

## **Indications for Coverage**

### **Introduction:**

ConnectiCare covers certain medical services under the preventive care services benefit. The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain “recommended preventive services” as identified by PPACA under the preventive care services benefit, without cost sharing to members when provided by network physicians. This includes:

- Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the [U.S Preventive Services Task Force](#).
- Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the [Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention](#).
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the [Health Resources and Services Administration](#) and the American Academy of Pediatrics [Bright Futures](#) guidelines.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the [Health Resources and Services Administration](#).
- Mandates for preventive services may differ by state.

### **Member Cost-Sharing (Non-grandfathered Plans):**

- Non-grandfathered plans provide coverage for preventive care services with no member cost sharing (i.e. covered at 100% of Allowed Amounts without deductible, coinsurance or copayment) when services are obtained from a Network provider.
- Under PPACA, services obtained from an out-of-network provider are not required to be covered under a plan’s preventive benefit and may be subject to member cost sharing. Refer to the member specific benefit plan document for out-of-network benefit information, if any.

### **Grandfathered Plans:**

- Plans that maintain grandfathered status under PPACA are not required by law to provide coverage for these preventive services without member cost sharing; although a grandfathered plan may choose to voluntarily amend its plan document to include these preventive benefits.
- Except where there are state mandates, a grandfathered plan might include member cost sharing, or exclude some of the preventive care services identified under PPACA.
- Refer to the member specific benefit plan document for details on how benefits are covered under a grandfathered plan

### **Preventive vs. Diagnostic Services:**

Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be considered under the preventive care services benefit. This includes services directly related to the performance of a covered preventive care service.

*Preventive services are those performed on a person who:*

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

*When a service is done for diagnostic purposes it will be considered under the applicable non-preventive medical benefit. Diagnostic services are done on a person who:*

- Had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
- Had abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or
- Had a symptom(s) that required further diagnosis; or
- Does not fall within the applicable population for a recommendation or guideline.

### Covered Breastfeeding Equipment:

Personal-use electric breast pump:

- The purchase of a personal-use electric breast pump (HCPCS code E0603).
  - ✓ This benefit is limited to one pump per birth. In the case of a birth resulting in multiple infants, only one breast pump is covered.
  - ✓ A breast pump purchase includes the necessary supplies for the pump to operate.
- Replacement breast pump supplies necessary for the personal-use electric breast pump to operate. This includes: *standard power adaptor, tubing adaptors, tubing, locking rings, bottles specific to breast pump operation, caps for bottles that are specific to the breast pump, valves, filters, and breast shield and/or splash protector for use with the breast pump.*

### Coverage Limitations and Exclusions

- Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
- The coverage outlined in this guideline does not address certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA. These preventive benefits are administered by the member's pharmacy plan administrator. For details on coverage, refer to the member-specific pharmacy plan administrator.
- A vaccine (immunization) is not covered if it does not meet company vaccine policy requirements for FDA labeling and if it does not have explicit ACIP recommendations for routine use published in the Morbidity and Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC).
- Examinations, screenings, testing, or vaccines (immunizations) are not covered when:
  - ✓ required solely for the purposes of career or employment, school or education, sports or camp, travel (including travel vaccines (immunizations)), insurance, marriage or adoption; or
  - ✓ related to judicial or administrative proceedings or orders; or
  - ✓ conducted for purposes of medical research; or

- ✓ required to obtain or maintain a license of any type.
- Services that are investigational, experimental, unproven or not medically necessary are not covered.

**Note: Benefits limits are on a rolling 12-month basis unless otherwise noted**

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

**General Preventive Screenings and Counseling**  
**Specific Preventive Screenings**  
**Immunizations**

**General Preventive Screenings and Counseling:**

Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefits Instructions	Comment
Preventive Screening Examination and Counseling Services	99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	All	<b>Frequency:</b> One procedure code/member/year <b>Ages:</b> All	
	<b>Well Child Visits:</b> 99391, 99392	All	<b>Frequency:</b> (see note)	Well Child Visits: <ul style="list-style-type: none"> <li>• 11 well baby visits from birth to 23 months.</li> <li>• 2 well baby visits from age 2 to 3</li> </ul>
	96160, 96161	All	<b>Frequency:</b> One procedure code/member/year <b>Ages:</b> All	
	<b>Preventive Medicine, Individual:</b> 99401, 99402, 99403, 99404 <b>Preventive Medicine, Group:</b> 99411, 99412	All	<b>Frequency:</b> One procedure code/member/year <b>Ages:</b> All	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefits Instructions	Comment
Obesity in Children and Adolescents: Screening	<p>Procedure Code(s):  <u>Medical Nutrition Therapy:</u>            97802, 97803, 97804</p> <p><u>Preventive Medicine Individual Counseling:</u>            99401, 99402, 99403, 99404</p>	<p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p><b>Frequency:</b> 4x/year</p>	<p>The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status</p>
Weight Loss to Prevent Obesity-related Morbidity and Mortality in Adults: Behavioral Interventions	<p><u>Preventive Medicine Individual Counseling:</u>            99401, 99402, 99403, 99404</p>	<p><b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p><b>Frequency:</b> 12x/year</p>	<p>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions</p>
Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions		<p><a href="#">See Appendix 1 below</a></p>		

## Specific Preventive Screenings:

Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Abdominal Aortic Aneurysm (AAA) screening	76706	F17.210, F17.211, F17.213, F17.218, F17.219 and Z87.891	<b>Frequency:</b> 1x/lifetime <b>Ages:</b> 65-75 years	
Alcohol screening	99408, 99409	Z13.89	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Autism / Formal Developmental Screening	96110	Z00.121, Z00.129, Z13.41, Z13.42, Z13.49, Z13.89	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-3 years	
Anemia Screening in Children	85014 and 85018	Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	<b>Frequency:</b> 1x/year <b>Ages:</b> Prenatal to 21 years	
Breast cancer (BRCA) Genetic testing Counseling/evaluation	96040	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	<b>Frequency:</b> 1x/per lifetime <b>Ages:</b> All	
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	<b>Frequency:</b> 1x/per lifetime <b>Ages:</b> All	<i>**Prior authorization requirements may apply**</i>
Breast feeding/lactation support	99501, 99502, S9443	All	<b>Frequency:</b> Unlimited <b>Ages:</b> All	
Breast Pumps	E0602, E0603		<b>Frequency:</b> 1x/pregnancy <b>Ages:</b> All	
Breast Pump Supplies	A4281, A4282, A4283, A4284, A4285, A4286			
Breast MRI* <i>CT Mandate</i>	77046, 77047, 77048, 77049	Z12.31, Z12.39	<b>Frequency:</b> 1x/year <b>Ages:</b> All	<i>*MRIs must be authorized with NIA. Please refer to the Pre-Authorization policy on our provider website under Pre-Authorization criteria.</i>
Breast tomosynthesis screening (use in addition to mammography codes) <i>CT &amp; MA</i>	77063	Z12.31, Z12.39	<b>Frequency:</b> 1x/year <b>Ages:</b> 40+ years	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Breast Ultrasound Screening <i>CT Mandate</i>	76641, 76642	Z12.31, Z12.39, Z92.3	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Mammography, screening	77065, 77066, 77067	Z12.31, Z12.39, Z92.3	<b>Frequency:</b> 1x/year <b>Ages:</b> 40+ years	
Mammography <b>(Baseline)</b>	77063*, 77065, 77066, 77067  <i>(*use in addition to mammography codes)</i>	Z12.31, Z12.39  <b>Other:</b> Z20.2, Z20.6, Z72.51, Z72.51, Z72.52, Z75.53  <a href="#">See Appendix II below</a>	<b>Frequency:</b> 1 between ages 35-40 <b>Ages:</b> 35-39 years	
Chlamydia Screening	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810	<b>Screening:</b> <b>Adult*:</b> Z00.00, Z00.01 <b>Child*:</b> Z00.121, Z00.129  <b>Other:</b> Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z75.53  <a href="#">See Appendix II below</a>	<b>Frequency:</b> <b>Screening:</b> 1x/year <b>Pregnancy:</b> 3x/year	
Colonoscopy, pre-procedure screening with a gastroenterologist	99202, 99203 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z01.818	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-75 years	
Colon cancer screening (Anesthesia & Ancillary services)	00812, 88305	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	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-75 years	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
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	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-75 years	
Colon Cancer Screening (CT Colonography)	74263	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-75 years	
Colon cancer screening (Lab test-stool for occult blood, Cologuard)	81528	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-85 years	
Colon cancer screening (Lab test-stool for occult blood)	82270, 82274	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 45-75 years	
Contraceptive counseling (included in any wellness visit)	99401, 99402, 99403, 99404 ( <b>Group 1 Codes</b> )	<b>Group 1:</b> Z30.02, Z30.09	<b>Frequency:</b> Unlimited <b>Ages:</b> All	
Contraceptive Management	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 ( <b>Group 2 Codes</b> )  99281, 99282, 99283, 99284, 99285 ( <b>Group 3 Codes</b> )	<b>Group 2:</b> Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9  <b>Group 3:</b> Z30.12		
Contraceptive methods	<b>Diaphragm or Cervical Cap:</b> 57170, A4261, A4266	Z30.02, Z30.8, Z30.09, Z30.011	<b>Frequency:</b> 4x/year <b>Ages:</b> All	
	<b>IUDs:</b> J7306, J7307 IUD (copper): J7300 IUD (Skyla®): J7301 IUD (Liletta®): J7297 IUD (Kyleena®): J7296 IUD (Mirena®): J7298	Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.40, Z30.42, Z30.430, Z30.431,	<b>Frequency:</b> 1x/year <b>Ages:</b> All	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
	<i>J7303- deleted effect 9/30/2021</i> J7294, J7295 – new codes effective 10/01/2021  J7304	Z30.432, Z30.433, Z30.44, Z30.45, Z30.46, Z30.49	<b>Frequency:</b> 12x/year <b>Ages:</b> All	
	J1050-injection 96372-administration		<b>Frequency:</b> 4x/year <b>Ages:</b> All	
	<b>Implantable Devices:</b> 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)		<b>Frequency:</b> 1x/year <b>Ages:</b> All	
	58300, S4981 (insertion) 58301 (removal)		<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Dental Caries Prevention (Oral Fluoride Varnish)	99188	All	<b>Frequency:</b> 2x/year <b>Ages:</b> 0-5 years <i>Pediatrician(s) or PCP providers only</i>	
Depression screening including postpartum women	96127	Z13.31, Z13.32	<b>Frequency:</b> 1x/year <b>Ages:</b> 12 years and over	
Diabetes screening	82947, 82948, 82950, 82951, 82952, 83036	Z00.00, Z00.01, Z13.1, Z86.32	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Diabetes screening, gestational	82947, 82948, 82950, 82951, 82952, 83036	<a href="#">See Appendix 1 below</a>	<b>Frequency:</b> 2x/year <b>Ages:</b> All	
Dietary Counseling (Individuals who are overweight or obese and have additional cardiovascular risk factors)	97802, 97803, 97804, S9470  Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404	E08.00-E13.9, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.41 , E78.49, E78.5, E88.81, I10, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721,	<b>Frequency:</b> 4x/year <b>Ages:</b> All	



# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
		I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I70.0- I70.91, N26.2, 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, R73.01, R73.10, Z13.220, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45		

## Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Gonorrhea screening	87590, 87591, 87592, 87801, 87850	<b>Adult:</b> Z00.00, Z00.01 <b>Child:</b> Z00.121, Z00.129 <b>Other:</b> Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	<b>Frequency:</b> 4x/year <b>Ages:</b> All	
Gynecological exam	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	Z01.411, Z01.419	<b>Frequency:</b> 1x/year when provided by OB/GYN or PCP <b>Ages:</b> All	
Hearing screening	92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651	<b>Examination of hearing:</b> Z01.10 <b>Routine Child:</b> Z00.121, Z00.129 <b>General Exam (for 18-21yrs):</b> Z00.00, Z00.01	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-21 years <b>Comment:</b> PCP only	See Otoacoustic Emissions Testing Medical Policy for age limitations.
Hepatitis B Screening (non-pregnancy)	87340, 87341	Z00.00, Z00.01, Z11.3, Z11.4, Z20.2, Z20.6, Z11.59, Z57.8, Z72.51, Z72.52, Z72.53	<b>Frequency:</b> 1x/year <b>Ages:</b> 18-79 years	
Hepatitis C screening	86803, 86804	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 18-79 years	
HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806	<b>Adult:</b> Z00.00, Z00.01 <b>Child:</b> Z00.121, Z00.129 <b>Other (all ages):</b> Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z72.51, Z72.52, Z72.53	<b>Frequency:</b> Unlimited <b>Ages:</b> All	
Human Papillomavirus (HPV) screening (DNA)	87624, 87625	Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	<b>Frequency:</b> 1x/year <b>Ages:</b> 30 years and over	
Lead Screening	83655	Z00.121, Z00.129, Z77.011	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-6 years <b>Comments:</b> PCP only	
Lipid screening	80061, 82465, 83718, 83719, 83721, 83722, 84478	Z00.00, Z00.01, Z13.220	<b>Frequency:</b> 1x/year <b>Ages:</b> All	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Lung Cancer Screening	71271 Effective 1/01/2021	F17.200, F17.201, F17.210, F17.211, F17.213, F17.218, F17.219, Z12.2 Z87.891	<b>Frequency:</b> 1x/year <b>Ages:</b> 50-80 years	
Maternity, antepartum/prenatal care	59425, 59426	All	<b>Frequency:</b> N/A <b>Ages:</b> All	
Maternity, Global	59400, 59510, 59610, 59618	All	<b>Frequency:</b> N/A <b>Ages:</b> All	
Maternity, initial visit	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	<a href="#">See Appendix II below</a>	<b>Frequency:</b> N/A <b>Ages:</b> All	
Newborn screening, hypothyroidism	84437, 84443	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-3 months	
Newborn screening, PKU	84030, S3620	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-3 months	
Newborn screening: sickle cell disease	83020, 83021, 83051	All	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-3 months	
Osteoporosis screening	76977, 77080, 77081	Z00.00, Z00.01, Z13.820, Z82.62	<b>Frequency:</b> Every 23 months	
Pap smear	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175	Z00.00, Z00.01, Z01.411, Z01.419, Z12.4	<b>Frequency:</b> 1x/3 year <b>Ages:</b> 21-65	
Pregnancy, bacteriuria screening	81007, 87086, 87088	<a href="#">See Appendix I below</a>	<b>Frequency:</b> Unlimited <b>Ages:</b> All	

## Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Pregnancy, blood count	85025, 85027	<a href="#">See Appendix I below</a>	<b>Frequency:</b> Unlimited <b>Ages:</b> All	
Pregnancy, Hepatitis B screening	87340, 87341	<a href="#">See Appendix I below</a>	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Pregnancy, Rh (D) typing	86901	<a href="#">See Appendix I below</a>	<b>Frequency:</b> Unlimited <b>Ages:</b> All	
Pregnancy screening panel– includes Hepatitis B, blood count, Rh (D) and syphilis	80055	All	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Pregnancy/Obstetric panel (includes HIV testing)	80081	All	<b>Frequency:</b> 1x/year <b>Ages:</b> All	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
<p>PrEP Monitoring and Ongoing Laboratory Testing</p> <p><i>Cost share is waived for the USPSTF schedule of testing.</i></p>	<p><b>Creatinine:</b> 82565, 82575 (3x per year)</p> <p><b>Pregnancy Screening:</b> 81025, 84702, 84703 (unlimited – for individuals of childbearing potential)</p> <p><b>HIV Screening:</b> 86689, 86701, 86702, 86703, 67389, 87390, 87391, 87806 (unlimited)</p> <p><b>STI Screening:</b> 86592, 86593, 86631, 86632, 86780, 87110, 87140, 87164, 87166, 87285, 87270, 87320, 87490, 87491, 87492, 87590, 87591, 87592, 87800, 87801, 87810, 87850 (4x per year)</p> <p><b>Urinalysis:</b> 81002, 81003, 81005 (1x per year)</p> <p><b>PrEP Visits:</b> 99202-99215</p>	<p><b>Initial Visit:</b> Z20.6 <b>AND</b> Z20.2</p> <p><b>Second and Subsequent visits:</b> Z20.6 <b>AND</b> Z20.2 <b>AND</b> Z79.899</p> <p><b>Additional Testing codes that should be appended as applicable:</b> Z01.812, Z11.3, Z11.4, Z11.59, Z20.5, Z77.21</p>	<p><b>Frequency:</b> See frequency limitation in each section</p> <p><b>Ages:</b> All</p>	
Smoking cessation	99401, 99402, 99403, 99406, 99407	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, F17.891	<p><b>Frequency:</b> 8x/year</p> <p><b>Ages:</b> All</p>	
Sterilization	58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264	All	<p><b>Frequency:</b> N/A</p> <p><b>Ages:</b> All</p>	
Sterilization (Ancillary services)	00851, 88302, 88305	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	<p><b>Frequency:</b> N/A</p> <p><b>Ages:</b> All</p>	
Sterilization (follow-up services)	74740, 76830, 76857	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	<p><b>Frequency:</b> 2x/lifetime</p> <p><b>Ages:</b> All</p>	

# Preventive Care/Screening Services (Commercial)



Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Syphilis screening	86592, 86593	<b>Adult:</b> Z00.00, Z00.01 <b>Child:</b> Z00.121, Z00.129 <b>Other:</b> Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	<b>Frequency:</b> 4x/year <b>Ages:</b> All	
TB testing	86480, 86481, 86580	R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1	<b>Frequency:</b> 1x/year <b>Ages:</b> All	
Venipuncture	36415, 36416	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419	<b>Frequency:</b> 1x/year <b>Ages:</b> All	Member cost share is waived when reported with an associated preventive service vaccine code listed within this table.
Vision screening in children	<b>Visual Acuity Screening:</b> 99173	Z00.121, Z00.129, Z01.00, Z01.01	<b>Frequency:</b> 1x/year <b>Ages:</b> 0-21 years	PCP only
	<b>Instrument-Based Screening:</b> 99174, 99177	Z00.121, Z00.129, Z01.00, Z01.01	<b>Frequency:</b> 1x/year <b>Ages:</b> 1-4 years	PCP only

## Appendix:

To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

	<b>Appendix I:</b> Pregnancy Screenings, including Gestational Diabetes ICD-10 Code Pairings
	<b>Appendix II:</b> Maternity Screening ICD-10 Code Pairings

## Immunizations:

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	Trade Name	ICD-10 Pairing	Preventive Benefit Instructions
Immunization administration	<b>Adult:</b> 90471, 90472, 90473, 90474 <b>Pediatric:</b> 90460, 90461, 90471 <b>Both:</b> 90471, 90472, 90473, 90474		All	Provider must adhere to FDA/CDC age/frequency/gender guideline. <b>Adult:</b> 21 years+ <b>Pediatric:</b> 0-21 (ends on 21st birthday)
Dengue	90587	Dengvaxia®	All	Provider must adhere to FDA/CDC age/frequency/gender guideline. Ages 9-16 years (ends on 17th birthday)
Diphtheria	90702	N/A	All	Ages: Younger than 7 years
Diphtheria, tetanus, acellular pertussis (DTaP)	90700	Daptacel®, Infanrix®	All	Ages: Younger than 7 years
Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DtaP-HepB-IPV)	90723	Pediatric®	All	Ages: 0-6 years (ends on 7th birthday)
Diphtheria, tetanus toxoids, acellular pertussis and polio	90696	Kinrix®, Quadracel®	All	Ages: 4 through 6 years
Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus vaccine, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB)	90697	Vaxellis®	All	Ages: 0-4 years (ends on 5th birthday)
Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)	90698	Daptacel®, Infanrix®	All	Ages: 0-4 years (ends on 5th birthday)
Diphtheria preservative free, tetanus	90714 (Td)	Tenivac®, Decavac®	All	Ages: 7 years and older
	90715 (Tdap)	Adacel®, Boostrix®		

# Preventive Care/Screening Services (Commercial)



Immunization	Procedure Code	Trade Name	ICD-10 Pairing	Preventive Benefit Instructions
Hepatitis A	90632	Havrix®, VAQTA®	All	Adult (21 years+)
	90636	Twinrix®		Adult (21 years+)
	90633	Havrix®, VAQTA®		Pediatric (birth to 21 – ends on 21st birthday)
	90634	Havrix®		Pediatric (birth to 21 – ends on 21st birthday)
Hepatitis B	90739	HEPLISAV-B®	All	Ages: 18 and older
	90740	Recombivax HB®		Adult (21 years+) Pediatric (birth to 21)
	90743	Recombivax HB®		Adolescent only (11 to 21; ends on 21 <sup>st</sup> birthday)
	90744	Recombivax HB®, Engerix-B®		Pediatric (birth to 21 – ends on 21st birthday)
	90746	Recombivax HB®, Engerix-B®		Adult (18 years+)
	90747	Engerix-B®		Adult (21 years+) Pediatric (birth to 21)
	90748	N/A		Adult (21 years+) Pediatric (birth to 21)
HIB (Hemophilus influenza b)	90647	PedvaxHIB®	All	Adult (21 years+) Pediatric (birth to 21)
	90648	ActHIB®		
HPV (Human Papillomavirus) Vaccine	90649	Gardasil®	All	9-26 years (ends on 27 <sup>th</sup> birthday)
	90650	N/A		9-26 years (ends on 27 <sup>th</sup> birthday)
	90651*	Gardasil9®		9-26 years (ends on 27 <sup>th</sup> birthday) <i>*coverage is allowed through age 45 (46<sup>th</sup> birthday) however cost share applies</i>
Influenza (flu) Vaccine	Effective 8/01/2021 – 7/31/2022			
	90662	High Dose Fluzone®	All	Adult: Ages 65 and older



# Preventive Care/Screening Services (Commercial)



Immunization	Procedure Code	Trade Name	ICD-10 Pairing	Preventive Benefit Instructions
	90672	Flumist® (LAIV4)		Adult and Pediatric: Ages 2-49 years (ends on 50 <sup>th</sup> birthday)
	90674	Flucelvax® Quadrivalent		2 years and older
	90682	Flublok Quadrivalent®		Ages 18 and older
	90685 / 90687	Afluria® Quadrivalent,		Pediatric: Ages 6-35 months
	90686	Afluria® Quadrivalent (.5ml PFS),		Pediatric: Ages 3 years and older
		Fluzone® (.5ml PFS), Fluzone® (.5ml SDV), FluLaval Quadrivalent® (.5ml PFS), Fluarix® (.5ml PFS)		Adult and Pediatric: Ages 6 months and older
	90688	Afluria® Quadrivalent (5ml MDV), Fluzone Quadrivalent® (5ml MDV)		Adult and Pediatric: Ages 6 months and older
	90694	Fluad® Quadrivalent		Ages 65 and older
	90756	Flucelvax Quadrivalent® (non-preservative free / 5ml MDV)		Adult and Pediatric: Ages 2 years and over
	Effective 8/01/2020 - 7/31/2021			
	90653	Fluad®		Adult: Ages 65 and older
	90654	Fluzone® Intradermal Trivalent		Adult: Ages 18-64 (ends on 65 <sup>th</sup> birthday)
	90662	High Dose Fluzone®		Adult: 65 and older

# Preventive Care/Screening Services (Commercial)



Immunization	Procedure Code	Trade Name	ICD-10 Pairing	Preventive Benefit Instructions
	90672	Flumist® (LAIV4)		Adult and Pediatric: Ages 2-49 years (ends on 50 <sup>th</sup> birthday)
	90674	Flucelvax® Quadrivalent®		Ages 18 and older
	90682	Flublok Quadrivalent®		Ages 18 and older
	90685	Afluria® Quadrivalent, Fluzone Quadrivalent®		Pediatric: Ages 6-35 months
	90686	Afluria® Quadrivalent, Fluzone®, Fluzone®, FluLaval Quadrivalent®		Adult and Pediatric: Ages 6 months and older
	90688	Afluria® Quadrivalent, Fluzone Quadrivalent®		Adult and Pediatric: Ages 6 months and older
	90694	Fluad® Quadrivalent		Ages 65 and older
	90756	Flucelvax Quadrivalent® (non- preservative free)		Adult and Pediatric: Ages 4 years and over
Measles-Mumps-Rubella (MMR)/ (MMRV) Virus Immunization	90707	MMR II®	All	Adult (21 years+) Pediatric (birth to 21)
	90710	ProQuad®		Ages 1-12 years (ends on 13 <sup>th</sup> birthday)
(MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)	90619	MenQuadfi®	All	Adult (21 years+) Pediatric (birth to 21)
	90620	Bexsero®		Benefit Limit: Ages 10 and older
	90621	Trumenba®		Benefit Limit: Ages 10 and older
	90644	MenHibrix®		Pediatric; 6 weeks – 18months of age
	90733	Menomune®		Adult (21 years+) Pediatric (birth to 21)

Immunization	Procedure Code	Trade Name	ICD-10 Pairing	Preventive Benefit Instructions
	90734	Menactra®, Menveo®		Adult (21 years+) Pediatric (birth to 21)
Pneumococcal (PPSV23)	90670	Prevnar 13®	All	Adult (21 years+) Pediatric (birth to 21)
Pneumococcal conjugate	90732	Pneumovax®	All	Adult (21 years+) Pediatric (birth to 21)
	90671	Vaxneuvance®		
	90677	Prevnar20®		
Polio (IPV)	90713	Ipol®	All	Adult (21 years+) Pediatric (birth to 21)
Rotavirus Vaccine	90680	Rotateq®	All	Ages: 0-8 months
	90681	Rotarix®		
Varicella (VAR) ("Chicken pox")	90716	Varivax®	All	Adult (21 years+) Pediatric (birth to 21)
Zoster (shingles) (HZV/ZVL, RZV)	90750	Shingrix®	All	Ages: 19 years and older

## Revision history

DATE	REVISION
6/14/2022	<ul style="list-style-type: none"> <li>Added Dengue vaccine CPT code 90587 (Dengvaxia®) to indicate:                             <ul style="list-style-type: none"> <li>o Age Group: Pediatric</li> <li>o Benefit Limit: Ages 9-16 years (ends on 17th birthday) effective 7/01/2017</li> </ul> </li> <li>Pneumococcal Conjugate Added CPT codes 90671 (Vaxneuvance®) and 90677 (Prevnar20®)</li> <li>Added coverage guidelines for CPT codes 90671 and 90677 to indicate:                             <ul style="list-style-type: none"> <li>o Age Group: Adult</li> <li>o Benefit Limit: Ages 19 years and older</li> </ul> </li> <li>Zoster/Shingles (HZV/ZVL, RZV) Removed CPT code 90736</li> <li>Changed Benefit Limit (Age) for Zoster/Shingles CPT code 90750 from "50 years and older" to "19 years and older"</li> </ul>
1/24/2022	<ul style="list-style-type: none"> <li>Updated Medical Nutritional Counseling Therapy (Obesity in Children and Adolescents: Screening) frequency to 4 times per calendar year <b>effective 1/01/2020</b></li> </ul>
10/15/2021	<ul style="list-style-type: none"> <li>Updated to include 2 new contraceptive codes effective 10/01/2021</li> <li>Updated to indicate that contraceptive code J7303 is deleted effective 9/30/2021</li> </ul>

DATE	REVISION
10/01/2021	<ul style="list-style-type: none"> <li>Chlamydia Screening updated to include ICD-10 Codes Z11.3, Z11.4, Z11.8 and Z11.9</li> <li>HIV Screening for adolescents and adults updated to include ICD-10 Codes Z11.3, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z72.51, Z72.52 and Z72.53</li> </ul>
9/2021	<ul style="list-style-type: none"> <li>Updated to include 2021-2022 Influenza vaccines; (90653 &amp; 90654 removed effective 8/01/2021)</li> </ul>
8/2021	<ul style="list-style-type: none"> <li>Updated to include PrEP Monitoring and Ongoing Lab Testing <b>effective 9/17/2021</b></li> </ul>
7/2021	<ul style="list-style-type: none"> <li>Updated policy template and expanded "Indications for Coverage" content.</li> <li>Comprehensive review was performed, and policy updated to align with USPSTF, CDC, Bright Futures and HRSA recommendations/guidelines.</li> <li>Effective 10/01/2021</li> </ul>
12/2020	<ul style="list-style-type: none"> <li>Updated Lung Cancer Screening – CPT Code 71250 replaced with 71271 effective 1/01/2021</li> <li>Reformatted and reorganized policy, transferred content to new template</li> </ul>