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**
- Preventive screenings and counseling

**Specific Preventive Screenings**
- Abdominal Aortic Aneurysm (AAA) screening
- Alcohol screening
- Autism, psychosocial/behavioral and developmental screening
- Breast cancer, counseling for genetic screening
- Breast cancer, genetic testing (BRCA)
- Breast feeding support
- Breast pumps
- Breast pump supplies
- 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 Cancer screening
- 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
- Physical Therapy for fall prevention
- Pregnancy, bacteriuma screening
- Pregnancy, blood count
- 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)
- 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 (DT)
- 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, tetanus, pertussis (DTP)
- Diphtheria, tetanus, pertussis HIB (DTP-
  HIB)
- 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 Immunization
- Measles-Mumps-Rubella (MMR) Virus
  Immunization
- Measles-Mumps-Rubella-Varicella
  (MMRV)
- Measles-Rubella Vaccination
- Meningitis Vaccine
- Meningitis-HIB Vaccine
- Mumps Immunization
- Pneumococcal Vaccine, 7 valent
- Pneumococcal Vaccine, 13 valent
- Pneumococcal Vaccine, over age 2 and
  adult
- Poliomyelitis, inactivated (IPV)
  Immunization
- Rotavirus Vaccine
- Rubella Immunization
- Varicella

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
- Vitamin D supplements for fall prevention
# A Provider’s Guide to Preventive Health Services for Your Patients
*(Commercial Plans Only)*

## Preventive Service

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Preventive screenings and counseling                                              | 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  
  Gender: M/F  

<table>
<thead>
<tr>
<th>Preventive Service</th>
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<th>Guidelines</th>
</tr>
</thead>
</table>
| Abdominal Aortic Aneurysm (AAA) screening                                         | 76706          | Z87.891       | Frequency: 1x/lifetime  
  Age Band: 65-75 years  
  Gender: M  

## Preventive Service

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
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<th>Guidelines</th>
</tr>
</thead>
</table>
| Alcohol screening                                                                 | 99408, 99409, G0396, G0397, G0442, G0443 | Z13.89     | Frequency: 1x/year  
  Age Band: All  
  Gender: M/F  

## Preventive Service

<table>
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<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
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<th>Guidelines</th>
</tr>
</thead>
</table>
| Autism, psychosocial/behavioral and developmental screening                       | 96110, 96127   | None          | Frequency: 1x/year  
  Age Band: 0-21 years  
  Gender: M/F  
  Comment: PCP only  

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<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age Band: All</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Breast cancer, genetic testing (BRCA)</td>
<td>81211, 81212, 81213,</td>
<td>None</td>
<td>Frequency: N/A</td>
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<tr>
<td></td>
<td>81214, 81215, 81216,</td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td>81217</td>
<td></td>
<td>Gender: F</td>
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<tr>
<td>Breast feeding support</td>
<td>99501, 99502, 97802,</td>
<td>Z39. 1</td>
<td>Frequency: 8x/year</td>
</tr>
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<td></td>
<td>97803</td>
<td></td>
<td>Age Band: All</td>
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<tr>
<td></td>
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<td>Gender: F</td>
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<tr>
<td>Breast pumps</td>
<td>E0602, E0603, E0604</td>
<td>None</td>
<td>Frequency: One per 10 rolling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Age Band: All</td>
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<tr>
<td></td>
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<td></td>
<td>Gender: F</td>
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<tr>
<td>Breast pump supplies</td>
<td>A4281, A4282, A4283,</td>
<td>None</td>
<td>Frequency: Unlimited</td>
</tr>
<tr>
<td></td>
<td>A4284, A4285, A4286</td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Gender: F</td>
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<tr>
<td>Chlamydia screening</td>
<td>86631, 86632, 87110,</td>
<td>Z34.00–Z34.03, Z34.80–Z34.83,</td>
<td>Frequency: 1x/year</td>
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<tr>
<td></td>
<td>87140, 87270, 87320,</td>
<td>Z34.90–Z34.93, Z33.1, O09.00–</td>
<td>Age Band: All</td>
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<tr>
<td></td>
<td>87490, 87491, 87492,</td>
<td>O09.03, O09.291, O09.40–O09.43,</td>
<td>Gender: F</td>
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<tr>
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<td>87800, 87801, 87810</td>
<td>O09.211–O09.213, O09.219, O09.291–</td>
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<td></td>
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<td>O09.293, O09.299, O09.30–O09.33,</td>
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<td>O09.511–O09.513, O09.519, O09.521–</td>
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<td>O09.523, O09.529, O09.611–O09.613,</td>
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<td>O09.619, O09.621–O09.623, O09.629,</td>
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<td>O09.811–O09.813, O09.819, O09.821–</td>
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<td>O09.823, O09.829, O09.70–O09.73,</td>
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<td>O09.891–O09.893, O09.899, O09.90–</td>
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<td></td>
<td></td>
<td>O09.93, Z11.8</td>
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<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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<td>---------------------------------</td>
</tr>
<tr>
<td>Colonoscopy, pre-procedure screening with a gastroenterologist</td>
<td>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</td>
<td>Z01.818</td>
<td>Frequency: 1x/year</td>
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<td></td>
<td></td>
<td></td>
<td>Age Band: 50-75 years</td>
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<tr>
<td></td>
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<td>Gender: MF</td>
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<tr>
<td>Colon cancer screening (Ancillary services)</td>
<td>00812, 98305, 0270, 0271, 0272, 0370, 0710</td>
<td>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</td>
<td>Frequency: 1x/year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age Band: 50-75 years</td>
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<tr>
<td></td>
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<td></td>
<td>Gender: MF</td>
</tr>
<tr>
<td>Colon cancer screening (Procedures)</td>
<td>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</td>
<td>None</td>
<td>Frequency: 1x/year</td>
</tr>
<tr>
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<td></td>
<td>Age Band: 50-75 years</td>
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<tr>
<td></td>
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<td></td>
<td>Gender: MF</td>
</tr>
<tr>
<td>Colon cancer screening (Lab test–stool for occult blood, Cologuard)</td>
<td>82270, 82274, 81528</td>
<td>None</td>
<td>Frequency: 1x/year</td>
</tr>
<tr>
<td></td>
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<td>Age Band: 50-75 years</td>
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<td></td>
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<td></td>
<td>Gender: MF</td>
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<tr>
<td></td>
<td></td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Gender: F</td>
</tr>
<tr>
<td>Contraceptive counseling and treatment (Emergency)</td>
<td>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 0450</td>
<td>Z30.012</td>
<td>Frequency: Unlimited</td>
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<tr>
<td></td>
<td></td>
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<td>Age Band: All</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Gender: F</td>
</tr>
</tbody>
</table>
### Preventive Service: Contraceptive methods

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

### Preventive Service: Contraceptive methods (Ancillary services)

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

### Preventive Service: Dental Caries Prevention

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 99188 | None | **Frequency:** Unlimited  
**Age Band:** 0-5 years  
**Gender:** M/F |

### Preventive Service: Depression screening

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| G0444 | Z13.89 | **Frequency:** 1x/year  
**Age Band:** 12 years and over  
**Gender:** M/F |

### Preventive Service: Diabetes screening

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 82947, 82948, 82950, 82962, 83036 | Z13.1 | **Frequency:** 1x/year  
**Age Band:** All  
**Gender:** M/F |

### Preventive Service: Diabetes screening, gestational

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 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, | **Frequency:** 2x/year  
**Age Band:** All  
**Gender:** F |
# Preventive Services for Your Patients

## Preventive Service | Procedure Code | ICD-10 Pairing | Guidelines
--- | --- | --- | ---
**Dietary Counseling**<br>(Individuals with hyperlipidemia, cardiovascular risk factors) | 97802, 97803, 97804, G0446, S9470, 0942 | Z87.891, Z82.49, Z71.3, Z13.89, Z13.220 | Frequency: 1x/year  
Age Band: All  
Gender: M/F

## Gonorrhea Screening | 87590, 87591, 87592, 87850 | None | Frequency: 1x/year  
Age Band: All  
Gender: F

## Gynecological Exam | 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 | None | Frequency: Unlimited  
Age Band: All  
Gender: F

## Hearing Screening | 92551, 92552, 92553, 92558, 92568, 92585, 92586, 0470, 0471, 0479 | Z00.121, Z00.129, Z00.00, Z00.01 | Frequency: 1x/year  
Age Band: 0-21 years  
Gender: M/F  
Comment: PCP only

## 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
<table>
<thead>
<tr>
<th>Preventive Service</th>
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<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 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                                                                  |
| Mammography                              | 77067, 0401, 0403 | Z12.31, Z12.39 | Frequency: 1x/year
Age Band: 40+ years
Gender: F                                                                    |
| Maternity, antepartum/prenatal care      | 59425, 59426   | None          | Frequency: N/A
Age Band: All
Gender: F                                                                    |

A Provider’s Guide to Preventive Health Services for Your Patients (Commercial Plans Only)
# A Provider’s Guide to Preventive Health Services for Your Patients
*(Commercial Plans Only)*

## Preventive Service: Maternity, Global
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 59400, 59510, 59610, 59618 | None | Frequency: N/A  
Age Band: All  
Gender: F |

## Preventive Service: Maternity, initial visit
<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 | 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, C00.01–C00.03, C00.09, C00.30–C00.33, C00.039, C00.041–C00.043, C00.049, C00.091–C00.093, C00.099, C00.101–C00.103, C00.109, C00.111–C03.113, C00.119, C00.121–C03.123, C00.129, C00.191–C00.193, C00.199, C00.201–C00.203, C00.209, C00.211–C00.213, C00.219, C00.221–C00.223, C00.229, C00.291–C00.293, C00.299, C00.801–C00.803, C00.809, C00.811–C00.813, C00.819, C00.821–C00.823, C00.829, C00.891–C00.893, C00.899 | Frequency: N/A  
Age Band: All  
Gender: F |

## Preventive Service: Medical Nutrition Therapy (Telehealth)
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
Age Band: All  
Gender: M/F |

## Preventive Service: Newborn screening, hypothyroidism
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 84437, 84443 | None | Frequency: 1x/year  
Age Band: 0-100 days  
Gender: M/F |

## Preventive Service: Newborn screening, PKU
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 84030 | None | Frequency: 1x/year  
Age Band: 0-100 days  
Gender: M/F |
# Provider’s Guide to Preventive Health Services for Your Patients

**Commercial Plans Only**

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Procedure Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Newborn screening, sickle cell disease</td>
<td>83020</td>
<td>None</td>
<td>Frequency: 1x/year Age Band: 0-100 days Gender: M/F</td>
</tr>
<tr>
<td>Obesity screening and interventions</td>
<td>97802, 97803, 97804, 0942, G0447, S9470, G0270, G0271, G0473</td>
<td>E66.0, E66.1, E66.8, E66.9, E66.01, Z71.3, Z13.89</td>
<td>Frequency: 4x/year Age Band: All Gender: M/F</td>
</tr>
<tr>
<td>Osteoporosis screening</td>
<td>76977, 77078, 77080, 77081, 77085, G0130</td>
<td>Z13.820</td>
<td>Frequency: Every 23 months Age Band: 60+ years Gender: F</td>
</tr>
<tr>
<td>Pap smear</td>
<td>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</td>
<td>None</td>
<td>Frequency: 1x/year Age Band: All Gender: F</td>
</tr>
<tr>
<td>Preventive Service</td>
<td>Procedure Code</td>
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<td>Guidelines</td>
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<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Pregnancy screening panel—includes Hepatitis B, blood count, Rh (D) and syphilis</td>
<td>80055, 80081</td>
<td>None</td>
<td>Frequency: 1x/year Age Band: All Gender: F</td>
</tr>
<tr>
<td>Sexually transmitted infections, counseling</td>
<td>G0445</td>
<td>None</td>
<td>Frequency: 2x/year Age Band: 12 years and over Gender: 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>Frequency: 8x/year Age Band: All Gender: M/F</td>
</tr>
</tbody>
</table>
# A Provider’s Guide to Preventive Health Services for Your Patients
*(Commercial Plans Only)*

## 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:  
Gender: M/F

**Sterilization** | 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 | None | Frequency: N/A  
Age Band:  
Gender: F

**Sterilization (Ancillary services)** | 00851, 88302, 88305, 0250, 0258, 0270, 0271, 0272, 0278, 0279, 0370, 0710 | Z30.012, Z30.2, Z98.51 | Frequency: N/A  
Age Band:  
Gender: F

**Syphilis screening** | 86592, 86593, 86780, 87164, 87166, 87285 | None | Frequency: 1x/year  
Age Band:  
Gender: MF

**TB testing** | 86580 | None | Frequency: 1x/year  
Age Band: 0-21 years  
Gender: MF  
Comment: PCP only

**Latent Tuberculosis Screening** | 86480, 86580 | Z00.121, Z00.129, Z11.1, Z20.1 | Frequency: 1x/year  
Age Band:  
Gender: M/F

**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.

<table>
<thead>
<tr>
<th>IMMUNIZATION^</th>
<th>PROCEDURE CODE</th>
<th>ICD-10 PAIRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization administration</td>
<td>90460, 90461, 90471, 90472, 90473, 90474</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>90719</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP)</td>
<td>90700</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus (Td)</td>
<td>90718</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (Tdap), age 7 or older</td>
<td>90715</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DTaP-HepB-IPV)</td>
<td>90723</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis, HIB (DTaP-HIB)</td>
<td>90721</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)</td>
<td>90698</td>
<td>None</td>
</tr>
<tr>
<td>Diphtheria preservative free, tetanus (Td), age 7 or older</td>
<td>90714</td>
<td>None</td>
</tr>
<tr>
<td>DTaP-IPV</td>
<td>90696</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>90632, 90633, 90634</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A/Hepatitis B Combo</td>
<td>90636</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>90739, 90740, 90743, 90744, 90746, 90747</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis B/HIB Combo</td>
<td>90748</td>
<td>None</td>
</tr>
<tr>
<td>Herpes Zoster Vaccine</td>
<td>90736</td>
<td>None</td>
</tr>
<tr>
<td>HIB (Hemophilus influenza b)</td>
<td>90647, 90648</td>
<td>None</td>
</tr>
<tr>
<td>HPV (Human Papillomavirus) Vaccine</td>
<td>90649, 90650, 90651</td>
<td>None</td>
</tr>
<tr>
<td>Influenza (flu) Vaccine</td>
<td>90630, 90653, 90656, 90658, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90756</td>
<td>None</td>
</tr>
<tr>
<td>Influenza (flu) Vaccine</td>
<td>90662 (Fluzone High Dose)</td>
<td>None</td>
</tr>
<tr>
<td>Measles Immunization</td>
<td>90705</td>
<td>None</td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR) Virus Immunization</td>
<td>90707</td>
<td>None</td>
</tr>
<tr>
<td>Measles-Mumps-Rubella-Varicella (MMRV)</td>
<td>90710</td>
<td>None</td>
</tr>
<tr>
<td>Measles-Rubella Immunization</td>
<td>90708</td>
<td>None</td>
</tr>
<tr>
<td>Meningitis Vaccine</td>
<td>90620, 90621, 90733, 90734</td>
<td>None</td>
</tr>
<tr>
<td>Meningitis-HIB Vaccine</td>
<td>90644</td>
<td>None</td>
</tr>
</tbody>
</table>
### Immunization

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Procedure Code</th>
<th>ICD-10 Pairing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal Vaccine, 13 valent</td>
<td>90670</td>
<td>None</td>
</tr>
<tr>
<td>Pneumococcal Vaccine, over age 2 and adult</td>
<td>90732</td>
<td>None</td>
</tr>
<tr>
<td>Poliomyelitis, inactivated (IPV) Immunization</td>
<td>90713</td>
<td>None</td>
</tr>
<tr>
<td>Rotavirus Vaccine</td>
<td>90680, 90681</td>
<td>None</td>
</tr>
<tr>
<td>Rubella Immunization</td>
<td>90706</td>
<td>None</td>
</tr>
<tr>
<td>Varicella</td>
<td>90716</td>
<td>None</td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td>90750</td>
<td>None</td>
</tr>
</tbody>
</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/hcp/lns/adult-immschedule-2023.pdf) and CDC’s [Adult Immunization Schedule](https://www.cdc.gov/vaccines/hcp/adult-immunization-schedule/).

### 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

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

**Comment:** Please see [ConnectiCare’s Drug Lists](https://www.connecticare.com/ProviderPortal) for more information.
### PHARMACY

| 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 |

| 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 |

| 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 |

| Vitamin D supplements for fall prevention | • Coverage of generic oral prescription and generic over-the-counter single entity vitamin D2, D3 products and combination products that also contain calcium, with Vitamin D doses of ≤ 1,000 IU per dosage form with no cost-share when prescribed by a physician  
• For men and women ages 65 and older |