EmblemHealth

Preventive Care/Screening – Commercial and Medicaid

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 (ACIP).*
- 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.
- 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.

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- Except where there are state mandates, a grandfathered plan might include member cost sharing or exclude some of the preventive care services identified under PPACA.
- Refer to the member specific benefit plan document for details on how benefits are covered under a grandfathered plan

Preventive vs. Diagnostic Services:

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

Preventive services are those performed on a person who:

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

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

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

Covered Breastfeeding Equipment:

Personal-use electric breast pump:

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

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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.
- Correct Coding Guidelines apply to services listed below.
- ***EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules. Codes that are not included on the Medicaid fee schedule(s) will be denied.***

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
Revision History

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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	99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397	All	Frequency: One procedure code/member/year Ages: All	
	Well Child Visits: 99381, 99382, 99391, 99392	All	Frequency: 11 per year Ages: 0-23 months Frequency: 2 per year Ages: 2-3 Frequency: 1 per year Ages: 4 years or older	
	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	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
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, E66.811, E66.812, E66.813, E66.89, E66.9	Frequency: 4x/year	*ICD-10 Code **deleted** effective **10/1/2024**: E66.8* *ICD-10 Codes **added effective 10/1/2024:** E66.811, E66.812, E66.813, E66.89* 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, E66.811, E66.812, E66.813, E66.89, 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: Pregnancy Screenings, including gestational diabetes ICD-10 Codes below*		

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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, 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: 2x/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	
Breast cancer (BRCA) Genetic testing Counseling/evaluation	99401. 99402, 99403, 99404 ***Effective 1/1/2025*** 96040 ***Deleted code effective 1/1/2025***	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		Frequency: Unlimited Ages: All	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Breast Pumps	E0602, E0603	All	Frequency: 1x/pregnancy Ages: All	
Breast Pump Supplies ***Effective 1/1/2023***	A4281, A4282, A4283, A4284, A4285, A4286, A4288* **New Code Effective 10/1/2025*			
	A4287	Z39.1	Frequency: 200 units per 30 days Ages: All	
Breast Supplemental Screening and Diagnostic Imaging	76641, 76642, 77046, 77047, 77048, 77049	All	Frequency: 1 x/year Ages: All	
Breast Tomosynthesis	77061, 77062, 77063* **use in addition to mammography codes*	All	Frequency: 1 x/year Ages: 35 years and over	
Mammography- Diagnostic and Screening	77063, 77065, 77066, 77067	Z12.31, Z12.39	Frequency: 1x/year Ages: 35+ years	
Chlamydia Screening	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87494*, 87801, 87810, **0455U*** *New code 87494 effective 1/1/2026* **Chlamydia and Gonorrhea combined testing **effective 1/1/2026***	**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 Appendices Below for Pregnancy, Maternity Screening ICD-10 Codes*	Frequency: 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)	00811, 00812, 88305	D12.0–D12.6, D12.7–D12.9, D13.91, D13.99, 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, K63.5, K92.1, K92.2, Z12.12, Z12.10, Z12.11, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.038, Z85.048, Z86.0100, Z86.0101, Z86.0102, Z86.0109, V87.19, Z87.19	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	Z00.00, Z00.01, Z12.12, Z12.10, Z12.11, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	Frequency: Once every 5 years Ages: 45-75 years	
Colon Cancer Screening (CT Colonography)	74263	Z00.00, Z00.01, Z12.12, Z12.10, Z12.11, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	Frequency: Once every 5 years Ages: 45-75 years	/

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Screening colonoscopy pre-procedure consultations	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Z01.818, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	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, Z83.710, Z83.711, Z83.718, Z83.719, 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, Z83.710, Z83.711, Z83.718, Z83.719, 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	
Colorectal Cancer Screening (Cologuard Plus™ Lab Test)	0464U ***(effective 9/01/2025)***	Z12.10, Z12.11, Z12.12, Z80.0	Frequency: once every 3 years Ages: 45 – 85 years	
Colorectal Cancer Screening (Colosense™, Guardant Health)	0421U ***(effective 1/01/2027)***	Z12.10, Z12.11, Z12.12, Z80.0	Frequency: once every 3 years Ages: 45 – 85 years	
Colorectal Cancer Screening; (Shield™, Guardant Health)	0537U ***(effective 1/1/2026)***	Z12.11, Z12.12	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		

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
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	
	J7294, J7295 J7304		Frequency: 12x/year Age: All	
	J1050-injection 96372-administration		Frequency: 4x/year Age: All	
	Contraceptive Pills: S4993 ***(For plans with pharmacy benefits only)***		Frequency: 12x/year Age: All	
	Implantable Devices: 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)		Frequency: 1x/year Age: All	
	58300, S4981 (insertion) 58301 (removal)		Frequency: 1x/year Age: All	
Dental Caries Prevention (Oral Fluoride Varnish)	99188	All	Frequency: 2x/year Age: 0-5 years *Pediatrician(s) or PCP providers only*	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Depression Screening/Anxiety Screening including postpartum individuals	96127	Z13.31, Z13.32, Z13.39	Frequency: 1x/year Ages: 12 years and older	
		Z13.31, Z13.32, Z13.39	Frequency: 2x/year Ages: 8 years thru 12th birthday	
Diabetes Screening (Adults)	82947, 82948, 82950, 82951, 82952, 83036	Z00.00, Z00.01, Z13.1, Z86.32	Frequency: 1x/year Ages: 18 years and over	
Diabetes screening (Children)	82947, 82948, 82950, 82951, 82952, 83036	Z13.1	Frequency: 1x/year Ages: 0-17 years	*As per USPSTF, asymptomatic children and adolescents younger than 18 years is considered Grade I Recommendation*
Diabetes Screening: Gestational	82947, 82948, 82950, 82951, 82952, 83036	*See Appendix I: Pregnancy Screenings, including gestational diabetes ICD-10 Codes below*	Frequency: 3x/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 **Preventive Medicine Individual Counseling:** 99401, 99402, 99403, 99404	E08.00-E13.9, E66.09, E66.1, E66.2, E66.3, E66.811, E66.812, E66.813, E66.89, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.41, E78.49, E78.5, E88.810, E88.811, E88.818, E88.819, 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	87494*, 87590, 87591, 87592, 87801, 87850, **0455U*** *New code 87494 effective 1/1/2026* **Chlamydia and Gonorrhea combined testing **effective 1/1/2026***	**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 *See Appendices Below for Pregnancy, Maternity Screening ICD-10 Codes*	Frequency: Screening: 4x/year *Pregnancy: 3x/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	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Human Papilloma Virus (HPV) Screening (DNA)	87624, 87625, 87626	Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	Frequency: 1x/year Ages: 30 years to 65 years	
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	
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: Maternity Screening ICD-10 Codes 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	

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Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
Newborn Screening: Sickle Cell Disease	83020, 83021, 83051	All	Frequency: 1x/year Ages: 0-3 months	
Osteoporosis Screening ***(effective until 12/31/2025)***	76977, 77080, 77081	Z00.00, Z00.01, Z13.820, Z82.62	Frequency: Every 23 months Ages: 60 years and older	
Osteoporosis Screening ***(effective 1/1/2026)***	76977, 77080, 77081	All	Frequency: Every 24 months Ages: 65 years and older	
Osteoporosis Screening, individuals with history of fragility fractures ***(effective 1/1/2026)***	76977, 77080, 77081	Z87.310 **AND** Z13.820	Frequency: Every 24 months Ages: 40-65 years old	
Pap Smear	88141,88142, 88143, 88147,88148, 88150, 88152,88153, 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: Pregnancy Screenings, including gestational diabetes ICD-10 Codes below*	Frequency: Unlimited Ages: All	
Pregnancy, Blood Count	85025, 85027	*See Appendix I: Pregnancy Screenings, including gestational diabetes ICD-10 Codes 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	*See Appendix I: Pregnancy Screenings, including gestational diabetes ICD-10 Codes below*	Frequency: 1x/year Ages: All	
Pregnancy, Rh (D) Typing	86901	*See Appendix I: Pregnancy Screenings, including gestational diabetes ICD-10 Codes below*	Frequency: Unlimited Ages: All	
Pregnancy Screening Panel – Includes Hep B, Blood Count, Rh (D), Syphilis	80055	All	Frequency: 1x/year Ages: All	
PrEP Counseling and Administration Services **Effective 1/01/2024**	**Antiretroviral Therapy Injection:** *Administration Code*: G0012 *Injection cabotegravir, 1mg*: J0739 **Counseling for PrEP to Prevent HIV:** G0011, G0013	Z29.81	**Frequency**: Unlimited **Ages:** All	

Preventive Care/Screening – Commercial and Medicaid

Preventive Service	Procedure Code	ICD-10 Diagnosis Codes	Preventive Benefit Instructions	Comment
PrEP Monitoring and Ongoing Laboratory Testing *Cost share is waived for the USPSTF schedule of testing.*	**Creatinine:** 82565, 82575 (3x per year) **Pregnancy Screening:** 81025, 84702, 84703 (unlimited – for individuals of childbearing potential) **HIV Screening:** 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 (unlimited) **STI Screening** (4x per year): 86592, 86593, 86631, 86632, 86780, 87110, 87140, 87164, 87166, 87285, 87270, 87320, 87490, 87491, 87492, 87494*, 87590, 87591, 87592, 87800, 87801, 87810, 87850, **0455U*** *New code 87494 effective 1/1/2026* **(*Chlamydia & Gonorrhea combined testing) effective 1/1/2026** **Urinalysis:** 81002, 81003, 81005 (1x per year) **PrEP Visits:** 99202-99215	***For visits before 10/01/2023*** **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 ***For visits on or after 10/01/2023*** **ALL PrEP visits must be appended with: Z29.81** **Additional Testing codes that should be appended as applicable:** Z01.812, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z77.21	Frequency: *See frequency limitation in each section* Ages: All	

Preventive Care/Screening – Commercial and Medicaid

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, Z87.891	Frequency: 8x/year Ages: All	
Sterilization	58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264	Z30.012, Z30.2, Z30.49, Z30.8, Z98.51	Frequency: N/A Age: All	
Sterilization and Ancillary Services	00851, 88302, 88305	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	

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Preventive Care/Screening – Commercial and Medicaid

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

Preventive Care/Screening – Commercial and Medicaid

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, 90480	N/A	All	Provider must adhere to FDA/CDC age/frequency guideline. **Adult:** 21 years+ **Pediatric:** 0-21 (ends on 21st birthday)
Immunization Counseling (without vaccine administration on same date of service)	90482*, 90483*, 90484* *New codes effective 1/1/2026*			
COVID-19 vaccine and administration	**90480** *(Admin code)*	N/A	Z23	Provider must adhere to FDA/CDC age/frequency guideline.
	90481 *(Admin code- used in conjunction with 90480)* *New code effective 1/1/2026*	N/A		
	91304	Novavax		
	91319	Pfizer-BioNTech		
	91320	Pfizer-BioNTech		
	91321	Moderna		
	91322	Moderna		
	91323	Moderna		

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Dengue	90587	Dengvaxia®	All	Provider must adhere to FDA/CDC age/frequency guidelines.
Diptheria, tetanus (DT)	90702	N/A	All	Ages: Younger than 7 years
Diptheria, tetanus, acellular pertussis (DTaP)	90700	Daptacel®, Infanrix®	All	Ages: Younger than 7 years
Diptheria, tetanus, acellular pertussis, Hepatitis B, polio (DtaP-HepB-IPV)	90723	Pediatrix®	All	Ages 0-6 years (ends on 7th 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 5th birthday)
Diptheria, tetanus, acellular pertussis, HIB, polio (DTaP- HIB-IPV)	90698	Daptacel®, Infanrix®	All	Ages 0-4 years (ends on 5th birthday)
Tetanus and diphtheria, preservative free, tetanus	90714 (Td)	Tenivac®, Decavac®	All	Ages: 7 years or older
	90715 (Tdap)	Adacel®, Boostrix®		

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Hepatitis A	90632	Havrix®, VAQTA®	All	Adult (21 years+)
	90636	Twinrix®		Adult (21 years+)
	90633	Havrix®, VAQTA®		Pediatric (birth to 21 – ends on 21st birthday)
	90634	Havrix®		Pediatric (birth to 21 – ends on 21st birthday)
Hepatitis B	90739	HEPLISAV-B®	All	Ages: 21 and older
	90740	Recombivax HB®		Adult (21 years+) Pediatric (birth to 21)
	90743	Recombivax HB®		Adolescent only (11 to 21; ends on 21st 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®		

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
HPV (Human Papillomavirus) Vaccine	90649	Gardisil®	All	9-26 years (ends on 27th birthday)
	90650	N/A		9-26 years (ends on 27th birthday)
	90651*	Gardasil9®		9-26 years (ends on 27th birthday) **coverage is allowed through age 45 (46th birthday) however cost share applies*
Influenza (flu) Vaccine	**Effective 8/01/2026-7/31/2027**		All	
	90616	mFLUSIVA Trivalent (0.38 ml)		Adult: 50 years and older
	90653	Fluad (IIV3) (0.5 ml SDS)		Adult: 65 years & older
	90656	Fluarix (IIV3) (0.5 ml SDS) FluLaval (IIV3) (0.5 ml SDS) Fluzone (IIV3) (0.5 ml SDS & SDV)		Adult and Pediatric: Ages 6 months and older
	90657	Fluzone (IIV3) (5.0 mL multi-dose vial (0.25 mL dose))		Pediatric: Ages 6-35 months
	90658	Fluzone (IIV3) (5.0 ml MDV 0.5 ml dose)		Adult and Pediatric: Ages 6 months and older

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
	90660	FluMist (LAIV3) (0.2 ml single-use nasal spray)		Adult and Pediatric: Ages 2-49 years (ends on 50th birthday)
	90661	Flucelvax (ccIIV3) (0.5 ml SDS)		Adult and Pediatric: Ages 6 months and older
	90662	Fluzone High-Dose (HD-IIV3) (0.5 ml SDS)		Ages 65 and older
	90673	Flublok (RIV3) (0.5ml SDS)		Ages 9 and older
	Q2039	Influenza virus vaccine, not otherwise specified		Ages 18 and older
	Effective 8/01/2025-7/31/2026		All	
	90653	Fluad (aIIV3) (0.5ml SDS)		Adult: Ages 65 and older
	90656	Afluria (IIV3) (0.5ml SDS)		Pediatric: Ages 3 years and older
		Fluarix (IIV3) (0.5ml SDS) FluLaval (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDS) Fluzone (IIV3) (0.5ml SDV)		Ages 6 months and older
	90657	Afluria (IIV3) (5ml MDV) Fluzone (IIV3) (5ml MDV)		Pediatric: Ages 6-35 months

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
	90658	Afluria (IIV3) (5ml MDV)		Pediatric: Ages 3 years and older
		Fluzone (IIV3) (5ml MDV)		Ages 6 months and older
	90660	Flumist® (LAIV3) (0.2 ml single-use nasal spray)		Adult and Pediatric: Ages 2-49 years (ends on 50th birthday)
	90661	Flucelvax (ccIIV3) (0.5ml SDS) Flucelvax (ccIIV3) (5ml MDV)		Adult and Pediatric: Ages 6 months and older
	90662	Fluzone High-Dose (HD-IIV3) (0.5ml SDS)		Ages 65 and older
	90673	Flublok (RIV3) (0.5ml SDS)		Ages 9 and older
	Q2039	Influenza virus vaccine, not otherwise specified		Ages 18 and older
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 13th birthday)

Preventive Care/Screening – Commercial and Medicaid

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®		
Pneumococcal (PPSV23)	90670	Prevnar 13®	All	Adult (21 years+) Pediatric (birth to 21)
Pneumococcal conjugate	90671	Vaxneuvance®	All	Ages: All
	90677	Prevnar20®		
	90684	CAPVAXIVE™		Adult (19 years+)
	90732	Pneumovax®		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®		

Preventive Care/Screening – Commercial and Medicaid

Preventive Immunizations	Procedure Code	Trade Name	ICD-10 Diagnosis Codes	Preventive Benefit Instructions
Respiratory Syncytial Virus (RSV) Vaccine	*Administration codes:* 96380, 96381		All	Provider must adhere to CDC/ACIP guidelines
	90380	Beyfortus™		Ages: 0-24 months (ends on 2nd birthday)
	90381	Beyfortus™		
	90678	Abrysvo™		*Provider must adhere to CDC/ACIP guidelines*
	90679	Arexvy™		
	90683	mRESVIA®		Ages 60 and older
Varicella (VAR) (“chicken pox”)	90716	Varivax®	All	Adult (21 years+) Pediatric (birth to 21)
Zoster / Shingles (HZV/ZVL, RZV)	90750	Shingrix®	All	Ages: 19 years and older

Preventive Care/Screening – Commercial and Medicaid

Revision History:

Date	Revision:
8/21/2026	• Updated to include **2026-2027 COVID-19 & Influenza Vaccines**
8/3/2026	• Correction to age range for Colorectal Cancer Screening (Shield™, Guardant Health) code 0537U to Ages 45 - 85
7/30/2026	• Addition of Colosense™ Lab Test 0421U to Colorectal Cancer Screening **effective 1/1/2027**
2/9/2026	• Updates with **effective date 1/1/2026:** ○ Addition of new CPT code 87494 to Chlamydia Screening, Gonorrhea Screening, and PrEP Monitoring and Ongoing Laboratory Testing ○ Addition of new CPT code 90481 to COVID-19 vaccine and administration ○ Addition of Immunization Counseling (without vaccine administration on same date of service) and new CPT codes 90482, 90483, 90484
10/14/2025	• Updated to add new HCPCS code A4288 to Breast Pump Supplies, **effective 10/1/2025**
9/18/2025	• Updated to include COVID vaccine 91323 **effective 8/27/2025**
9/4/2025	• Updated to include 2025-2026 Influenza Vaccines • Updates with **effective date of 1/1/2026**: ○ Added 0455U to 'Chlamydia' and 'Gonorrhea' screenings and PrEP Monitoring and Ongoing Laboratory Testing (STI Screening) ○ Added Colorectal cancer screening (Shield™, Guardant Health) code 0537U

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Preventive Care/Screening – Commercial and Medicaid

Date	Revision:
6/9/2025	• Advisory Committee on Immunization Practices (ACIP) link updated in Introduction • Clarified procedure codes and age/frequency limitations for Preventive Screening Examination and Counseling Services Well Child Visits.
4/28/2025	• Clarification added to Coverage Limitations and Exclusions that "EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules"
4/1/2025	• Addition of Cologuard Plus™ Lab Test 0464U to Colorectal Cancer Screening **effective 9/1/2025** • Updates with **effective date 1/1/2026:** o Updated ICD-10 codes and Frequency for Osteoporosis Screening o Addition of Osteoporosis Screening for individuals with history of fragility fractures
4/1/2025	• Updates to Human Papillomavirus (HPV) screening (DNA) with **effective date 1/1/2025:** o Addition of CPT code 87626 o Indicated deleted CPT code 0500T
1/15/2025	• Updates to Breast cancer (BRCA) Genetic testing Counseling/evaluation **effective 1/1/2025:** o Addition of CPT codes 99401, 99402, 99403 & 99404 o Indicated deleted CPT code 96040
12/19/2024	• Removed age requirements for Dengue vaccine CPT code 90587; provider must adhere to FDA/CDC age/frequency guidelines
10/28/2024	• Correction to age range for Influenza (flu) Vaccine 90661 to Ages 6 months and older
9/17/2024	• Updated to remove deleted ICD-10 code **effective 10/1/2024**: E66.8 • Added new ICD-10 codes **effective 10/1/2024**: E66.811, E66.812, E66.813, & E66.89
8/13/2024	• Updated to include **2024-2025 Influenza Vaccines** • Added Respiratory Syncytial Virus (RSV) Vaccine code 90683 **effective 5/31/2024.** • Added Pneumococcal Conjugate code 90684 **effective 6/17/2024.** • Added clarification on age requirements and appropriate diagnoses codes for adults and children for Diabetes Screenings based on USPSTF guidelines
3/6/2024	• Removed deleted Pap Smear code 88154

Preventive Care/Screening – Commercial and Medicaid

Date	Revision:

1/8/2024	• Updated to include PrEP Counseling and Administration Services **effective 1/1/2024:**
	  ○ Added new codes G0011, G0012, and G0013
	  ○ Added existing code J0739
	  ○ Added existing ICD-10 code Z29.81
	• Updated 'Breast Pump Supplies' with the following, **effective 1/1/2024:**
	  ○ Indicated deleted code K1005
	  ○ Added new code A4287
	• Updated 'Colonoscopy, pre-procedure screening with a gastroenterologist' with the following, **effective 6/1/2024:**
	  ○ Indicated removal of ICD-10 code Z01.818
	  ○ Added existing ICD-10 codes**:** Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, & Z83.79

12/12/2023	• Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 **effective 10/6/2023**
12/1/2023	• Updated HIV Screening code (PrEP Monitoring and Ongoing Laboratory Testing) due to typo; 67389 corrected to 87389

10/16/2023	• Updated PrEP Monitoring and Ongoing Laboratory Testing with the following, **effective 10/1/2023**:
	  • ALL PrEP visits must be appended with new ICD-10 code Z29.81
	  • Added ICD-10 codes Z20.2 & Z20.6 as Additional Testing codes that should be appended as applicable
	• Removed age requirements for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines

9/28/2023	• Updated to remove deleted ICD-10 codes **effective 10/1/2023**: E88.81 & Z83.71 • Added new ICD-10 codes **effective 10/1/2023**: E88.810, E88.811, E88.818, E88.819, Z29.81, Z83.710, Z83.711, Z83.718, & Z83.719 • Appendix I – Pregnancy: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release • Appendix II – Maternity: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release

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Preventive Care/Screening – Commercial and Medicaid

Date	Revision:

9/2023	• Updated to include **2023-2024 Influenza Vaccines**
	• Breast Pump Supplies updated to include K1005 **effective 1/1/2023**
	• Updated age group for CPT code 90677 (Prevnar20®) from Ages 19 years and older to All **effective 4/28/2023**
	• Updated to include Respiratory Syncytial Virus (RSV) vaccine codes:
	  ○ 90380 & 90381 (**effective 7/17/2023**)
	  ○ 90678 & 90679 (**effective 5/3/2023**)
	• Updated Diabetes Screening, Gestational (82947, 82948, 82950, 82951, 82952, & 83036) frequency to 3x/year **effective 1/1/2024**

6/2/2023	• Updated age group for CPT code 90671 (Vaxneuvance®) from Ages 19 years and older to Adult (21 years +) and Pediatric (birth to 21) **effective 10/01/2021**
2/16/2023	• Colon cancer screening (Anesthesia & Ancillary services) updated to include 00811
12/01/2022	• Updated to include **2022-2023 Influenza Vaccines**
11/15/2022	• **Effective 1/1/2023:** Updated 'Depression Screening (including postpartum individuals)' title to include 'Anxiety' and updated frequency from 1x/year to 2x/year and age band from 12 years and over to 8 years and over. • **Effective 1/01/2023:** Updated 'Human Papillomavirus (HPV) screening (DNA)' to include CPT Code 0500T
8/22/2022	• Updated Autism / Formal Developmental Screening (96110) frequency to 2x/year effective 1/01/2023
8/11/2022	• Updated Mammography Screening to clarify Mammography – Diagnostic and Screening and added the CPT Codes 77065 and 77066

Preventive Care/Screening – Commercial and Medicaid

Date	Revision:
6/14/2022	• Added Dengue vaccine CPT code 90587 (Dengvaxia®) to indicate: o Age Group: Pediatric o Benefit Limit: Ages 9-16 years (ends on 17th birthday) **effective 7/01/2017** • Pneumococcal Conjugate Added CPT codes 90671 (Vaxneuvance®) and 90677 (Prevnar20®) • Added coverage guidelines for CPT codes 90671 and 90677 to indicate: o Age Group: Adult o Benefit Limit: Ages 19 years and older • Zoster/Shingles (HZV/ZVL, RZV) Removed CPT code 90736 • Changed Benefit Limit (Age) for Zoster/Shingles CPT code 90750 from "50 years and older" to "19 years and older"
1/24/2022	• Updated Medical Nutrition (CPT 97802, 97803 & 97804) frequency to 4 times per year **effective 1/01/2020**
10/15/2021	• Updated to include 2 new contraceptive codes effective 10/01/2021 • Updated to indicate that contraceptive code J7303 is deleted effective 9/30/2021
10/01/2021	• 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	• Updated to include 2021-2022 Influenza vaccines; (90653 & 90654 removed effective 8/01/2021)
8/2021	• Updated PrEP Monitoring and Ongoing Lab Testing **effective 9/17/2021**
7/2021	• 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

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