

A PROVIDER'S GUIDE TO PREVENTIVE HEALTH SERVICES FOR YOUR PATIENTS

(COMMERCIAL PLANS ONLY)



ConnectiCare updated its preventive health services coverage to comply with the federal health reform law. Under this law, new health plans beginning on or after September 23, 2010, will provide certain basic preventive health services with no copayments, deductibles, or coinsurance costs if provided by participating in-network ConnectiCare health care providers. Preventive care changes under the health reform law may not apply to grandfathered plans, which are any group or individual health plans that were in effect on March 23, 2010, and have not made certain changes to coverage as described in the law.

In order to receive accurate payments for preventive health services, it's important to use the correct coding.

Please make sure to:

Submit the ICD-10 code that describes the preventive care services. These services cannot be for the treatment of an illness or injury.

Your patient's health plan may cover more preventive services than listed below. If you have questions about your patient's health plan, call ConnectiCare's Provider Services at 1-800-828-3407 for assistance

Identify the preventive service as the primary diagnosis code on the claim form. If the primary diagnosis code represents the treatment of an illness or injury, the claim **will not be** considered a preventive health service and the claim will be processed according to the patient's Plan benefits.

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Preventive screenings and counseling includes: Assessment for Fall Prevention	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	None	FOR MEN: Frequency: Cost-share waived on use of one code/member/year Age Band: All Comment: EKG is NOT exempt from deductible and subject to applicable cost-share.
			FOR WOMEN: Frequency: Unlimited Age Band: All Comment: EKG is NOT exempt from deductible and subject to applicable cost-share.
	99381, 99382, 99383, 99391, 99392, 99393	None	Frequency: Unlimited Age Band: All Gender: M/F
	96160, 96161	None	FOR MEN: Frequency: 1x/year Age Band: All
			FOR WOMEN: Frequency: Unlimited Age Band: All
99401, 99402, 99403, 99404	None	None	FOR MEN: Frequency: Cost-share waived on use of one code/member/year Age Band: All
			FOR WOMEN: Frequency: Unlimited Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Abdominal Aortic Aneurysm (AAA) screening	76706	Z87.891	Frequency: 1x/lifetime Age Band: 65-75 years Gender: M

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Alcohol screening	99408, 99409, G0396, G0397, G0442, G0443	Z13.89	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Autism, psychosocial/behavioral and developmental screening	96110, 96127	None	Frequency: 1x/year Age Band: 0-21 years Gender: M/F Comment: PCP only

PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast cancer, counseling for genetic testing	96040	Z15.10, Z15.02, Z80.3, Z80.41 Z85.3, Z85.43	Frequency: 1x/per lifetime Age Band: All Gender: M/ F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast cancer, genetic testing (BRCA)	81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3 & Z85.43	Frequency: 1x/per lifetime Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast feeding support	99501, 99502, 97802, 97803	Z39. 1	Frequency: 8x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast MRI* <i>MRIs must be authorized with NIA. Please refer to the Pre-Authorization policy on our provider website under Pre-Authorization criteria.</i>	77046, 77047, 77048, 77049	Z12.31, Z12.39	Frequency: 1x/year Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast pumps	E0602, E0603, E0604	None	Frequency: One per 10 rolling months Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast pump supplies	A4281, A4282, A4283, A4284, A4285, A4286	None	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast tomosynthesis screening	77063	Z12.31, Z12.39	Frequency: 1x/year Age Band: 40+ years

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Breast Ultrasound Screening	76641, 76642	Z12.31, Z12.39	Frequency: 1x/year Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Chlamydia screening	86631, 86632, 87110, 87140, 87270, 87320, 87490, 87491, 87492, 87800, 87801, 87810	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00–O09.03, O09.291, O09.40–O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30–O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611–O09.613, O09.619, O09.621–O09.623, O09.629, O09.811–O09.813, O09.819, O09.821–O09.823, O09.829, O09.70–O09.73, O09.891–O09.893, O09.899, O09.90– O09.93, Z11.8	Frequency: 1x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colonoscopy, pre-procedure screening with a gastroenterologist	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z01.818	Frequency: 1x/year Age Band: 50-75 years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colon cancer screening (Ancillary services)	00812, 88305, 0270, 0271, 0272, 0370, 0710	D12.0–D12.6, K63.5, D12.7–D12.9, D13.9, K64.0, K64.1–K64.3, K64.8, K57.30, K57.50, K57.90, K57.20, K57.32, K57.40, K57.52, K57.80, K57.92, K62.0, K62.1, K62.5, K92.1, K92.2, Z85.038, Z85.048, V87.19, Z86.010, Z87.19, Z80.0, Z83.71, Z83.79, Z12.12, Z12.10, Z12.11	Frequency: 1x/year Age Band: 50-75 years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colon cancer screening (Procedures)	44388, 44389, 44391, 44392, 44394, 44401, 45300, 45303, 45305, 45308, 45309, 45315, 45317, 45320, 45330, 45331, 45333, 45334, 45335, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 74263	None	Frequency: 1x/year Age Band: 50-75 years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Colon cancer screening (Lab test-stool for occult blood, Cologuard)	81528, 82270, 82274	None	Frequency: 1x/year Age Band: 50-75 years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Contraceptive counseling	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z30.011, Z30.013, Z30.014, Z30.018, Z30.2, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.40, Z30.41, Z30.431, Z30.42, Z30.49, Z30.019	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Contraceptive counseling and treatment (Emergency)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 0450	Z30.012	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Contraceptive methods	A4261, A4266, A4268, A4269, J1050, J7300, J7301, J7304, J7306, J7307, J7296, J7297, J7298	None	Frequency: Unlimited Age Band: All Gender: F
	96372	Z30.09, Z30.42, Z30.49, Z30.9	Frequency: Unlimited Age Band: All Gender: F
	11976, 11980, 11981, 11982, 11983	Z30.49, Z30.019	Frequency: Unlimited Age Band: All Gender: F
	58300, 58301, 58562	Z30.430, Z30.432, Z30.433, Z30.431	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Contraceptive methods (Ancillary services)	00851, 88302, 88305, 0250, 0258, 0270, 0271, 0272, 0278, 0279, 0370, 0710, S4981, S4989	Z30.430, Z30.432, Z30.433, Z30.431, Z30.49, Z30.019	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Dental Caries Prevention	99188	None	Frequency: Unlimited Age Band: 0-5 years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Depression screening including postpartum women	96127	Z13.31, Z13.32	Frequency: 1x/year Age Band: 12 years and over Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Diabetes screening	82947, 82948, 82950, 82962, 83036	Z13.1	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Diabetes screening, gestational	82947, 82950, 82951, 82962, 83036	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00–O09.03, O09.10–O09.13, O09.40–O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30–O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611–O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811–O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93	Frequency: 2x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Gonorrhea screening	87590, 87591, 87592, 87850	None	Frequency: 1x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Gynecological exam	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	None	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hearing screening	92551, 92552, 92553, 92558* , 92568, 92585, 92586, 0470, 0471, 0479 <i>*See Otoacoustic Emissions Testing Medical Policy for age limitations.</i>	Z00.121, Z00.129, Z00.00, Z00.01	Frequency: 1x/year Age Band: 0-21 years Gender: M/F Comment: PCP only

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hematocrit/Hemoglobin screening in children/adolescents	85014, 85018	None	Frequency: 1x/year Age Band: 0-21 years Gender: M/F Comment: PCP only

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis B screening	87340, 87341, G0499	None	Frequency: Unlimited Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Hepatitis C screening	86803, 87902	None	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
HIV testing	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, S3645	None	Frequency: Unlimited Age Band: All Gender: M/F Comment: HIV counseling refer to Preventive screenings and counseling

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Human Papillomavirus (HPV) screening	87623, 87624, 87625	None	Frequency: 1x/year Age Band: 30 years and over until 7/31/2019. 21 years and over effective 8/1/2019 Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Lead screening	83655	None	Frequency: 1x/year Age Band: 0-6 years Gender: M/F Comment: PCP only

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Lipid screening	80061, 82465, 83718, 83719, 83721, 84478	Z13.220	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Lung Cancer screening	71250	F17.200, F17.201, F17.210, F17.211, F17.290, F17.291, Z87.891, Z12.2	Frequency: 1x/year Age Band: 55-80years Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Mammography, screening	77067, 0403	Z12.31, Z12.39	Frequency: 1x/year Age Band: 40+ years Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Maternity, antepartum/prenatal care	59425, 59426	None	Frequency: N/A Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Maternity, Global	59400, 59510, 59610, 59618	None	Frequency: N/A Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Maternity, initial visit	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00–O09.03, O09.10–O09.13, O09.40–O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30–O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611–O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811–O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93, Z32.01, O30.001–O30.003, O30.009, O30.031–O30.033, O30.039, O30.041–O30.043, O30.049, O30.091–O30.093, O30.099, O30.101–O30.103, O30.109, O30.111–O3.113, O30.119, O30.121–O30.123, O30.129, O30.191–O30.193, O30.199, O30.201–O30.203, O30.209, O30.211–O30.213, O30.219, O30.221–O30.223, O30.229, O30.291–O30.293, O30.299, O30.801–O30.803, O30.809, O30.811–O30.813, O30.819, O30.821–O30.823, O30.829, O30.891–O30.893, O30.899	Frequency: N/A Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Newborn screening, hypothyroidism	84437, 84443	None	Frequency: 1x/year Age Band: 0-100 days Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Newborn screening, PKU	84030	None	Frequency: 1x/year Age Band: 0-100 days Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Newborn screening, sickle cell disease	83020	None	Frequency: 1x/year Age Band: 0-100 days Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Nutritional Counseling for Obesity, Diabetes, or other Cardiovascular Risk Factors	97802, 97803, 97804, 0942, S9470,	E08.01-E13.9, E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81, I10, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, I70.0-I70.91, N26.2, O10.011-O10.93, O11.1-O11.9, O13.1-O13.9, O16.1-O16.9, R73.10	Frequency: 4x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Osteoporosis screening	76977, 77078, 77080, 77081, 77085, G0130	None	Frequency: Every 23 months Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pap smear	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175	None	Frequency: 1x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pregnancy, bacteriuria screening	87086, 87088	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00–O09.03, O09.10–O09.13, O09.40–O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30–O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611–O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811–O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pregnancy, blood count	85025, 85027	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00– O09.03, O09.10–O09.13, O09.40– O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30– O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611– O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811– O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pregnancy, Hepatitis B screening	87340, 87341	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00–O09.03, O09.10–O09.13, O09.40–O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30–O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611–O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811–O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pregnancy, Rh (D) typing	86901	Z34.00–Z34.03, Z34.80–Z34.83, Z34.90–Z34.93, Z33.1, O09.00– O09.03, O09.10–O09.13, O09.40– O09.43, O09.211–O09.213, O09.219, O09.291–O09.293, O09.299, O09.30– O09.33, O09.511–O09.513, O09.519, O09.521–O09.523, O09.529, O09.611– O09.613, O09.619, O09.621–O09.623, O09.629, O09.899, O09.821–O09.823, O09.829, O09.70–O09.73, O09.811– O09.813, O09.819, O09.891–O09.893, O09.899, O09.90–O09.93	Frequency: Unlimited Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Pregnancy screening panel– includes Hepatitis B, blood count, Rh (D) and syphilis	80055, 80081	None	Frequency: 1x/year Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sexually transmitted infections, counseling	G0445	None	Frequency: 2x/year Age Band: 12 years and over Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Smoking cessation (individual & group counseling)	99406, 99407	Z87.891, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.290, F17.291, F17.293, F17.298, F17.299	Frequency: 8x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Smoking cessation (telephone counseling)	98966, 98967, 98968	Z87.891, F17.200, F17.201, F17.210, F17.211, F17.290, F17.291	Frequency: 8x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sterilization	58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264	None	Frequency: N/A Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sterilization (Ancillary services)	00851, 88302, 88305, 0250, 0258, 0270, 0271, 0272, 0278, 0279, 0370, 0710	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	Frequency: N/A Age Band: All Gender: F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Sterilization (follow –up services)	74740, 76830, 76857	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	Frequency: 2x/lifetime Age Band: All

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Syphilis screening	86592, 86593, 86780, 87164, 87166, 87285	None	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
TB testing	86580	None	Frequency: 1x/year Age Band: 0-21 years Gender: M/F Comment: PCP only
Latent Tuberculosis Screening	86480, 86580	Z00.121, Z00.129, Z11.1, Z20.1	Frequency: 1x/year Age Band: All Gender: M/F

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PREVENTIVE SERVICE	PROCEDURE CODE	ICD-10 PAIRING	GUIDELINES
Vision screening in children	99172, 99173	Z00.121, Z00.129	Frequency: 1x/year Age Band: 0-21 years Gender: M/F

^Note: It is expected that immunizations will be provided in accordance with U.S. Food and Drug Administration licensure and Center for Disease Control (CDC) guidelines. Please refer to CDC's [Child, Adolescent & "Catch-up" Immunization Schedules](#) and CDC's [Adult Immunization Schedule](#).

IMMUNIZATION [^]	PROCEDURE CODE	ICD-10 PAIRING
Immunization administration	90460, 90461, 90471, 90472, 90473, 90474	None
Diphtheria	90719	None
Diphtheria, tetanus, acellular pertussis (DTaP)	90700	None
Diphtheria, tetanus (Td)	90718	None
Diphtheria, tetanus, acellular pertussis (Tdap), age 7 or older	90715	None
Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DTaP-HepB-IPV)	90723	None
Diphtheria, tetanus, acellular pertussis, HIB (DTaP-HIB)	90721	None
Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)	90698	None
Diphtheria preservative free, tetanus (Td), age 7 or older	90714	None
DTAP-IPV	90696	None
Hepatitis A	90632, 90633, 90634	None
Hepatitis A/Hepatitis B Combo	90636	None
Hepatitis B	90739, 90740, 90743, 90744, 90746, 90747	None
Hepatitis B/HIB Combo	90748	None
Herpes Zoster Vaccine	90736	None
HIB (Hemophilus influenza b)	90647, 90648	None
HPV (Human Papillomavirus) Vaccine	90649, 90650, 90651	None

IMMUNIZATION [^]	PROCEDURE CODE	ICD-10 PAIRING
Influenza (flu) Vaccine	90653, 90672, 90674, 90682, 90685, 90686, 90687, 90688, 90756, 90694	None
	90662 (Fluzone High Dose)	None
Measles-Mumps-Rubella (MMR) Virus Immunization	90707	None
Measles-Mumps-Rubella-Varicella (MMRV)	90710	None
Measles-Rubella Immunization	90708	None
Meningitis Vaccine	90620, 90621, 90733, 90734	None
Meningitis-HIB Vaccine	90644	None
Pneumococcal Vaccine, 13 valent	90670	None
Pneumococcal Vaccine, over age 2 and adult	90732	None
Poliomyelitis, inactivated (IPV) Immunization	90713	None
Rotavirus Vaccine	90680, 90681	None
Rubella Immunization	90706	None
Varicella	90716	None
Zoster (shingles)	90750	None

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PHARMACY	
Aspirin for the prevention of cardiovascular disease	Coverage of over-the-counter generic aspirin ($\leq 325\text{mg}$) when prescribed by a physician Members <60 years of age

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PHARMACY	
Bowel preparation agents	Coverage of generic prescription and certain generic over-the-counter preparation agents for colonoscopy screenings with no cost-share when prescribed by a physician For men and women ages 50-75 years Limited to 2 per year

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PHARMACY	
Breast cancer primary prevention	Coverage of tamoxifen and raloxifene for the purpose of primary prevention of invasive breast cancer for women at high risk, who do not have a prior history of a diagnosis of breast cancer The process for coverage at \$0 requires preauthorization from the prescribing physician Women ≥ 35 years of age

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PHARMACY	
Cholesterol/Statin Prevention	<p>Coverage of select generic strengths of low to moderate dose statins to prevent cardiovascular disease for individuals at high risk with one or more cardiovascular risk factors, such as dyslipidemia, diabetes, hypertension, or smoking.</p> <p>For Members 40 – 75 years of age</p>

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PHARMACY	
Contraceptives	<p>Diaphragms Mirena, Kyleena (intrauterine device) Generic oral contraceptives Generic emergency contraceptives</p> <p>Comment: Please see ConnectiCare's Drug Lists for more information.</p>

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PHARMACY	
Folic acid supplements for women of child-bearing age	<p>Coverage of generic folic acid supplements (0.4mg through 0.8mg strengths only) with no cost-share when prescribed by a physician</p> <p>For females through 50 years of age</p>

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PHARMACY	
Oral fluoride supplements for children	<p>Coverage of generic oral dosage forms of fluoride supplements ($\leq 0.5\text{mg/day}$) with no cost-share when prescribed by a physician</p> <p>For children between 0 and 5 years of age</p>

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PHARMACY	
Prevention of HIV Infection: Pre-Exposure Prophylaxis (PrEP)	<ul style="list-style-type: none"> • Coverage of medications FDA approved for human immunodeficiency virus (HIV) prophylaxis when prescribed by a physician: <ul style="list-style-type: none"> • Truvada (brand Truvada covered until generic is available) • Patients without HIV who are at risk of being exposed to HIV <ul style="list-style-type: none"> • Sexually active gay and bisexual men without HIV • Sexually active heterosexual men and women without HIV • Sexually active transgender persons without HIV • Persons without HIV who inject drugs • Persons who have been prescribed non-occupational post-exposure prophylaxis (PEP) and report continued risk behavior, or who have used multiple courses of PEP • Persons being considered for PrEP must have a recently documented negative HIV test result • Persons being considered for PrEP must have an absence of prescription claims history for HIV treatment

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PHARMACY	
Smoking Cessation	Coverage of all FDA-approved prescription and OTC tobacco cessation products with no cost share when prescribed by a physician For members 18 years of age and older