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.
- 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.

### General Preventive Services
- Preventivescreenings and counseling

### Specific Preventive Screenings
- Abdominal Aortic Aneurysm (AAA) screening
- Alcohol screening
- Autism, psychosocial/behavioral and developmentalscreening
- Breast cancer, counseling for genetic screening
- Breast cancer genetic testing (BRCA)
- Breastfeeding support
- Breast pumps
- Breast pump supplies
- Breast tomosynthesis (diagnostic)
- Breast tomosynthesis (screening)
- Chlamydia screening
- Colonoscopy, pre-procedure screening with a gastroenterologist
- Colon cancer screening (Ancillary services)
- Colon cancer screening (Procedures)
- Colon cancer screening (Lab test—stool for occult blood)
- Contraceptive counseling
- Contraceptive counseling and treatment (Emergency)
- Contraceptive methods
- Contraceptive methods (Ancillary services)
- Dental Caries Prevention
- Depression screening
- Diabetes screening
- Diabetes screening, gestational
- Dietary counseling (Individuals with hyperlipidemia, cardiovascular risk factors)
- Gonorrhea screening
- Gynecological exam
- Hearing screening
- Hematocrit/Hemoglobin screening in children/adolescents
- Hepatitis B screening
- Hepatitis C screening
- HIV testing
- Human Papillomavirus (HPV) screening
- Lead screening
- Lipid screening
- Lung Cancerscreening
- Mammography
- Maternity, antepartum/prenatal care
- Maternity, Global
- Maternity, initial visit
- Medical Nutrition Therapy (Telehealth)
- Newborn screening, hypothyroidism
- Newborn screening, PKU
- Newborn screening, sickle cell disease
- Obesity screening and interventions
- Osteoporosis screening
- Pap smear
- Pregnancy, bacteriuria screening
- Pregnancy, bloodcount
- Pregnancy, Hepatitis B screening
- Pregnancy, Rh (D) typing
- Pregnancy screening panel – includes Hepatitis B, blood count, Rh(D) and syphilis
- Sexually transmitted infections, counseling
- Smoking cessation (individual & group counseling)
- Smoking cessation (telephone counseling)
- Sterilization
- Sterilization (Ancillary services)
- Sterilization (follow-up services)
- Syphilis screening
- TB testing
- Vision screening in children

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.
Immunizations
- Immunization administration
- Diphtheria
- Diphtheria, tetanus, acellular pertussis (DTaP)
- Diphtheria, tetanus (Td)
- Diphtheria, tetanus, acellular pertussis (Tdap), age 7 or older
- Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DTaP-HepB-IPV)
- Diphtheria, tetanus, acellular pertussis, HIB (DTaP-HIB)
- Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)
- Diphtheria preservative free, tetanus (Td), age 7 or older
- DTAP-IPV
- Hepatitis A
- Hepatitis A/Hepatitis B Combo
- Hepatitis B
- Hepatitis B/HIB Combo
- Herpes Zoster Vaccine
- HIB (Hemophilus influenza b)
- HPV (Human Papillomavirus) Vaccine
- Influenza (flu) Vaccine
- Measles-Mumps-Rubella (MMR) Virus Immunization
- Measles-Mumps-Rubella-Varcella (MMRV)
- Measles-Rubella Vaccination
- Meningitis Vaccine
- Meningitis-HIB Vaccine
- Mumps Immunization
- Pneumococcal Vaccine, 13 valent
- Pneumococcal Vaccine, over age 2 and adult
- Poliomyelitis, inactivated (IPV) Immunization
- Rotavirus Vaccine
- Rubella Immunization
- Varicella
- Zoster (Shingles)

Pharmacy
- Aspirin for the prevention of cardiovascular disease
- Bowel preparation agents
- Breast cancer primary prevention
- Cholesterol / Statin Prevention
- Contraceptives
- Folic acid supplements for women of child-bearing age
- Oral fluoride supplements for children
- Smoking Cessation
<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive screenings and counseling includes:</td>
<td>99384, 99385, 99386,</td>
<td>None</td>
<td>For Men: Frequency: Cost-share waived on use of one code/member/year</td>
</tr>
<tr>
<td>Assessment for Fall Prevention</td>
<td>99387, 99394, 99395,</td>
<td></td>
<td>Age Band: All</td>
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<tr>
<td></td>
<td>99396, 99397</td>
<td></td>
<td>Comment: EKG is NOT exempt from deductible and subject to applicable</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>cost-share.</td>
</tr>
<tr>
<td></td>
<td>99381, 99382, 99383,</td>
<td>None</td>
<td>For Women: Frequency: Unlimited</td>
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<tr>
<td></td>
<td>99391, 99392, 99393</td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td>96160, 96161</td>
<td>None</td>
<td>For Men: Frequency: 1x/year</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td>99401, 99402, 99403,</td>
<td>None</td>
<td>For Women: Frequency: Unlimited</td>
</tr>
<tr>
<td></td>
<td>99404</td>
<td></td>
<td>Age Band: All</td>
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<tr>
<td>Abdominal Aortic Aneurysm (AAA) screening</td>
<td>76706</td>
<td>Z87.891</td>
<td>Frequency: 1x/lifetime</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age Band: 65-75 years</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Gender: M</td>
</tr>
<tr>
<td>Alcohol screening</td>
<td>99408, 99409, G0396,</td>
<td>Z13.89</td>
<td>Frequency: 1x/year</td>
</tr>
<tr>
<td></td>
<td>G0397, G0442, G0443</td>
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<td>Age Band: All</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gender: M/F</td>
</tr>
<tr>
<td>Autism, psychosocial/behavioral and developmental</td>
<td>96110, 96127</td>
<td>None</td>
<td>Frequency: 1x/year</td>
</tr>
<tr>
<td>screening</td>
<td></td>
<td></td>
<td>Age Band: 0-21 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gender: M/F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Comment: PCP only</td>
</tr>
<tr>
<td>Preventive Service</td>
<td>Procedure Code</td>
<td>ICD-10 Pairing</td>
<td>Guidelines</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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</tr>
<tr>
<td>Breast cancer, counseling for genetic testing</td>
<td>96040</td>
<td>Z85.3, Z85.43, Z80.3, Z80.41</td>
<td>Frequency: Unlimited, Age Band: All, Gender: F</td>
</tr>
<tr>
<td>Breast cancer, genetic testing (BRCA)</td>
<td>81211, 81212, 81213, 81214, 81215, 81216, 81217</td>
<td>None</td>
<td>Frequency: N/A, Age Band: All, Gender: F</td>
</tr>
<tr>
<td>Breast feeding support</td>
<td>99501, 99502, 97802, 97803</td>
<td>Z39.1</td>
<td>Frequency: 8x/year, Age Band: All, Gender: F</td>
</tr>
<tr>
<td>Breast pumps</td>
<td>E0602, E0603, E0604</td>
<td>None</td>
<td>Frequency: One per 10 rolling months, Age Band: All, Gender: F</td>
</tr>
<tr>
<td>Breast pump supplies</td>
<td>A4281, A4282, A4283, A4284, A4285, A4286</td>
<td>None</td>
<td>Frequency: Unlimited, Age Band: All, Gender: F</td>
</tr>
<tr>
<td>Breast tomosynthesis diagnostic</td>
<td>77061, 77062, G0279</td>
<td>Z12.31, Z12.39</td>
<td>Frequency: 1x/year, Age Band: 40+ years</td>
</tr>
<tr>
<td>Breast tomosynthesis screening</td>
<td>77063</td>
<td>Z12.31, Z12.39</td>
<td>Frequency: 1x/year, Age Band: 40+ years</td>
</tr>
</tbody>
</table>

*Effective 1/1/2019*
### Preventive Service: Chlamydia screening

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
Age Band: All  
Gender: F |

### Preventive Service: Colonoscopy, pre-procedure screening with a gastroenterologist

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 | Z01.818 | Frequency: 1x/year  
Age Band: 50-75 years  
Gender: M/F |

### Preventive Service: Colon cancer screening (Ancillary services)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 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 |

### Preventive Service: Colon cancer screening (Procedures)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 44388, 44389, 44391, 44392, 44394, 44401, 45300, 45303, 45305, 45308, 45309, 45315, 45317, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 74263, G0104, G0105, G0106, G0121, G0328 | None | Frequency: 1x/year  
Age Band: 50-75 years  
Gender: M/F |

### Preventive Service: Colon cancer screening (Lab test–stool for occult blood, Cologuard)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 81528, 82270, 82274 | None | Frequency: 1x/year  
Age Band: 50-75 years  
Gender: M/F |
### Preventive Service

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
Age Band: All  
Gender: F |
| 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 |
| Contraceptive methods               | A4261, A4266, A4268, A4269, J1050, J7300, J7301, J7304, J7306, J7307, J7296, J7297, J7298 | None | Frequency: Unlimited  
Age Band: All  
Gender: F |
| Contraceptive methods               | 96372 | Z30.09, Z30.42, Z30.49, Z30.9 | Frequency: Unlimited  
Age Band: All  
Gender: F |
| Contraceptive methods               | 11976, 11980, 11981, 11982, 11983 | Z30.49, Z30.019 | Frequency: Unlimited  
Age Band: All  
Gender: F |
Age Band: All  
Gender: F |
Age Band: All  
Gender: F |
| Dental Caries Prevention            | 99188 | None | Frequency: Unlimited  
Age Band: 0-5 years  
Gender: M/F |
| Depression screening                | G0444 | Z13.89 | Frequency: 1x/year  
Age Band: 12 years and over  
Gender: M/F |
### A Provider’s Guide to Preventive Health Services for Your Patients

*(Commercial Plans Only)*

<table>
<thead>
<tr>
<th>Preventive Service</th>
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<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes screening</td>
<td>82947, 82948, 82950, 82962, 83036</td>
<td>Z13.1</td>
<td>Frequency: 1x/year Age Band: All Gender: M/F</td>
</tr>
<tr>
<td>Dietary counseling (Individuals with hyperlipidemia, cardiovascular risk factors)</td>
<td>97802, 97803, 97804, G0446, S9470, 0942</td>
<td>Z87.891, Z82.49, Z71.3, Z13.89, Z13.220</td>
<td>Frequency: 1x/year Age Band: All Gender: M/F</td>
</tr>
<tr>
<td>Gonorrhea screening</td>
<td>87590, 87591, 87592, 87850</td>
<td>None</td>
<td>Frequency: 1x/year Age Band: All Gender: F</td>
</tr>
<tr>
<td>Gynecological exam</td>
<td>99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397</td>
<td>None</td>
<td>Frequency: Unlimited Age Band: All Gender: F</td>
</tr>
<tr>
<td>Hearing screening</td>
<td>92551, 92552, 92553, 92558, 92568, 92585, 92586, 0470, 0471, 0479</td>
<td>Z00.121, Z00.129, Z00.00, Z00.01</td>
<td>Frequency: 1x/year Age Band: 0-21 years Gender: M/F Comment: PCP only</td>
</tr>
</tbody>
</table>
# Preventive Health Services for Your Patients

**Commercial Plans Only**

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Hematocrit/Hemoglobin screening in children/adolescents | 85014, 85018                | None           | Frequency: 1x/year  
Age Band: 0-21 years  
Gender: M/F  
Comment: PCP only |
| Hepatitis B screening                       | 87340, 87341, G0499         | None           | Frequency: Unlimited  
Age Band: All  
Gender: M/F |
| Hepatitis C screening                       | 86803, 87902                | None           | Frequency: 1x/year  
Age Band: All  
Gender: M/F |
| 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 |
| Human Papillomavirus (HPV) screening        | 87623, 87624, 87625         | None           | Frequency: 1x/year  
Age Band: 30 years and over  
Gender: F |
| Lead screening                              | 83655                       | None           | Frequency: 1x/year  
Age Band: 0-6 years  
Gender: M/F  
Comment: PCP only |
| Lipid screening                             | 80061, 82465, 83718, 83719, 83721, 84478 | Z13.220       | Frequency: 1x/year  
Age Band: All  
Gender: M/F |
| 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: 55-80 years  
Gender: M/F |
## Preventive Service Procedure Code ICD-10 Pairing Guidelines

### Mamography
- **Procedure Code:** 77065, 77066-effective 1/1/19, 77067, 0401, 0403
- **ICD-10 Pairing:** Z12.31, Z12.39
- **Guidelines:** Frequency: 1x/year  
  Age Band: 40+ years  
  Gender: F

### Maternity, Antepartum/Prenatal Care
- **Procedure Code:** 59425, 59426
- **ICD-10 Pairing:** None
- **Guidelines:** Frequency: N/A  
  Age Band: All  
  Gender: F

### Maternity, Global
- **Procedure Code:** 59400, 59510, 59610, 59618
- **ICD-10 Pairing:** None
- **Guidelines:** Frequency: N/A  
  Age Band: All  
  Gender: F

### Maternity, Initial Visit
- **Procedure Code:** 99201, 99202, 99203, 99212, 99213, 99214, 99215
- **Guidelines:** Frequency: N/A  
  Age Band: All  
  Gender: M/F

### Medical Nutrition Therapy (Telehealth)
- **Procedure Code:** G0270
- **ICD-10 Pairing:** E66.09, E66.1, E66.8, E66.9, E66.01, Z71.3, Z13.89, Z87.891, Z82.49, Z71.3, Z13.89, Z13.220
- **Guidelines:** Frequency: 2x/year  
  Age Band: All  
  Gender: M/F
<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Newborn screening, hypothyroidism      | 84437, 84443                    | None           | **Frequency:** 1x/year  
**Age Band:** 0-100 days  
**Gender:** M/F |
| Newborn screening, PKU                | 84030                           | None           | **Frequency:** 1x/year  
**Age Band:** 0-100 days  
**Gender:** M/F |
| Newborn screening, sickle cell disease| 83020                           | None           | **Frequency:** 1x/year  
**Age Band:** 0-100 days  
**Gender:** M/F |
| Obesity screening and interventions    | 97802, 97803, 97904, 0942, G0447, 9470, G0270, G0271, G0473  | E66.09, E66.1, E66.8, E66.9, E66.01, Z71.3, Z13.89 | **Frequency:** 4x/year  
**Age Band:** All  
**Gender:** M/F |
| Osteoporosis screening                 | 76977, 77078, 77080, 77081, 77085, G0130  | Z13.820       | **Frequency:** Every 23 months  
**Age Band:** 60+ years  
**Gender:** F |
| 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 |
**Age Band:** All  
**Gender:** F |
## Preventive Service Procedure Code ICD-10 Pairing Guidelines

### Pregnancy, blood count
- **Provider:**
- **Guidelines:**
  - **Frequency:** Unlimited
  - **Age Band:** All
  - **Gender:** F

### Pregnancy, Hepatitis B screening
- **Provider:**
- **Guidelines:**
  - **Frequency:** Unlimited
  - **Age Band:** All
  - **Gender:** F

### Pregnancy, Rh (D) typing
- **Provider:**
- **Guidelines:**
  - **Frequency:** Unlimited
  - **Age Band:** All
  - **Gender:** F

### Pregnancy screening panel
- **Provider:**
- **Guidelines:**
  - **ICD-10 Pairing:** None
  - **Frequency:** 1x/year
  - **Age Band:** All
  - **Gender:** F
# A Provider’s Guide to Preventive Health Services for Your Patients
## (Commercial Plans Only)

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually transmitted infections, counseling</td>
<td>G0445</td>
<td>None</td>
<td><strong>Frequency:</strong> 2x/year&lt;br&gt;<strong>Age Band:</strong> 12 years and over&lt;br&gt;<strong>Gender:</strong> M/F</td>
</tr>
<tr>
<td>Smoking cessation (individual &amp; group counseling)</td>
<td>99406, 99407</td>
<td>Z87.891, F17.200, F17.201, F17.210, F17.211, F17.290, F17.291</td>
<td><strong>Frequency:</strong> 8x/year&lt;br&gt;<strong>Age Band:</strong> All&lt;br&gt;<strong>Gender:</strong> M/F</td>
</tr>
<tr>
<td>Smoking cessation (telephone counseling)</td>
<td>98966, 98967, 98968</td>
<td>Z87.891, F17.200, F17.201, F17.210, F17.211, F17.290, F17.291</td>
<td><strong>Frequency:</strong> 8x/year&lt;br&gt;<strong>Age Band:</strong> All&lt;br&gt;<strong>Gender:</strong> M/F</td>
</tr>
<tr>
<td>Sterilization</td>
<td>58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264</td>
<td>None</td>
<td><strong>Frequency:</strong> N/A&lt;br&gt;<strong>Age Band:</strong> All&lt;br&gt;<strong>Gender:</strong> F</td>
</tr>
<tr>
<td>Sterilization (Ancillary services)</td>
<td>00851, 88302, 88305, 0250, 0258, 0270, 0271, 0272, 0278, 0279, 0370, 0710</td>
<td>Z30.012, Z30.2, Z30.49, Z30.8, Z98.51</td>
<td><strong>Frequency:</strong> N/A&lt;br&gt;<strong>Age Band:</strong> All&lt;br&gt;<strong>Gender:</strong> F</td>
</tr>
<tr>
<td>Sterilization (follow-up services)</td>
<td>74740, 76830, 76857</td>
<td>Z30.012, Z30.2, Z30.49, Z30.8, Z98.51</td>
<td><strong>Frequency:</strong> 2x/lifetime&lt;br&gt;<strong>Age Band:</strong> All</td>
</tr>
<tr>
<td>Syphilis screening</td>
<td>86592, 86593, 86780, 87164, 87166, 87285</td>
<td>None</td>
<td><strong>Frequency:</strong> 1x/year&lt;br&gt;<strong>Age Band:</strong> All&lt;br&gt;<strong>Gender:</strong> M/F</td>
</tr>
<tr>
<td>TB testing</td>
<td>86580</td>
<td>None</td>
<td><strong>Frequency:</strong> 1x/year&lt;br&gt;<strong>Age Band:</strong> 0-21 years&lt;br&gt;<strong>Gender:</strong> M/F&lt;br&gt;<strong>Comment:</strong> PCP only</td>
</tr>
<tr>
<td>IMMUNIZATION^</td>
<td>PROCEDURE CODE</td>
<td>ICD-10 PAIRING</td>
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<tr>
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<tr>
<td>Immunization administration</td>
<td>90460, 90461, 90471, 90472, 90473, 90474</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>90719</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP)</td>
<td>90700</td>
<td>None</td>
<td></td>
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<tr>
<td>Diphtheria, tetanus (Td)</td>
<td>90718</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis (Tdap), age 7 or older</td>
<td>90715</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DTaP-HepB-IPV)</td>
<td>90723</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis, HIB (DTaP-HIB)</td>
<td>90721</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)</td>
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<tr>
<td>Diphtheria preservative free, tetanus (Td), age 7 or older</td>
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<td>DTAP-IPV</td>
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<tr>
<td>Hepatitis A</td>
<td>90632, 90633, 90634</td>
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<td>Hepatitis A/Hepatitis B Combo</td>
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<td>Hepatitis B</td>
<td>90739, 90740, 90743, 90744, 90746, 90747</td>
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<td>Hepatitis B/HIB Combo</td>
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<tr>
<td>Herpes Zoster Vaccine</td>
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<tr>
<td>HIB (Hemophilus influenza b)</td>
<td>90647, 90648</td>
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<td>HPV (Human Papillomavirus) Vaccine</td>
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<td>Influenza (flu) Vaccine</td>
<td>90653, 90656, 90658, 90672, 90674, 90682, 90685, 90686, 90687, 90688, 90756, 90689</td>
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<tr>
<td>Influenza (flu) Vaccine, 90662 (Fluzone High Dose)</td>
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<tr>
<td>Measles-Mumps-Rubella (MMR) Virus Immunization</td>
<td>90707</td>
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<tr>
<td>Measles-Mumps-Rubella-Varicella (MMRV)</td>
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<tr>
<td>Measles-Rubella Immunization</td>
<td>90708</td>
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</table>

^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](https://www.cdc.gov/vaccines/schedules/hcp/ncdvac-schedule-child-adolescent.html) and CDC’s [Adult Immunization Schedule](https://www.cdc.gov/vaccines/hcp/immunization-schedules/adults.html).
### A Provider’s Guide to Preventive Health Services for Your Patients

(Commercial Plans Only)

<table>
<thead>
<tr>
<th>Immunization Type</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
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<tbody>
<tr>
<td>Meningitis Vaccine</td>
<td>90620, 90621, 90733, 90734</td>
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<tr>
<td>Meningitis-HIB Vaccine</td>
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<td>Pneumococcal Vaccine, 13 valent</td>
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<td>Pneumococcal Vaccine, over age 2 and adult</td>
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<tr>
<td>Poliomyelitis, inactivated (IPV) Immunization</td>
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<td>Rotavirus Vaccine</td>
<td>90680, 90681</td>
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<td>Rubella Immunization</td>
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<td>Varicella</td>
<td>90716</td>
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<tr>
<td>Zoster (shingles)</td>
<td>90750</td>
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</table>

### Pharmacy

#### Aspirin for the prevention of cardiovascular disease
- Coverage of over-the-counter generic aspirin (≤ 325mg) when prescribed by a physician
- Members <60 years of age

#### 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

#### 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

#### Cholesterol/Statin Prevention
- 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.
- For Members 40 – 75 years of age
### PHARMACY

#### Contraceptives

- Diaphragms
- Mirena, Kyleena (intrauterine device)
- Generic oral contraceptives
- Generic emergency contraceptives

**Comment:** Please see [Connecticare’s Drug Lists](#) for more information.

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#### Folic acid supplements for women of child-bearing age

- Coverage of generic folic acid supplements (0.4mg through 0.8mg strengths only) with no cost-share when prescribed by a physician
- For females through 50 years of age

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#### Oral fluoride supplements for children

- Coverage of generic oral dosage forms of fluoride supplements (≤ 0.5mg/day) with no cost-share when prescribed by a physician
- For children between 0 and 5 years of age

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#### 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