

## EmblemHealth Preventive Care/Screening Services Exempt from Cost-Share

The Affordable Care Act (ACA) requires non-grandfathered health plans in the individual and group markets to cover certain preventive/screening care services received from in-network providers, in full, without member cost-sharing (i.e., without co-pay, deductible and/or co-insurance). In general, eligible services include preventive/screening care services which have received an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF) or have been set forth in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), as well as immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics “Bright Futures” guidelines. For additional information about these guidelines and recommendation, please click on the link(s) below:

<http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

<http://bphc.hrsa.gov/policiesregulations/preventiveguide.html>

<http://www.cdc.gov/vaccines/acip/>

<https://brightfutures.aap.org/Pages/default.aspx>

### Instructions to Providers for Coding Claims for ACA Mandated Preventive Care Services:

In order to help EmblemHealth properly identify and accurately process claims for ACA-mandated preventive/screening care services, providers are asked to follow the coding guidelines and instructions below when submitting claims for these services to the following EmblemHealth companies: Group Health Incorporated (“GHI”), Health Insurance Plan of Greater New York (“HIP”) and HIP Insurance Company of New York (“HIPIC”).

- I) Annual Preventive Care Medical Evaluation
  - A. Preventive Medicine Visits should be reported with the appropriate patient age and gender specific procedure code from the 99381 through 99397 AMA CPT Code range.
  - B. The associated preventive/screening ICD-10 diagnosis code (e.g., Z00.00, Z00.01) should be entered into the first claim diagnosis field.
- II) Preventive/Screening Colonoscopy
  - A. Services provided by the in-network endoscopist, anesthesiologist and pathologist associated with an in-network preventive/screening colonoscopy are eligible for coverage without member cost-sharing.

- B. With the understanding that a preventive/screening colonoscopy may become diagnostic or therapeutic due to unforeseen findings, the AMA CPT Code that most accurately represents the procedure performed should be reported.
- C. The appropriate preventive/screening ICD-10 diagnosis code (e.g., Z12.11) should be entered into the first claim diagnosis field.
- D. Anesthesia services should be reported with any specific findings entered into the first claim diagnosis field. The second claim diagnosis code should be reported with the appropriate preventive/screening ICD diagnosis code (e.g., Z12.11). CPT code 00812 **MUST** be used if the screening colonoscopy becomes a diagnostic colonoscopy and/or if the screening colonoscopy is stopped due to poor preparation and a sigmoidoscopy is done. While modifier 33 may be reported along with the anesthesia CPT code, it is not used in making preventive care benefit determinations; EmblemHealth considers the procedure and diagnosis codes when determining whether preventive care benefits apply. Pathology services should be reported with the appropriate screening ICD diagnosis code (e.g., Z12.11) entered into the first claim diagnosis field.

III) All Other Preventive/Screening Services (e.g., Screening Mammography, LipidProfile)

- A. Eligible preventive screening services should be reported with the appropriate screening ICD diagnosis code (e.g., Z12.39, Z00.00, and Z00.01) and entered into the first claim diagnosis field.

**EmblemHealth Preventive Care/Screening Services Table:**

<b>Important Notes</b>	<ul style="list-style-type: none"> <li>• ACA-mandated preventive care/screening services are exempt from cost-sharing ONLY when performed within the health plan network under HMO.</li> <li>• Coverage is subject to all terms, conditions, limitations and exclusions of the members EmblemHealth plan.</li> <li>• This table represents criteria established by Federal and State agencies to determine when services are considered preventive. Any services listed below rendered outside of those defined parameters may be subject to member cost share.</li> </ul>
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<b>Sections</b>	<p>Click on the appropriate link to view the list of preventive services.</p> <ul style="list-style-type: none"> <li>• <a href="#">General Preventive Screenings and Counseling</a></li> <li>• <a href="#">Specific Screenings</a></li> <li>• <a href="#">Immunizations</a></li> </ul>
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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Guidelines	Comment
Preventive Screening Examination and Counseling Services	99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	All	<u>Frequency:</u> One procedure code/member/year <u>Ages:</u> All	
	99391, 99392	All	<u>Frequency:</u> (see note) <u>Ages:</u> 0-23 months	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 of 2 to 3</li> </ul>
	96160, 96161	All	<u>Frequency:</u> One procedure code/member/year <u>Ages:</u> All	
	99401, 99402, 99403, 99404	All	<u>Frequency:</u> One procedure code/member/year <u>Ages:</u> All	
	G0513, G0514	All	<u>Frequency:</u> One procedure code/member/year <u>Ages:</u> All	

Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Guidelines	Comment
Abdominal Aortic Aneurysm (AAA) Screening	76706	F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z13.6, Z87.891	<u>Frequency:</u> 1x/lifetime <u>Ages:</u> 65-75 years <u>Gender:</u> M	

Alcohol Screening	99408, 99409, G0396, G0397, G0442, G0443	Z13.89	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F	
Autism, Psychosocial/Behavioral and Developmental Screening	96110, 96127	Z00.121, Z00.129, Z13.89, Z13.41 Z13.42	<u>Frequency:</u> 1x/year <u>Ages:</u> 0 – 21 years <u>Gender:</u> M/F	
Anemia (General)	85025	Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z00.5, Z00.70, Z00.71, Z00.8	<u>Frequency:</u> 1 x/year <u>Ages:</u> All <u>Gender:</u> M/F	
Breast Cancer Genetic Counseling	96040	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	<u>Frequency:</u> 1/per lifetime <u>Ages:</u> All <u>Gender:</u> M/F	
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	<u>Frequency:</u> 1/per lifetime <u>Ages:</u> All <u>Gender:</u> M/F	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.
Breast Feeding/Lactation Support	99501, 99502, S9443	All	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F	
Breast Pumps	E0602, E0603, E0604	All	<u>Frequency:</u> 1 x/year <u>Ages:</u> All <u>Gender:</u> F	
Breast Pump Supplies	A4281, A4282, A4283, A4284, A4285, A4286	All	<u>Frequency:</u> 1 x/year <u>Ages:</u> All <u>Gender:</u> F	
Breast Supplemental Screening and Diagnostic Imaging	76641, 76642, 77046, 77047, 77048, 77049	None	<u>Frequency:</u> 1 x/year <u>Ages:</u> All <u>Gender:</u> F	

Breast Tomosynthesis	77061, 77062, 77063, G0279	None	<u>Frequency:</u> 1 x/year <u>Ages:</u> 35 years and over <u>Gender:</u> F	
Chlamydia Screening	86631, 86632, 87110, 87140, 87270, 87320, 87490, 87491, 87492, 87800, 87801, 87810	All	<u>Frequency:</u> 4x/year <u>Ages:</u> All <u>Gender:</u> F	
Colon Cancer Screening (Anesthesia and Ancillary Services)	00812	All	<u>Frequency:</u> Once every 5 years <u>Ages:</u> 45-75 years <u>Gender:</u> M/F	
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	<u>Frequency:</u> Once every 5 years <u>Ages:</u> 45 – 75 years <u>Gender:</u> M/F	
Screening colonoscopy pre- procedure consultations	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z01.818	<u>Frequency:</u> Once every 5 years <u>Ages:</u> 45 – 75 years <u>Gender:</u> M/F	
Colon Cancer Screening (Pathology)	88305	Z00.00, Z00.01, Z12.12, Z12.10, Z12.11, Z80.0, Z83.71, Z83.79	<u>Frequency:</u> once every 5 years <u>Ages:</u> 45 – 75 years <u>Gender:</u> M/F	

Colon and Colorectal Cancer Screening (Stool For Occult Blood – Lab Test)	82270, 82274	Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	<u>Frequency:</u> once every 5 years <u>Ages:</u> 45 – 75 years <u>Gender:</u> M/F
Colorectal Cancer Screening (Cologuard ® Lab Test)	81528	Z12.10, Z12.11, Z12.12, Z80.0	<u>Frequency:</u> once every 3 years <u>Ages:</u> 45 – 85 years <u>Gender:</u> M/F
Contraceptive Counseling	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285	Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.44, Z30.46, Z30.49, Z30.8, Z30.9	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F
Contraceptive Methods	A4261, A4266	All	<u>Frequency:</u> 4X/year <u>Ages:</u> All <u>Gender:</u> F
	A4264	All	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F
	J7296, J7297, J7298, J7300, J7301, J7306, J7307, S4981, S4989	Z30.09, Z30.013, Z30.014, Z30.018, Z30.019, Z30.430, Z30.431, Z30.433, Z30.40, Z30.42, Z30.49, Z97.5	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F
	J7303, J7304	Z30.013, Z30.014, Z30.018, Z30.019, Z30.40	<u>Frequency:</u> 12X/year <u>Ages:</u> All <u>Gender:</u> F
	J7306, J7307	Z30.017	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F

Contraceptive Methods (cont.)	J1050	Z30.42, Z30.49	<u>Frequency:</u> 4x/year <u>Ages:</u> All <u>Gender:</u> F	
	S4993	Z30.011	<u>Frequency:</u> 12X/year <u>Ages:</u> All <u>Gender:</u> F	
	11976, 11980, 11981, 11982, 11983	Z30.019, Z30.49	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F	
	58300, 58301	Z30.014, Z30.430, Z30.431, Z30.432, Z30.433, T83.39XA	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F	
	58562	T19.3XXA, T83.31XA, T83.32XA, T83.39XA, Z30.432, Z30.433	<u>Frequency:</u> 1X/year <u>Ages:</u> All <u>Gender:</u> F	
Creatinine (HIV PrEP)	82565, 82575	Z01.812, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z77.21, Z79.899	<u>Frequency:</u> 3X/year <u>Ages:</u> All <u>Gender:</u> M/F	
Dental Caries Prevention (Oral Fluoride Varnish)	99188	All	<u>Frequency:</u> 2x/year <u>Ages:</u> 0 – 5 years <u>Gender:</u> M/F	Pediatrician(s) or PCP providers only
Depression Screening	G0444, 96127	Z13.31, Z13.32	<u>Frequency:</u> 1x/year <u>Ages:</u> 12 years and over <u>Gender:</u> M/F	
Developmental Screening	96110, G0451	Z13.89, Z13.41, Z13.42	<u>Frequency:</u> 1x/year <u>Ages:</u> up to age 18 <u>Gender:</u> M/F	

Diabetes Screening	82947, 82948, 82950, 82951, 82952, 83036	Z00.00, Z00.01, Z13.1, Z86.32	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F
Diabetes Screening: Gestational	82947, 82948, 82950, 82951, 82952, 83036	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521 O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.A0, O09.A1, O09.A2, O09.A3, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9	<u>Frequency:</u> 2x/year <u>Ages:</u> All <u>Gender:</u> F
Dietary Counseling (Individuals Who are Overweight or Obese and Have Additional Cardiovascular Risk Factors)	97802, 97803, 97804, S9470	E08.00-E13.9, E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81, I10, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, I70.0-I70.91, N26.2, O10.011, O10.012, 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, R73.10	<u>Frequency:</u> 4 x/year <u>Ages:</u> All <u>Gender:</u> M/F

Fall Prevention	1100F, 1101F, 3288F (Note: No additional reimbursement is made for Measurement codes)	Z51.89, Z72.3, Z72.9, Z73.9	<u>Frequency: Unlimited</u> <u>Age Band: 65+</u> <u>Gender: M/F</u>	
Folic Acid Daily Supplementation for Women planning for pregnancy	J0640	All	<u>Frequency: 1x/day</u> <u>Ages: All</u> <u>Gender: F</u>	
Gonorrhea Screening	87590, 87591, 87592, 87850	All	<u>Frequency: 4x/year</u> <u>Ages: All</u> <u>Gender: M/F</u>	
Gynecological Exam	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	Z01.411, Z01.419	<u>Frequency: 1x/year</u> when provided by OB/Gyn or PCP <u>Ages: All</u> <u>Gender: F</u>	
Hearing Screening	92551, 92552, 92553, 92568, 92585, 92586	Z00.00, Z00.01, Z01.10, Z01.12, Z00.121, Z00.129	<u>Frequency: 1x/year</u> <u>Ages: 0 – 21 years</u> <u>Gender: M/F</u>	
Hepatitis B Screening	86704, 86706, 87340, 87341, G0499	All	<u>Frequency: 1x/year</u> <u>Ages: All</u> <u>Gender: M/F</u>	
Hepatitis C Screening	86803, 86804	All	<u>Frequency: 1x/year</u> <u>Ages: 18-79</u> <u>Gender: M/F</u>	
HIV Testing	Serology: 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806	All	<u>Frequency: Unlimited</u> <u>Ages: All</u> <u>Gender: M/F</u>	
	Assays: 87534, 87535, 87636, 87537, 87538, 87539, S3645	All	<u>Frequency: 4x/year</u> <u>Ages: All</u> <u>Gender: M/F</u>	

HIV Screening	G0432, G0433, G0435, G0445, G0475	Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.4, Z11.59, Z20.6, Z22.6, Z22.8, Z22.9, Z71.7	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> M/F	
Human Papilloma Virus (HPV) Screening	87623, 87624, 87625	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419, Z11.51, Z12.4	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> F	
Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests (paid when billed by a laboratory only)	G0476	Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	<u>Frequency:</u> 5x/year <u>Ages:</u> 30 - 65 <u>Gender:</u> F	
Lead Screening	83655	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419, Z13.88, Z77.011	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-6 years <u>Gender:</u> M/F	
Lipid Screening	80061, 82465, 83718, 83719, 83721, 84478	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.70, Z00.71, Z00.8, Z01.411, Z01.419, Z13.220, Z13.6, Z13.228, Z13.818	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F	
Lung Cancer Screening	71250, 71271, G0296, <del>G0297</del> (deleted 12/31/2020)	F17.200, F17.201, F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891, Z12.2	<u>Frequency:</u> 1x/year <u>Ages:</u> 55 + <u>Gender:</u> M/F	
Mammography Screening	77067	Z12.31, Z12.39	<u>Frequency:</u> 1x/year <u>Ages:</u> 35+ years <u>Gender:</u> F	
Newborn Screening: Hearing	92558	All	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-3 months <u>Gender:</u> M/F	
Newborn Screening: Hypothyroidism	84437, 84443	All	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-3 months <u>Gender:</u> M/F	

Newborn Screening: PKU	84030, S3620	Z13.0, Z13.21, Z13.228, Z13.29	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-3 months <u>Gender:</u> M/F	
Newborn Screening: Sickle Cell Disease	83020, 83021, 83051, S3850	Z13.0, Z13.21, Z13.228, Z13.29	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-3 months <u>Gender:</u> M/F	
Osteoporosis Screening	76977, 77078, 77080, 77081, 77085, G0130	All	<u>Frequency:</u> Every 23 months <u>Ages:</u> 60+ years <u>Gender:</u> F	
Pap Smear	87081, 87205, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, Q0091	Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z12.4, Z12.72, Z12.79, Z12.89, Z77.110, Z77.111, Z77.112, Z77.118, Z77.122, Z77.123, Z77.128, Z77.21, Z77.22, Z77.9, Z91.82, Z91.89, Z92.89	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> F	
Pregnancy, Bacteriuria Screening	81007, 87086, 87088	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521 O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.A0, O09.A1, O09.A2, O09.A3, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F	

Pregnancy, Blood Count	85025, 85027	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.A0, O09.A1, O09.A2, O09.A3, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F
Prostate Cancer Screening	84152, 84153, 84154	Z12.5	<u>Frequency:</u> 1x/year <u>Ages:</u> 40+ years <u>Gender:</u> M
Obstetric panel (includes HIV testing)	80081	All	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> F
Pregnancy, Hepatitis B Screening	87340, 87341	All	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> F
Pregnancy, Rh (D) Typing	86901	All	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F
Pregnancy Screening Panel – Includes Hep B, Blood Count, Rh (D), Syphilis	80055	All	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> F
Pregnancy Screening (HIV PrEP)	81025, 84702, 84703	Z01.812, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z77.21, Z79.899	<u>Frequency:</u> Unlimited <u>Ages:</u> All <u>Gender:</u> F

<p>PrEP Monitoring and Ongoing Laboratory Testing</p> <p><i>Cost share is waived for the USPSTF schedule of testing.</i></p> <p><i>Effective 9/17/2021</i></p>	<p>Creatinine: 82565, 82575 (3x per year)</p> <p>Pregnancy Screening: 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><u>Frequency:</u> See frequency limitation in each section</p> <p><u>Ages:</u> All</p>	
<p>Sexually Transmitted Infections, Counseling</p>	<p>G0445</p>	<p>All</p>	<p><u>Frequency:</u> 2x/year</p> <p><u>Ages:</u> 12 years and over</p> <p><u>Gender:</u> F</p>	
<p>Smoking Cessation (Individual and Group Counseling)</p>	<p>99406, 99407</p>	<p>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, F17.298, F17.299, F17.891</p>	<p><u>Frequency:</u> 8x/year</p> <p><u>Ages:</u> All</p> <p><u>Gender:</u> M/F</p>	
<p>Sterilization and Ancillary Services</p>	<p>00851, 58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, 74740, 88302, 88305</p>	<p>Z30.2, Z98.51</p>	<p><u>Frequency:</u> 1 per lifetime</p> <p><u>Ages:</u> All</p> <p><u>Gender:</u> F</p>	

Syphilis Screening	86592, 86593, 86780, 87164, 87166, 87285	All	<u>Frequency:</u> 4x/year <u>Ages:</u> All <u>Gender:</u> M/F	
TB Testing	86480, 86580	R76.11, R76.12, Z00.121, Z00.129, Z11.1, Z20.1	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F	
Urinalysis (HIV PrEP)	81002, 81003, 81005	Z01.812, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z77.21, Z79.899	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F	
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	<u>Frequency:</u> 1x/year <u>Ages:</u> All <u>Gender:</u> M/F	Member cost share is waived when reported with an associated preventive service vaccine code listed within this table.
Vision Screening in Children	99172, 99173	Z00.121, Z00.129, Z01.00, Z01.01	<u>Frequency:</u> 1x/year <u>Ages:</u> 0-21 years <u>Gender:</u> M/F	
	99174, 99177	Z00.121, Z00.129, Z01.00, Z01.01	<u>Frequency:</u> 1x/year <u>Ages:</u> 1-4 years <u>Gender:</u> M/F	

Preventive Immunizations	Procedure Code	ICD-10 Diagnosis Codes	Guidelines	Comment
Immunization administration	90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus (DT)	90702	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus, acellular pertussis (DTaP)	90700	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus, acellular pertussis (Tdap), age 7 or older	90715	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DtaP-HepB-IPV)	90723	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age	90696	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP-HIB-IPV)	90698	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Diphtheria preservative free, tetanus (Td), age 7 or older	90714, 90715	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Hepatitis A	90632, 90633, 90634	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	

Hepatitis A/Hepatitis B Combo	90636	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.
Hepatitis B	90739, 90740, 90743, 90744, 90746, 90747, G0010	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.
Hepatitis B/HIB Combo	90748	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.
Herpes Zoster Vaccine	90736, 90750	All	<u>Frequency:</u> Unlimited <u>Ages:</u> 50+ years <u>Gender:</u> M/F
HIB (Hemophilus influenza b)	90647, 90648	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.
HPV (Human Papillomavirus) Vaccine	90649, 90650, 90651	All	<u>Frequency:</u> Unlimited <u>Age Band:</u> 9-26 years <u>Gender:</u> M/F
Influenza (flu) Vaccine	<b>Effective 8/01/2021-7/31/2021:</b> 90662, 90672, 90674, 90682, 90685, 90687, 90686, 90688, 90694, 90756	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.
	90653, 90654, 90662, 90672, 90674, 90682, 90685, 90686, 90687, 90688, 90694, 90756, Q2034, Q2035, Q2036, Q2037, Q2038		

Measles-Mumps-Rubella (MMR) Virus Immunization	90707	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Measles-Mumps-Rubella-Varcella (MMRV)	90710	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Meningitis Vaccine	90733, 90734	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Meningococcal Vaccine	90620, 90621	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Meningitis-HIB Vaccine	90644	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Pneumococcal Vaccine, 13 valent	90670, G0009	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Pneumococcal Vaccine—Over age 2 and adult	90732, G0009	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Poliomyelitis, inactivated (IPV) Immunization	90713	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Rotavirus Vaccine	90680, 90681	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Rubella Immunization	Rubella susceptibility serology CPT code 86762.	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	

Varicella	90716	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	
Zoster	90750	All	Provider must adhere to FDA/CDC age/frequency/gender guideline.	