

Preventive Care/Screening - Commercial

Indications for Coverage

Introduction:

EmblemHealth 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.

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- 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.*

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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](#)

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General Preventive Screenings and Counseling:

Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Preventive Screening Examination and Counseling Services	99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	All	Frequency: One procedure code/member/year Ages: All	
	Well Child Visits: 99391, 99392	All	Frequency: (see note) Ages: 0-23 months	Well Child Visits: <ul style="list-style-type: none"> • 11 well baby visits from birth to 23 months • 2 well baby visits
	96160, 96161	All	Frequency: One procedure code/member/year Ages: All	
	Preventive Medicine, Individual: 99401, 99402, 99403, 99404	All	Frequency: One procedure code/member/year Ages: All	
	Preventive Medicine, Group: 99411, 99412	All	Frequency: One procedure code/member/year Ages: All	
Obesity in Children and Adolescents: Screening	Medical Nutrition Therapy: 97802, 97803, 97804 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404	Obesity: E66.01, E66.09, E66.1, E66.9	Frequency: 1x/year	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

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Weight Loss to Prevent Obesity-related Morbidity and Mortality in Adults: Behavioral Interventions	Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404	Body Mass Index 30.0-39.9: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 Body Mass Index 40.0 and over: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Obesity: E66.01, E66.09, E66.1, E66.8, E66.9	Frequency: 12x/year	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
Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions		See Appendix I below		

Specific 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	Frequency: 1x/lifetime Ages: 65-75 years	
Alcohol Screening	99408, 99409	Z13.89	Frequency: 1x/year Ages: All	
Autism / Formal Developmental Screening	96110	Z00.121, Z00.129, Z13.41, Z13.42, Z13.49, Z13.89	Frequency: 1x/year Ages: 0-3 years	
Anemia Screening in Children	85014, 85018	Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	Frequency: 1 x/year Ages: Prenatal to 21 years	



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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Breast cancer (BRCA) Genetic testing Counseling/evaluation	96040	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	Frequency: 1/per lifetime Ages: All	
Breast Cancer, Genetic Testing (BRCA)	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	Frequency: 1/per lifetime Ages: All	**Prior authorization requirements may apply**
Breast Feeding/Lactation Support	99501, 99502, S9443	All	Frequency: Unlimited Ages: All	
Breast Pumps	E0602, E0603		Frequency: 1x/pregnancy Ages: All	
Breast Pump Supplies	A4281, A4282, A4283, A4284, A4285, A4286			
Breast Supplemental Screening and Diagnostic Imaging	76641, 76642, 77046, 77047, 77048, 77049	All	Frequency: 1 x/year Ages: All	
Breast Tomosynthesis	77061, 77062, 77063* <i>*use in addition to mammography codes</i>	All	Frequency: 1 x/year Ages: 35 years and over	
Mammography Screening	77063, 77067	Z12.31, Z12.39	Frequency: 1x/year Ages: 35+ years	
Chlamydia Screening	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810	Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z75.53 See Appendix II below	<u>Frequency:</u> Screening: 1x/year Pregnancy: 3x/year	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Colon Cancer Screening (Anesthesia and Ancillary Services)	00812	All	Frequency: Once every 5 years Ages: 45-75 years	
Colon Cancer Screening	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	Z00.00, Z00.01, Z12.12, Z12.10, Z12.11, Z80.0, Z83.71, Z83.79	Frequency: Once every 5 years Ages: 45-75 years	
Screening colonoscopy pre-procedure consultations	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z01.818	Frequency: Once every 5 years Ages: 45-75 years	
Colon Cancer Screening (Pathology)	88305	Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	Frequency: Once every 5 years Ages: 45-75 years	
Colon and Colorectal Cancer Screening (Lab Test- stool for occult blood)	82270, 82274	Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	Frequency: once every 3 years Ages: 45 – 85 years	
Colorectal Cancer Screening (Cologuard® Lab Test)	81528	Z12.10, Z12.11, Z12.12, Z80.0	Frequency: once every 3 years Ages: 45 – 85 years	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Contraceptive Counseling (included in any wellness visit)	99401, 99402, 99403, 99404 (Group 1 Codes)	Group 1: Z30.02, Z30.09	Frequency: Unlimited Ages: All	
Contraceptive Management	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 (Group 2 Codes) 99281, 99282, 99283, 99284, 99285 (Group 3 Codes)	Group 2: 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 Group 3: Z30.012		
Contraceptive Methods	Diaphragm or Cervical Cap: 57170, A4261, A4266	Z30.02, Z30.8, Z30.09, Z30.011 Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.44, Z30.45, Z30.46, Z30.49	Frequency: 4x/year Age: All	
	IUDs: J7306, J7307 IUD (copper): J7300 IUD (Skyla®): J7301 IUD (Liletta®): J7297 IUD (Kyleena®): J7296 IUD (Mirena®): J7298		Frequency: 1x/year Age: All	
	J7303, J7304		Frequency: 12x/year Age: All	
	J1050-injection 96372-administration		Frequency: 4x/year Age: All	
	Implantable Devices: 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)		Frequency: 1x/year Age: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
	58300, S4981 (insertion) 58301 (removal)		Frequency: 1x/year Age: All	
Dental Caries Prevention (Oral Fluoride Varnish)	99188	All	Frequency: 2x/year Pediatrician(s) or PCP providers only	
Depression Screening including postpartum women	96127	Z13.31, Z13.32	Frequency: 1x/year Ages: 12 years and over	
Diabetes Screening	82947, 82948, 82950, 82951, 82952, 83036	Z00.00, Z00.01, Z13.1, Z86.32	Frequency: 1x/year Ages: All	
Diabetes Screening: Gestational	82947, 82948, 82950, 82951, 82952, 83036	See Appendix I below	Frequency: 2x/year Ages: All	



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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Dietary Counseling (Individuals Who are Overweight or Obese and Have Additional Cardiovascular Risk Factors)	97802, 97803, 97804, S9470	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, 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,	Frequency: 4x/year Ages: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
		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		
Gonorrhea Screening	87590, 87591, 87592, 87801, 87850	Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	Frequency: 4x/year Ages: All	
Gynecological Exam	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	Z01.411, Z01.419	Frequency: 1x/year when provided by OB/GYN or PCP Ages: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Hearing Screening	92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651	Examination of hearing: Z01.10 Routine Child: Z00.121, Z00.129 General Exam (for 18-21yrs): Z00.00, Z00.01	Frequency: 1x/year Ages: 0 – 21 years 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	Frequency: 1x/year Ages: 18-79	
Hepatitis C Screening	86803, 86804	All	Frequency: 1x/year Ages: 18-79	
HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806	Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other (all ages): Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z72.51, Z72.52, Z72.53	Frequency: Unlimited Ages: All	
Human Papilloma Virus (HPV) Screening (DNA)	87624, 87625	Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	Frequency: 1x/year Ages: 30 years and older	
Lead Screening	83655	Z00.121, Z00.129, Z77.011	Frequency: 1x/year Ages: 0-6 years	
Lipid Screening	80061, 82465, 83718, 83719, 83721, 83722, 84478	Z00.00, Z00.01, Z13.220	Frequency: 1x/year Ages: All	
Lung Cancer Screening	71271	F17.200, F17.201, F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891, Z12.2	Frequency: 1x/year Ages: 50-80 years	



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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Maternity, antepartum/prenatal care	59425, 59426	All	Frequency: N/A Ages: All	
Maternity, Global	59400, 59510, 59610, 59618	All	Frequency: N/A Ages: All	
Maternity, initial visit	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	See Appendix II below	Frequency: N/A Age: All	
Newborn Screening: Hypothyroidism	84437, 84443	All	Frequency: 1x/year Ages: 0-3 months	
Newborn Screening: PKU	84030, S3620	All	Frequency: 1x/year Ages: 0-3 months	
Newborn Screening: Sickle Cell Disease	83020, 83021, 83051	All	Frequency: 1x/year Ages: 0-3 months	
Osteoporosis Screening	76977, 77080, 77081	Z00.00, Z00.01, Z13.820, Z82.62	Frequency: 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	Frequency: 1x/3 year Ages: 21-65	
Pregnancy, Bacteriuria Screening	81007, 87086, 87088	See Appendix I below	Frequency: Unlimited Ages: All	
Pregnancy, Blood Count	85025, 85027	See Appendix I below	Frequency: Unlimited Ages: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Pregnancy, Obstetric panel (includes HIV testing)	80081	All	Frequency: 1x/year Ages: All	
Pregnancy, Hepatitis B Screening	87340, 87341	All	Frequency: 1x/year Ages: All	
Pregnancy, Rh (D) Typing	86901	All	Frequency: Unlimited Ages: All	
Pregnancy Screening Panel – Includes Hep B, Blood Count, Rh (D), Syphilis	80055	All	Frequency: 1x/year Ages: All	
PrEP Monitoring and Ongoing Laboratory Testing <i>Cost share is waived for the USPSTF schedule of testing.</i>	Creatinine: 82565, 82575 (3x per year) Pregnancy Screening: 81025, 84702, 84703 (unlimited – for individuals of childbearing potential) HIV Screening: 86689, 86701, 86702, 86703, 67389, 87390, 87391, 87806 (unlimited) STI Screening: 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) Urinalysis: 81002, 81003, 81005 (1x per year) PrEP Visits: 99202-99215	Initial Visit: Z20.6 AND Z20.2 Second and Subsequent visits: Z20.6 AND Z20.2 AND Z79.899 Additional Testing codes that should be appended as applicable: Z01.812, Z11.3, Z11.4, Z11.59, Z20.5, Z77.21	Frequency: See frequency limitation in each section Ages: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
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	Frequency: 8x/year Ages: All	
Sterilization	58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264	All	Frequency: N/A Age: All	
Sterilization and Ancillary Services	00851, 88302, 88305, 74740, 76830, 76857 Applicable Revenue Codes: 0250, 0258, 0270, 0271, 0272, 0278, 0279, 0370, 0710	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	Frequency: N/A Ages: All	
Sterilization (follow –up services)	74740, 76830, 76857	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	Frequency: 2x/lifetime Ages: All	
Syphilis Screening	86592, 86593	Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	Frequency: 4x/year Ages: All	
TB Testing	86480, 86481, 86580	R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1	Frequency: 1x/year Ages: All	
Venipuncture & Capillary Blood Specimen	36415, 36416	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419	Frequency: 1x/year Ages: All	Member cost share is waived when reported with an associated preventive service vaccine code listed within this table.

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Vision Screening in Children	Visual Acuity Screening 99173	Z00.121, Z00.129, Z01.00, Z01.01	Frequency: 1x/year Ages: 0-21 years	
	Instrument-Based Screening: 99174, 99177	Z00.121, Z00.129, Z01.00, Z01.01	Frequency: 1x/year Ages: 1-4 years	

Appendix:

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

	Appendix I: Pregnancy Screenings, including gestational diabetes ICD-10 Code Pairings
	Appendix II: Maternity Screening ICD-10 Codes

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](#).

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Immunization administration	Adult: 90471, 90472, 90473, 90474 Pediatric: 90460, 90461, 90471 Both: 90471, 90472, 90473 90474	N/A	All	Provider must adhere to FDA/CDC age/frequency/gender guideline. Adult: 21 years+ Pediatric: 0-21 (ends on 21st birthday)
Diphtheria, tetanus (DT)	90702	N/A	All	Ages: Younger than 7 years
Diphtheria, tetanus, acellular pertussis (DTaP)	90700	Daptacel®, Infanrix®	All	Ages: Younger than 7 years

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Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DtaP-HepB-IPV)	90723	Pediatrix®	All	Ages 0-6 years (ends on 7 th birthday)
Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV)	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 5 th birthday)
Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP- HIB-IPV)	90698	Daptacel®, Infanrix®	All	Ages 0-4 years (ends on 5 th birthday)
Tetanus and diphtheria, preservative free, tetanus	90714 (Td)	Tenivac®, Decavac®	All	Ages: 7 years or older
	90715 (Tdap)	Adacel®, Boostrix®		
Hepatitis A	90632	Havrix®, VAQTA®	All	Adult (21 years+)
	90636	Twinrix®		Adult (21 years+)
	90633	Havrix®, VAQTA®		Pediatric (birth to 21 – ends on 21 st birthday)
	90634	Havrix®		Pediatric (birth to 21 – ends on 21 st birthday)



Preventive Care/Screening - Commercial

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Hepatitis B	90739	HEPLISAV-B®	All	Ages: 21 and older
	90740	Recombivax HB®		Adult (21 years+) Pediatric (birth to 21)
	90743	Recombivax HB®		Adolescent only (11 to 21; ends on 21 st birthday)
	90744	Recombivax HB®, Engerix-B®		Pediatric (birth to 21 – ends on 21st birthday)
	90746	Recombivax HB®, Engerix-B®		Adult (21 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 th birthday)
	90650	N/A		9-26 years (ends on 27 th birthday)
	90651*	Gardasil9®		9-26 years (ends on 27 th birthday) <i>* coverage is allowed through age 45 (46th birthday) however cost share applies</i>
Influenza (flu) Vaccine	Effective 8/01/2021-7/31/2022		All	
	90662	High Dose Fluzone®		Adult: Ages 65 and older

Preventive Care/Screening - Commercial

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
	90672	Flumist® (LAIV4)		Adult and Pediatric: Ages 2-49 years (ends on 50th birthday)
	90674	Flucelvax® Quadrivalent		Ages 2 years and older
	90682	Flublok Quadrivalent®		Ages 18 and older
	90685 / 90687	Afluria® Quadrivalent, Fluzone Quadrivalent®		Pediatric: Ages 6-35 months
	90686	Alfluria® Quadrivalent (.5 ml PFS),		Adult and 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	Alfluria® 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-preserved free/ 5ml MDV))		Adult and Pediatric: Ages 2 years and over
	Effective 8/01/2020-7/31/2021			
	90653	Fluad®	All	Adult: Ages 65 and older

Preventive Care/Screening - Commercial

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
	90654	Fluzone® Intradermal Trivalent		Adult: Ages 18-64 (ends on 65 th birthday)
	90662	High Dose Fluzone®		Adult: Ages 65 and older
	90672	Flumist® (LAIV4)		Adult and Pediatric: Ages 2-49 years (ends on 50 th birthday)
	90674	Flucelvax® Quadrivalent		Ages 18 years and older
	90682	Flublok Quadrivalent®		Ages 18 and older
	90685	Afluria® Quadrivalent, Fluzone Quadrivalent®		Pediatric: Ages 6-35 months
	90686	Alfluria® Quadrivalent, FluLaval Quadrivalent®, Fluzone Quadrivalent®		Adult and Pediatric: Ages 6 months and older
	90688	Alfluria® Quadrivalent, FluLaval 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 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 th birthday)

Preventive Care/Screening - Commercial

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
(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; For applicable age see code description.
	90733	Menomune®		Adult (21 years+) Pediatric (birth to 21)
	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)
Polio (IPV)	90713	Ipol®	All	Adult (21 years+) Pediatric (birth to 21)
Rotavirus (RV1, RV5)	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)	90736	Zostavax®	All	Ages: 60 years and older
	90750	Shingrix®		Ages: 50 and older

Preventive Care/Screening - Commercial

Revision History:

Date	Revision:
10/01/2021	<ul style="list-style-type: none">• Chlamydia Screening updated to include ICD-10 Codes Z11.3, Z11.4, Z11.8 and Z11.9• 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
9/2021	<ul style="list-style-type: none">• Updated to include 2021-2022 Influenza vaccines; (90653 & 90654 removed effective 8/01/2021)
8/2021	<ul style="list-style-type: none">• Updated PrEP Monitoring and Ongoing Lab Testing effective 9/17/2021
7/2021	<ul style="list-style-type: none">• Updated policy template and expanded "Indications for Coverage" content.• Comprehensive review was performed, and policy updated to align with USPSTF, CDC, Bright Futures and HRSA recommendations/guidelines.• Effective 10/01/2021