 | Meningococcal conjugate vacc, serogroups A, C, W, Y, quadrivalent diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramusc use | Menactra® Menveo® | Both | For applicable age see code description. |
| **MonkeyPox** | 90611 | SMALLPOX AND MONKEYPOX VACC ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESV FREE, 0.5 ML DOS, SUSP FOR SUBCUT USE | JYNNEOS® | Adult | Ages 18 years and older. |
| **Pneumococcal polysaccharide (PPSV23)** | 90732 | PNEUMOCOCCAL POLYSACCHARIDE VACC, 23-VALENT (PPSV23), ADULT OR IMMUNO-SUPPR PT DOS, WHEN ADMIN TO INDIV 2 YRS OR OLDER, FOR SUBCUTN OR INTRAMUSC USE | Pneumovax 23® | Both | For applicable age see code description. |
| **Pneumococcal conjugate (PCV13, PCV15, PCV20)** | **90670** | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use | Prevnar13® | Both | N/A |
| | 90671 | PNEUMOCOCCAL CONJ VACC, 15 VALENT (PCV15), FOR INTRAMUSC USE | Vaxneuvance® | Both | Ages 6 weeks and older |
| | 90677 | PNEUMOCOCCAL CONJ VACC, 20 VALENT (PCV20), FOR INTRAMUSC USE | Prevnar 20® | Both | Ages 6 weeks and older |
| | **90684** | PNEUMOCOCAL CONJ VACC, 21 VALENT (PCV21), FOR INSTRAMUSC USE | CAPVAXIVE™ | Adult | Ages 19 years and older |
| **Polio (IPV)** | 90713 | POLIOVIRUS VACC, INACTIVATED (IPV), FOR SUBCUT OR INTRAMUSC USE | Ipol® | Both | - |
| **Respiratory Syncytial Virus (RSV)** | 90380 | RESPTR SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOS, FOR INTRAMUSC USE | BEYFORTUS™ | Pediatric | Ages 0-19 months (ends at age 20 months) |
| | 90381 | RESPTR SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL | BEYFORTUS™ | Pediatric | Ages 0-19 months (ends at age 20 months) |

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| | | DOSE; 1 ML DOS, FOR INTRAMUSC USE | | | |
| | 90678 | RESPTR SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSC USE | ABRYSVO™ | Both | N/A |
| | 90679 | RESPTR SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC USE | AREXVY™ | Adult | Ages 60 and older. |
| **Rotavirus (RV1, RV5)** | 90680 | ROTAVIRUS VACC, PENTAVALENT (RV5), 3 DOSE SCHED, LIVE, FOR ORAL USE | Rotateq® | Pediatric | Ages 0-8 months |
| | 90681 | ROTAVIRUS VACC, HUMAN, ATTENUATED (RV1), 2 DOSE SCHED, LIVE, FOR ORAL USE | Rotarix® | Pediatric | Ages 0-8 months |
| **Tetanus and diphtheria (Td)** | 90714 | TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESRV FREE, WHEN ADMIN TO INDIV 7 YRS OR OLDER, FOR INTRAMUSC USE | Tenivac® Decavac® TDvax™ | Both | For applicable age see code description. |
| **Tetanus, diphtheria toxoids and acellular pertussis (Tdap)** | 90715 | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACC (TDAP), WHEN ADMIN TO INDIV 7 YRS OR OLDER, FOR INTRAMUSC USE | Adacel® Boostrix® | Both | For applicable age see code description. |
| **Varicella (VAR) ('chicken pox')** | 90716 | VARICELLA VIRUS VACC (VAR), LIVE, FOR SUBCUT USE | Varivax® | Both | - |
| **Zoster / Shingles (HZV/ZVL, RZV )** | 90750 | SHRINGRIX (SHINGLES) VACC (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC USE | Shingrix® | Adult | Age 50 years and up. |

# Women's Preventive Health

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

| **Service:** A date in this column reflects when the listed rating was issued. | **Code(s):** Certain codes may not be payable in all circumstances due to other policies or guidelines; certification may be required. | **Preventive Benefit Instructions:** |
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| **Well-Woman Visits**<br><br>HRSA WPSI Requirement (Dec. 2021): Recommends that women receive at least one preventive care visit per year | **Procedure Code(s):**<br>**Well-Woman Visits:**<br>Refer to the Wellness Examinations row in the Preventive Care Services section. | **Well-Woman Visits:**<br>Refer to the Wellness Examinations row in the Preventive Care Services section |

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| beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and inter-conception care, are obtained. The primary purpose of well-woman visits is the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-woman visits also include pre-pregnancy, prenatal, postpartum and interpregnancy visits.<br><br>Also see Wellness Examinations and other USPSTF recommendations during pregnancy in the Preventive Care Services section. | ***Prenatal Office Visits:***<br>*Evaluation and Management (Office Visits)*: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 | ***Prenatal Office Visits:***<br>Requires a Pregnancy Diagnosis Code. |
| | ***Pelvic Examination (add-on code)*: 99459** | *Pelvic Examination add-on code* ***99459***: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits. |
| | ***Prenatal Care (Antepartum) Visits:***<br>59425, 59426 | ***Prenatal Care (Antepartum) Visits:***<br>Does not have diagnosis code requirements for the preventive benefit to apply |
| | ***Global Obstetrical Codes:***<br>59400, 59510, 59610, 59618 | ***Global Obstetrical Codes:***<br>The routine, low-risk, prenatal visits portion of the code is covered as preventive.<br><br>Does not have diagnosis code requirements for the preventive benefit to apply. |
| | ***Postpartum Care Visits (Outpatient):***<br>59430 | ***Postpartum Care Visits (Outpatient):***<br>Does not have diagnosis code requirements for the preventive benefit to apply. |
| | **Diagnosis Code(s):**<br>See **Pregnancy Diagnosis Codes.** | |
| **Screening for Gestational Diabetes Mellitus**<br><br>HRSA Requirement (Jan. 2023):<br>Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 48 weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant women with risk factors for type 2 diabtes or GDM before 2 weeks of gestation - ideally at the first prenatal visit.<br><br>Also see Diabetes Screening and Gestational Diabetes Mellitus Screening sections and Screening for Diabetes Mellitus After Pregnancy section. | **Procedure Code(s):**<br>*Diabetes Screening:*<br>82947, 82948, 82950, 82951, 82952, 83036<br><br>*Blood Draw:*<br>36415, 36416<br><br>**Diagnosis Code(s):**<br>Refer to the Pregnancy Diagnosis Codes. | *Diabetes Screening:*<br>Requires a Pregnancy Diagnosis Code (regardless of gestational week).<br><br>*Blood Draw:*<br>Requires one of the diabetes screening procedure codes listed in this row AND one of the Pregnancy Diagnosis Codes.<br><br>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. Refer to the Diabetes Diagnosis Code List. |
| **Screening for Diabetes Mellitus After Pregnancy**<br><br>HRSA Requirement (Jan. 2023):<br>Recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who | **Procedure Code(s)**:<br>*Diabetes Screening:*<br>82947, 82948, 82950, 82951, 82952, 83036<br><br>*Blood Draw:*<br>36415, 36416 | *Diabetes Screening:*<br>Requires one of the Required Screening diagnosis codes listed in this row AND Z86.32.<br><br>No age limitation.<br><br>*Blood Draw:* |

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| have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, in the first 6 months postpartum regardless of whether the test results are positive or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum.<br><br>Also see Gestational Diabetes Mellitus Screening, Diabetes Screening, and Screening for Gestational Diabetes Mellitus. | **Diagnosis Code(s)**: ***Required Screening Diagnosis Codes*** *(requires at least one)*:<br>Z00.00, Z00.01, Z13.1<br>**AND** requires the following additional code:<br>***Additional Diagnosis Code Required***:<br>Z86.32 (personal history of gestational diabetes) | Requires one of the Diabetes Screening procedure codes listed in this row AND one of the Required Screening diagnosis codes listed in this row AND Z86.32.<br><br>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. Refer to the Diabetes Diagnosis Code List. |
| **Screening for Urinary Incontinence**<br><br>The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. | Refer to the Wellness Examinations row in the Preventive Care Services section. | Refer to the Wellness Examinations row in the Preventive Care Services section. |
| **Counseling for Sexually Transmitted Infections (STIs)**<br><br>HRSA WPSI Requirement (Dec. 2021): Recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs). Recommends that clinicians review a woman's sexual history and risk factors to identify those at increased risk for STIs. Risk factors include, but are not limited to, age younger than 25 years, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment | Refer to the Wellness Examinations row in the Preventive Care Services section. | Refer to the Wellness Examinations row in the Preventive Care Services section. |

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| **Screening for Human Immunodeficiency Virus Infection**<br><br>HRSA WPSI Requirement (Dec. 2021):<br>Recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional screening should be based on risk, and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status. | *Education and Risk Assessment:*<br>Refer to the Wellness Examinations row in the Preventive Care Services section.<br><br>*Screening Tests:*<br>Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section. | *Education and Risk Assessment:*<br>Refer to the Wellness Examinations row in the Preventive Care Services section.<br><br>*Screening Tests:*<br>Refer to the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section. |
| **Contraceptive Methods (Including Sterilizations)**<br><br>HRSA WPSI Requirement (Dec. 2021):<br>Recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the post-partum period). Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives).<br>WPSI recommends that the full range of U.S. Food and Drug Administration approved, granted, or cleared | **Code Group 1 Procedure Code(s):**<br>*Sterilizations:*<br>Tubal Ligation, Oviduct Occlusion:<br>58600, 58605, 58611, 58615, 58670, 58671, A4264<br>(Refer to Code Group 4 below for Tubal Ligation Follow-up)<br><br>*Contraceptive Methods:*<br>Diaphragm or Cervical Cap:<br>57170, A4261, A4266<br><br>IUD (Kyleena®): J7296<br>IUD (Liletta®): J7297<br>IUD (copper): J7300<br>IUD (Skyla®): J7301<br><br>(Refer to Code Group 2 below for additional IUD codes). | **Code Group 1**:<br>Does not have diagnosis code requirements for preventive benefits to apply. |

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| contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide:<br>1) sterilization surgery for women<br>2) implantable rods<br>3) copper intrauterine devices<br>4) intrauterine devices with progestin (all durations and doses)<br>5) injectable contraceptives<br>6) oral contraceptives (combined pill)<br>7) oral contraceptives (progestin only)<br>8) oral contraceptives (extended or continuous use)<br>9) the contraceptive patch<br>10) vaginal contraceptive rings<br>11) diaphragms<br>12) contraceptive sponges<br>13) cervical caps<br>14) condoms<br>15) spermicides<br>16) emergency contraception (levonorgestrel)<br>17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA.<br><br>For counseling and follow up care, refer to the Wellness Examinations row in the Preventive Care Services section. | **Code Group 2 Procedure Code(s):**<br>*Contraceptive Methods:*<br>Implantable Devices:<br>J7306, J7307, 11976 (capsule removal), 11981 (implant insertion), 11982 (implant removal), 11983 (removal with reinsertion)<br><br>*IUDs:*<br>J7298 (Mirena®), S4989, 58300, S4981 (insertion), 58301 (removal)<br>(Refer to Code Group 1 above for additional IUD codes)<br><br>*Injections:*<br>J1050 (injection)<br>96372 (admin)<br><br>**Code Group 2 Diagnosis Code(s):**<br>*These are required for Code Group 2.*<br>*Contraceptive Management:*<br>Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9 | **Code Group 2**:<br>Requires one of the Code Group 2 diagnosis codes listed in this row. |
| | **Code Group 3 Procedure Code(s):**<br>*Anesthesia for Sterilization:*<br>00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968<br><br>*Sterilization - Laparoscopy with Removal of Adnexal Structures:*<br>58661<br><br>**Code Group 3 Diagnosis Code(s)**:<br>This code is required for all Code Group 3 Procedure Codes:<br>*Sterilization*: Z30.2 | **Code Group 3**:<br>Requires one of the Code Group 3 diagnosis code listed in this row. |
| | **Code Group 4 Procedure Code(s):**<br>*Tubal Ligation Follow-up Hysterosalpingogram:*<br>*Catheterization and Introduction of Saline or Contrast Material*:<br>58340<br>*Hysterosalpingography:*<br>74740<br>*Contrast Material*:<br>Q9967<br><br>**Code Group 4 Diagnosis Code(s):**<br>*Tubal Ligation Status:*<br>Z98.51 | **Code Group 4:**<br>Requires one of the Code Group 4 diagnosis code listed in this row. |
| | **Code Group 5 Procedure Code(s):**<br>*IUD Follow-up Visit:*<br>99211, 99212<br><br>Pelvic Examination add-on code:<br>99459 | **Code Group 5:** Requires one of the Code Group 5 diagnosis code listed in this row.<br><br>Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related |

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| | Refer to Code Group 7, Related Visits section below for additional coding for Evaluation and Management (Office Visits).<br><br>**Code Group 5 Diagnosis Code(s):** Encounter for routine checking of intrauterine contraceptive device: Z30.431 | evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits. |
| | **Code Group 6 Procedure Code(s):**<br>*Impacted IUD removal:*<br>58562<br><br>**Code Group 6 Diagnosis Code(s):**<br>Z30.432 and Z30.433 | **Code Group 6:** Requires one of the Code Group 6 diagnosis code listed in this row. |
| | **Code Group 7 Procedure Code(s):**<br>*Related Visits:*<br>*Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization:*<br>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463<br><br>Pelvic Examination add-on code: 99459<br><br>Also see coding in the Wellness Examinations row above.<br><br>*Related Pregnancy Tests:*<br>Pregnancy Tests When Related to Contraception or Sterilization: 81025, 84702, 84703<br><br>**Code Group 7 Diagnosis Codes:**<br>*Tubal Ligation Status:* Z98.51<br>*Sterilization*: Z30.2<br>*Contraceptive Management:* Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9 | **Code Group 7:**<br>Requires one of the Code Group 7 diagnosis codes listed in this row.<br><br>Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. If not billed with the appropriate preventive E&M code, CPT code 99459 will process at standard benefits. |

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| **Breastfeeding Services and Supplies**<br><br>HRSA WPSI Requirement (Dec. 2021):<br>WPSI recommends comprehensive lactation support services including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.<br><br>Also refer to the codes in the Wellness Examinations row in the Preventive Care Services section. | **Counseling and Education Procedure Code(s):**<br>98960, 98961, 98962, 99242, 99243, 99244, 99245, S9443<br><br>Counseling and Education Diagnosis Code(s):<br>B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2 | **Counseling and Education:**<br>Requires one of the diagnosis codes listed in this row for 99242-99245.<br><br>Does not have diagnosis code requirements for preventive benefits to apply for S9443. |
| | **Breastfeeding Equipment & Supplies Procedure Code(s):**<br>*Personal Use Electric Breast Pump*:<br>E0603<br><br>*Breast Pump Supplies:*<br>A4281, A4282, A4283, A4284, A4285, A4286, **A4287**<br><br>**Diagnosis Code(s):**<br>Pregnancy Diagnosis Codes, or Z39.1 | **Breastfeeding Equipment & Supplies**:<br>E0603 is limited to one purchase per birth.<br><br>E0603 and A4281-**A4287** require at least one of the diagnosis codes listed in this row. |
| **Screening and Counseling for Interpersonal and Domestic Violence**<br><br>HRSA Requirement (Dec. 2016):<br>Recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services. Also see Screening for Intimate Partner Violence (USPSTF). | Refer to the Wellness Examinations row in the Preventive Care Services section. | Refer to the Wellness Examinations row in the Preventive Care Services section. |

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| **Breast Cancer Screening for Average-Risk Women**<br><br>HRSA Requirement (Dec. 2016):<br>Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation. | Refer to the Screening Mammography row in the Preventive Care Services section. | Refer to the Screening Mammography row in the Preventive Care Services section. |
| **Screening for Cervical Cancer**<br><br>HRSA Requirement (Dec. 2016):<br>Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and HPV testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years. | ***Human Papillomavirus DNA Testing (HPV):***<br><br>**Procedure Code(s):**<br>0500T, 87624, 87265, G0476<br><br>**Diagnosis Code(s):**<br>Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4 | ***Human Papillomavirus DNA Testing (HPV)***<br><br>Limited to age 30 years and up.<br><br>Requires one of the diagnosis codes listed in this row. . |
| | ***Cervical Cytology (Pap Test):***<br>**Code Group 1 Procedure Code(s):**<br>G0101, G0123, G0124, G0141, G0143, G0144. G0145, G0147, G0148, Q0091, P3000, P3001<br><br>**Code Group 1 Diagnosis Code(s):**<br>Does not have diagnosis code requirements for preventive benefits to apply. | ***Cervical Cytology (Pap Test):***<br>***Code Group 1:***<br><br>Limited to age 21-65 years (ends on 66th birthday).<br><br>Does not have diagnosis code requirements for preventive benefits to apply. |
| | ***Cervical Cytology (Pap Test)***<br>**Code Group 2 Procedure Code(s):**<br>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175<br><br>**Code Group 2 Diagnosis Code(s):**<br>Z00.00, Z00.01, Z001.411, Z01.419, Z12.4 | ***Cervical Cytology (Pap Test)***<br>***Code Group 2:***<br><br>Limited to age 21-65 years (ends on 66th birthday).<br><br>Requires one of the Code Group 2 diagnosis codes listed in this row. |
| **Screening for Anxiety**<br><br>HRSA Requirement (Dec. 2019):<br>The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant and postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, | **Procedure Code(s):**<br>96127<br><br>**Diagnosis Code(s):**<br>*Encounter for Screening Examination for Other Mental Health and Behavior Disorders:*<br>Z13.39 | Limited to 3 per calendar year.<br>Requires the diagnosis code listed in this row. |

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| clinicians should consider screening women who have not recently been screened.<br><br>Also see Anxiety Disorders in Adults Screening (USPSTF); Screening for Anxiety in Children and Adolescents (USPSTF); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression Screening (Bright Futures). | | |
| **Preventing Obesity in Midlife Women**<br><br>HRSA Requirement (Dec. 2021):<br>WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity. | See the Wellness Examinations row in the Preventive Care Services section above. | See the Wellness Examinations row in the Preventive Care Services section above. |

# Revision Information

| Revision Date | Summary of Changes |
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| 10/8/2024<br><br>*Effective 10/1/2024* | Updated USPSTF & Bright Futures recommendation language<br>Under Preventive Services:<br>• High Body Mass Index in Children and Adolescents: Interventions<br>• Falls Prevention in Community-Dwelling Older Adults: Interventions<br><br>Updated list of applicable codes<br>*Added codes will be shown in bold in above list. Updates may include the removal of codes.*<br>Under Preventive Vaccines:<br>• Seasonal Influenza ('flu')<br>• Pneumococcal Conjugate (PCV13, PCV15, PCV20)<br><br>Updated list of Benefits<br>Under Expanded Women's Preventive Health<br>• Well-Woman Visits<br>• Contraceptive Methods (Including Sterilizations) |
| 8/7/2024<br><br>*Effective: 07/1/2024* | Updated USPSTF & Bright Futures recommendation language<br>Under Preventive Services:<br>• Screening Mammography<br><br>Updated list of applicable codes<br>*Added codes will be shown in bold in above list. Updates may include the removal of codes.*<br>Under Preventive Services:<br>• Hepatitis B Virus Infection Screening<br>• HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults<br>Under Preventive Vaccines:<br>• Seasonal Influenza ('flu')<br><br>Updated list of Benefits<br>Under Preventive Services: |

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| | • Colorectal Cancer Screening<br>• Wellness Examinations<br>Under Expanded Women's Preventive Health<br>• Well-Women Visits<br>• Contraceptive Methods<br>Under Preventive Vaccines:<br>• Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)<br>• Seasonal Influenza ('flu')<br>• Pneumococcal conjugate |
| 3/19/2024<br><br>*Effective: 04/1/2024* | Updated list of applicable codes<br>*Added codes will be shown in bold in above list. Updates may include the removal of codes.*<br>Under Preventive Services:<br>• Pre-Diabetes and Type 2 Diabetes Screening<br>• Wellness Examinations<br>Under Preventive Vaccines:<br>• Diphtheria and tetanus (DT)<br>• COVID-19 Vaccines<br>• Pneumococcal conjugate<br>Under Expanded Women's Preventive Health<br>• Well-Women Visits<br>• Breast Feeding Equipment and Supplies<br><br>Updated list of Benefits<br>Under Preventive Services<br>• Wellness Examinations<br>Under Expanded Women's Preventive Health<br>• Well Woman Visits<br>• Contraceptive Methods (Including Sterilizations) |
| 02/14/2024<br><br>*Effective: 01/1/2024* | Updated USPSTF & Bright Futures recommendation language<br>Under Preventive Services:<br>• HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults<br>• Depression and Suicide Risk in Adults, Screening<br>• Depression and Suicide Risk in Children and Adolescents: Screening<br>• Anxiety in Children and Adolescents: Screening<br>• Anxiety Disorders in Adults, Screening<br>Under Bright Futures:<br>• HIV Screening<br>Under Expanded Women's Preventive Health:<br>• Screening for Anxiety<br>Updated list of Benefits<br>Under Preventive Vaccines:<br>• Monkeypox Vaccine<br>• Pneumococcal conjugate<br>• Respiratory Synctial Virus (RSV)<br>• Tetanus and diphtheria (Td)<br><br>Reorganized Benefit Outline<br>Under Preventive Services:<br>• Colorectal Cancer Screening<br><br>Updated list of applicable codes<br>*Added codes will be shown in bold in above list. Updates may include the removal of codes.*<br>Under Preventive Services:<br>• Chlamydia Infection Screening<br>• Gonorrhea Screening<br>• Hepatitis B Virus Infection Screening<br>• HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults<br>• Colorectal Cancer Screening |

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| | • Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions<br>• Prevention of Acquisition of HIV: Pre-exposure Prophylaxis<br>Under Bright Futures:<br>• Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening<br>Under Preventive Vaccines:<br>• COVID-19 Vaccines<br>• Immunization Administration<br>• Meningococcal Vaccine<br>• Monkeypox Vaccine<br>• Respiratory Synctial Virus (RSV) |
| 9/29/2023<br><br>*Effective: 10/1/2023* | <u>Updated Preventive Service Title</u><br>Under Preventive Services<br>• Hypertensive Disorders of Pregnancy: Screening; previously titled Preeclampsia Screening<br>• Prevention of Acquisition of HIV: Pre-exposure Prophylaxis; previously titled Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis<br><br><u>Updated USPSTF & Bright Futures recommendation language</u><br>Under Preventive Services<br>• Hypertensive Disorders of Pregnancy: Screening<br>• Prevention of Acquisition of HIV: Pre-exposure Prophylaxis<br>Under Expanded Women's Preventive Health<br>• Screening for Gestational Diabetes Mellitus<br>• Screening for Gestational Diabetes Mellitus After Pregnancy<br><br><u>Updated list of Benefits</u><br>Under Preventive Services<br>• Screening for Lung Cancer with Low-Dose Computed Tomography<br>• Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication<br><br><u>Updated list of applicable codes</u><br>*Added codes will be shown in bold in above list. Updates may include the removal of codes.*<br>Under Preventive Services:<br>• Syphilis Screening<br><br>Under Preventive Vaccines:<br>• COVID-19 Vaccines |