

## 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](#)

## Preventive Care/Screening – Commercial and Medicaid

### 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<br>Ages: All   |         |
|  | <b>Well Child Visits:</b><br>99381, 99382, 99391, 99392               | All                    | Frequency: 11 per year<br>Ages: 0-23 months<br><br>Frequency: 2 per year<br>Ages: 2-3<br><br>Frequency: 1 per year<br>Ages: 4 years or older |         |
|  | 96160, 96161  | All                    | Frequency: One procedure code/member/year<br>Ages: All   |         |
|  | <b>Preventive Medicine, Individual:</b><br>99401, 99402, 99403, 99404 | All                    | Frequency: One procedure code/member/year<br>Ages: All   |         |
|  | <b>Preventive Medicine, Group:</b><br>99411, 99412                    | All                    | Frequency: One procedure code/member/year<br>Ages: All   |         |
|  |   |                        |  |         |

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| Preventive Service   | Procedure Code   | ICD-10 Diagnosis Codes  | Preventive Benefit Instructions | Comment  |
|--|--|---|---------------------------------|--|
| Obesity in Children and Adolescents: Screening   | <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804                        | <b>Obesity:</b> E66.01, E66.09, E66.1, <b>E66.811, E66.812, E66.813, E66.89, E66.9</b>  | Frequency: 4x/year              | <p>ICD-10 Code <b>deleted effective 10/1/2024: E66.8</b></p> <p>ICD-10 Codes <b>added effective 10/1/2024: E66.811, E66.812, E66.813, E66.89</b></p> <p>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</p> |
|  | <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404 |   |                                 |  |
| Weight Loss to Prevent Obesity-related Morbidity and Mortality in Adults: Behavioral Interventions | <u>Preventive Medicine Individual Counseling:</u> 99401, 99402, 99403, 99404 | <p><b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, <b>E66.811, E66.812, E66.813, E66.89, E66.9</b></p> | Frequency: 12x/year             | <p>ICD-10 Code <b>deleted effective 10/1/2024: E66.8</b></p> <p>ICD-10 Codes <b>added effective 10/1/2024: E66.811, E66.812, E66.813, E66.89</b></p> <p>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</p>   |

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| Preventive Service   | Procedure Code | ICD-10 Diagnosis Codes               | Preventive Benefit Instructions | Comment  |
|--|----------------|--------------------------------------|---------------------------------|--|
| Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions |                | <a href="#">See Appendix I below</a> |                                 | height in meters squared) to intensive multicomponent behavioral interventions |

### 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<br>Ages: 65-75 years |         |
| Alcohol Screening                         | 99408, 99409   | Z13.89   | Frequency: 1x/year<br>Ages: All             |         |
| Autism / Formal Developmental Screening   | 96110          | Z00.121, Z00.129, Z13.41, Z13.42, Z13.49, Z13.89     | Frequency: 2x/year<br>Ages: 0-3 years       |         |

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| Preventive Service   | Procedure Code   | ICD-10 Diagnosis Codes                       | Preventive Benefit Instructions                   | Comment   |
|--|--|--|---|---|
| Anemia Screening in Children                               | 85014, 85018   | Z00.110, Z00.111, Z00.121, Z00.129, Z13.0    | Frequency: 1 x/year<br>Ages: Prenatal to 21 years |   |
| Breast cancer (BRCA) Genetic testing Counseling/evaluation | 99401, 99402, 99403, 99404<br><b>Effective 1/1/2025</b><br><br>96040<br><b>Deleted code effective 1/1/2025</b> | Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43 | Frequency: 1/per lifetime<br>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<br>Ages: All            | <b>**Prior authorization requirements may apply**</b> |
| Breast Feeding/Lactation Support                           | 99501, 99502, S9443  | All  | Frequency: Unlimited<br>Ages: All                 |   |
| Breast Pumps   | E0602, E0603   |  | Frequency: 1x/pregnancy<br>Ages: All              |   |
| Breast Pump Supplies                                       | A4281, A4282, A4283, A4284, A4285, A4286   |  |   |   |
| <b>Effective 1/1/2023</b>                                  | A4287<br><b>New Code Effective 1/1/2024</b>  | Z39.1  | Frequency: 200 units per 30 days<br>Ages: All     |   |

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| Preventive Service                                   | Procedure Code   | ICD-10 Diagnosis Codes  | Preventive Benefit Instructions                               | Comment |
|--|--|---|---|---------|
| Breast Supplemental Screening and Diagnostic Imaging | 76641, 76642, 77046, 77047, 77048, 77049                             | All   | Frequency: 1 x/year<br>Ages: All                              |         |
| Breast Tomosynthesis                                 | 77061, 77062, 77063*<br><i>*use in addition to mammography codes</i> | All   | Frequency: 1 x/year<br>Ages: 35 years and over                |         |
| Mammography- Diagnostic and Screening                | 77063, 77065, 77066, 77067   | Z12.31, Z12.39  | Frequency: 1x/year<br>Ages: 35+ years                         |         |
| Chlamydia Screening                                  | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 | <b>Screening:</b><br><b>Adult:</b> Z00.00, Z00.01   | <u>Frequency:</u><br>Screening: 1x/year<br>Pregnancy: 3x/year |         |
|  |  | <b>Child:</b> Z00.121, Z00.129  |   |         |
|  |  | <b>Other:</b> Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z75.53<br><br><a href="#">See Appendix II below</a> |   |         |



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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, <b>Z86.0100, Z86.0101, Z86.0102, Z86.0109</b> , V87.19, Z87.19 | Frequency: Once every 5 years<br>Ages: 45-75 years | <i>ICD-10 Code <b>deleted</b> effective 10/1/2024: Z86.010</i><br><br><i>ICD-10 Codes <b>added</b> effective 10/1/2024: Z86.0100, Z86.0101, Z86.0102, Z86.0109</i> |
| 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<br>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<br>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<br>Ages: 45-75 years   | <i>ICD-10 Code removed effective 6/1/2024: Z01.818</i><br><br><i>ICD-10 Codes added effective 6/1/2024: Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79</i> |
| 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<br>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<br>Ages: 45 – 85 years |   |
| Colorectal Cancer Screening (Cologuard® Lab Test)                        | 81528   | Z12.10, Z12.11, Z12.12, Z80.0   | Frequency: once every 3 years<br>Ages: 45 – 85 years |   |
| Colorectal Cancer Screening (Cologuard Plus™ Lab Test)                   | 0464U<br><i>(effective 9/01/2025)</i>                         | Z12.10, Z12.11, Z12.12, Z80.0   | Frequency: once every 3 years<br>Ages: 45 – 85 years |   |

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| Preventive Service   | Procedure Code   | ICD-10 Diagnosis Codes  | Preventive Benefit Instructions   | Comment |
|--|--|---|-----------------------------------|---------|
| Contraceptive Counseling<br>(included in any wellness visit) | 99401, 99402, 99403,<br>99404 ( <b>Group 1 Codes</b> )   | <b>Group 1:</b> Z30.02, Z30.09  | Frequency: Unlimited<br>Ages: All |         |
| Contraceptive Management                                     | 99202, 99203, 99204,<br>99205, 99211, 99212,<br>99213, 99214, 99215<br>( <b>Group 2 Codes</b> )<br><br>99281, 99282, 99283,<br>99284, 99285 ( <b>Group 3<br/>Codes</b> ) | <b>Group 2:</b> Z30.011,<br>Z30.012, Z30.013, Z30.014,<br>Z30.015, Z30.016, Z30.017,<br>Z30.018, Z30.019, Z30.09,<br>Z30.40, Z30.42, Z30.430,<br>Z30.431, Z30.432, Z30.433,<br>Z30.44, Z30.45, Z30.46,<br>Z30.49, Z30.8, Z30.9<br><br><b>Group 3:</b> Z30.012 |                                   |         |
| Contraceptive Methods  | <b>Diaphragm or Cervical<br/>Cap:</b> 57170, A4261, A4266  | Z30.02, Z30.8, Z30.09,<br>Z30.011 Z30.012, Z30.013,   | Frequency: 4x/year<br>Age: All    |         |

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| Preventive Service                               | Procedure Code   | ICD-10 Diagnosis Codes  | Preventive Benefit Instructions  | Comment |
|--|--|---|--|---------|
|  | <b>IUDs:</b> J7306, J7307<br>IUD (copper): J7300<br>IUD (Skyla®): J7301<br>IUD (Liletta®): J7297<br>IUD (Kyleena®): J7296<br>IUD (Mirena®): J7298  | Z30.014, Z30.015, Z30.016,<br>Z30.017, Z30.018, Z30.019,<br>Z30.40, Z30.42, Z30.430,<br>Z30.431, Z30.432, Z30.433,<br>Z30.44, Z30.45, Z30.46,<br>Z30.49 | Frequency: 1x/year<br>Age: All   |         |
|  | J7294, J7295<br>J7304  |   | Frequency: 12x/year<br>Age: All  |         |
|  | J1050-injection<br>96372-administration  |   | Frequency: 4x/year<br>Age: All   |         |
|  | <b>Contraceptive Pills:</b><br>S4993<br><i>(For plans with pharmacy benefits only)</i>   |   | Frequency: 12x/year<br>Age: All  |         |
|  | <b>Implantable Devices:</b><br>11976 (capsule removal)<br>11981 (implant insertion)<br>11982 (implant removal)<br>11983 (removal with reinsertion) |   | Frequency: 1x/year<br>Age: All   |         |
|  | 58300, S4981 (insertion)<br>58301 (removal)  |   | Frequency: 1x/year<br>Age: All   |         |
| Dental Caries Prevention (Oral Fluoride Varnish) | 99188  | All   | Frequency: 2x/year<br>Age: 0-5 years<br><br><i>Pediatrician(s) or PCP providers only</i> |         |

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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                       | Frequency: 1x/year<br>Ages: 12 years and over  |   |
|   |  | Z13.31, Z13.32, Z13.39               | Frequency: 2x/year<br>Ages: 8 years and over   |   |
| Diabetes Screening (Adults)   | 82947, 82948, 82950, 82951, 82952, 83036 | Z00.00, Z00.01, Z13.1, Z86.32        | Frequency: 1x/year<br>Ages: 18 years and over  |   |
| Diabetes screening (Children)   | 82947, 82948, 82950, 82951, 82952, 83036 | Z13.1                                | Frequency: 1x/year<br>Ages: 0-17 years   | <i>As per USPSTF, asymptomatic children and adolescents younger than 18 years is considered Grade I</i> |
| Diabetes Screening: Gestational   | 82947, 82948, 82950, 82951, 82952, 83036 | <a href="#">See Appendix I below</a> | Frequency: 2x/year<br>Ages: All<br><br><b>Effective 1/01/2024:</b><br>Frequency: 3x/year |   |

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| Preventive Service   | Procedure Code  | ICD-10 Diagnosis Codes   | Preventive Benefit Instructions | Comment  |
|--|---|--|---------------------------------|--|
| Dietary Counseling<br>(Individuals Who are<br>Overweight or Obese and<br>Have Additional<br>Cardiovascular Risk Factors) | 97802, 97803, 97804,<br>S9470<br><br><b>Preventive Medicine<br/>Individual Counseling:</b><br>99401, 99402, 99403,<br>99404 | E08.00-E13.9, E66.09,<br>E66.1, E66.2, E66.3,<br><b>E66.811, E66.812,</b><br><b>E66.813, E66.89,</b> E66.9,<br>E78.00, E78.01, E78.1,<br>E78.2, E78.3, E78.41,<br>E78.41, E78.49, E78.5,<br>E88.810, E88.811,<br>E88.818, E88.819, I10,<br>I15.0, I15.1, I15.2, I15.8,<br>I15.9,<br><br>I16.0, I16.1, I16.9, I25.10,<br>I25.110, I25.111, I25.118,<br>I25.119, I25.700, I25.701,<br>I25.708, I25.709, I25.710,<br>I25.711, I25.718, I25.719,<br>I25.720, I25.721, I25.728,<br>I25.729, I25.730, I25.731,<br>I25.738, I25.739, I25.750,<br>I25.751, I25.758, I25.759,<br>I25.760, I25.761, I25.768,<br>I25.769, I25.790, I25.791,<br>I25.798, I25.799, I25.810,<br>I25.811, I25.812, I70.0-<br>I70.91, N26.2, O10.011,<br>O10.012, O10.013,<br>O10.019, O10.02, O10.03,<br>O10.111, O10.112,<br>O10.113, O10.119, O10.12, | Frequency: 4x/year<br>Ages: All | <i>ICD-10 Code <b>deleted</b> effective<br/>10/1/2024: E66.8</i><br><br><i>ICD-10 Codes <b>added</b> effective<br/>10/1/2024: E66.811, E66.812,<br/>E66.813, E66.89, E66.813,<br/>E66.89</i> |

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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                      | <b>Adult:</b> Z00.00, Z00.01<br><b>Child:</b> Z00.121, Z00.129<br><b>Other:</b> Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53   | Frequency: 4x/year<br>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<br>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 | <b>Examination of hearing:</b><br>Z01.10<br><b>Routine Child:</b> Z00.121, Z00.129<br><b>General Exam (for 18-21yrs):</b> Z00.00, Z00.01  | Frequency: 1x/year<br>Ages: 0 – 21 years<br>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<br>Ages: 18-79                    |   |
| Hepatitis C Screening   | 86803, 86804   | All   | Frequency: 1x/year<br>Ages: 18-79                    |   |
| HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults | 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 | <b>Adult:</b> Z00.00, Z00.01<br><b>Child:</b> Z00.121, Z00.129<br><b>Other (all ages):</b> 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<br>Ages: All                    |   |



## Preventive Care/Screening – Commercial and Medicaid

| Preventive Service                          | Procedure Code   | ICD-10 Diagnosis Codes  | Preventive Benefit Instructions               | Comment |
|---|--|---|---|---------|
| Human Papilloma Virus (HPV) Screening (DNA) | 87624, 87625, <b>87626</b><br><i>New code effective 1/01/2025</i><br><br><b>0500T</b><br><i>Deleted code effective 1/01/2025</i> | 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  | <a href="#">See Appendix II below</a>   | 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           |         |

## Preventive Care/Screening – Commercial and Medicaid

| Preventive Service   | Procedure Code  | ICD-10 Diagnosis Codes                  | Preventive Benefit Instructions                        | Comment |
|--|---|---|--|---------|
| Osteoporosis Screening<br><i>(effective until 12/31/2025)</i>  | 76977, 77080, 77081   | Z00.00, Z00.01, Z13.820, Z82.62         | Frequency: Every 23 months<br>Ages: 60 years and older |         |
| Osteoporosis Screening<br><i>(effective 1/1/2026)</i>  | 76977, 77080, 77081   | All                                     | Frequency: Every 23 months<br>Ages: 65 years and older |         |
| Osteoporosis Screening, individuals with history of fragility fractures<br><i>(effective 1/1/2026)</i> | 76977, 77080, 77081   | Z87.310 <b>AND</b> Z13.820              | Frequency: Every 23 months<br>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<br>Ages: 21-65                    |         |
| Pregnancy, Bacteriuria Screening   | 81007, 87086, 87088   | <a href="#">See Appendix I below</a>    | Frequency: Unlimited<br>Ages: All                      |         |
| Pregnancy, Blood Count   | 85025, 85027  | <a href="#">See Appendix I below</a>    | Frequency: Unlimited<br>Ages: All                      |         |
| Pregnancy, Obstetric panel (includes HIV testing)  | 80081   | All                                     | Frequency: 1x/year<br>Ages: All                        |         |
| Pregnancy, Hepatitis B Screening   | 87340, 87341  | <a href="#">See Appendix I below</a>    | Frequency: 1x/year<br>Ages: All                        |         |

## Preventive Care/Screening – Commercial and Medicaid

| Preventive Service  | Procedure Code  | ICD-10 Diagnosis Codes               | Preventive Benefit Instructions                 | Comment |
|---|---|--------------------------------------|---|---------|
| Pregnancy, Rh (D) Typing  | 86901   | <a href="#">See Appendix I below</a> | Frequency: Unlimited<br>Ages: All               |         |
| Pregnancy Screening Panel – Includes Hep B, Blood Count, Rh (D), Syphilis     | 80055   | All                                  | Frequency: 1x/year<br>Ages: All                 |         |
| PrEP Counseling and Administration Services<br><br><b>Effective 1/01/2024</b> | <b>Antiretroviral Therapy Injection:</b><br><br><i>Administration Code:</i><br>G0012<br><br><i>Injection cabotegravir, 1mg:</i><br>J0739<br><br><b>Counseling for PrEP to Prevent HIV:</b> G0011, G0013 | Z29.81                               | <b>Frequency:</b> Unlimited<br><b>Ages:</b> 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<br><br><i>Cost share is waived for the USPSTF schedule of testing.</i> | <b>Creatinine:</b> 82565, 82575 (3x per year)<br><br><b>Pregnancy Screening:</b> 81025, 84702, 84703 (unlimited – for individuals of childbearing potential)<br><br><b>HIV Screening:</b> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 (unlimited)<br><br><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)<br><br><b>Urinalysis:</b> 81002, 81003, 81005 (1x per year)<br><br><b>PrEP Visits:</b> 99202-99215 | <b>For visits before 10/01/2023</b><br><br><b>Initial Visit:</b> Z20.6 AND Z20.2<br><br><b>Second and Subsequent visits:</b> Z20.6 AND Z20.2 AND Z79.899<br><br><b>Additional Testing codes that should be appended as applicable:</b> Z01.812, Z11.3, Z11.4, Z11.59, Z20.5, Z77.21<br><br><b>For visits on or after 10/01/2023</b><br><br><b>ALL PrEP visits must be appended with:</b> Z29.81<br><br><b>Additional Testing codes that should be appended as applicable:</b> Z01.812, Z11.3, Z11.4, Z11.59, Z20.2, Z20.5, Z20.6, Z77.21 | Frequency: See frequency limitation in each section<br><br>Ages: All |         |
| 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<br>Ages: All                                      |         |



## Preventive Care/Screening – Commercial and Medicaid

| Preventive Service                      | Procedure Code  | ICD-10 Diagnosis Codes   | Preventive Benefit Instructions        | Comment |
|---|---|--|--|---------|
| Sterilization                           | 58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 | Z30.012, Z30.2, Z30.49, Z30.8, Z98.51  | Frequency: N/A<br>Age: All             |         |
| Sterilization and Ancillary Services    | 00851, 88302, 88305   | Z30.012, Z30.2, Z30.49, Z30.8, Z98.51  | Frequency: N/A<br>Ages: All            |         |
| Sterilization (follow –up services)     | 74740, 76830, 76857   | Z30.012, Z30.2, Z30.49, Z30.8, Z98.51  | Frequency: 2x/lifetime<br>Ages: All    |         |
| Syphilis Screening                      | 86592, 86593  | <b>Adult:</b> Z00.00, Z00.01<br><b>Child:</b> Z00.121, Z00.129<br><b>Other:</b> Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53 | Frequency: 4x/year<br>Ages: All        |         |
| TB Testing                              | 86480, 86481, 86580   | R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1  | Frequency: 1x/year<br>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<br>Ages: All        |         |
| Vision Screening in Children            | <b>Visual Acuity Screening</b><br>99173                       | Z00.121, Z00.129, Z01.00, Z01.01   | Frequency: 1x/year<br>Ages: 0-21 years |         |
|   | <b>Instrument-Based Screening:</b> 99174, 99177               | Z00.121, Z00.129, Z01.00, Z01.01   | Frequency: 1x/year<br>Ages: 1-4 years  |         |

## Preventive Care/Screening – Commercial and Medicaid

### Appendix:

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

|   |  |
|---|--|
|  | <b>Appendix I:</b> Pregnancy Screenings, including gestational diabetes ICD-10 Code Pairings |
|  | <b>Appendix II:</b> 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         | <b>Adult:</b> 90471, 90472, 90473, 90474<br><b>Pediatric:</b> 90460, 90461, 90471<br><b>Both:</b> 90471, 90472, 90473 90474, 90480 | N/A             | All                    | Provider must adhere to FDA/CDC age/frequency guideline.<br><br><b>Adult:</b> 21 years+<br><b>Pediatric:</b> 0-21 (ends on 21st birthday) |
| COVID-19 vaccine and administration | <b>90480</b> (Admin code)  | N/A             | Z23                    | Provider must adhere to FDA/CDC age/frequency guideline.  |
|                                     | 91304  | Novavax         |                        |   |
|                                     | 91318  | Pfizer-BioNTech |                        |   |
|                                     | 91319  | Pfizer-BioNTech |                        |   |
|                                     | 91320  | Pfizer-BioNTech |                        |   |
|                                     | 91321  | Moderna         |                        |   |
|                                     | 91322  | 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. |
| 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                                |
| Diphtheria, tetanus, acellular pertussis, Hepatitis B, polio (DtaP-HepB-IPV)   | 90723          | Pediatric®           | All                    | Ages 0-6 years (ends on 7 <sup>th</sup> 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 <sup>th</sup> birthday)         |
| Diphtheria, tetanus, acellular pertussis, HIB, polio (DTaP- HIB-IPV)   | 90698          | Daptacel®, Infanrix® | All                    | Ages 0-4 years (ends on 5 <sup>th</sup> 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 21 <sup>st</sup> birthday)   |
|                              | 90634          | Havrix®                       |                        | Pediatric (birth to 21 – ends on 21 <sup>st</sup> birthday)   |
| Hepatitis B                  | 90739          | HEPLISAV-B®                   | All                    | Ages: 21 and older  |
|                              | 90740          | Recombivax HB®                |                        | Adult (21 years+)<br>Pediatric (birth to 21)                  |
|                              | 90743          | Recombivax HB®                |                        | Adolescent only (11 to 21; ends on 21 <sup>st</sup> birthday) |
|                              | 90744          | Recombivax HB®,<br>Engerix-B® |                        | Pediatric (birth to 21 – ends on 21 <sup>st</sup> birthday)   |
|                              | 90746          | Recombivax HB®,<br>Engerix-B® |                        | Adult (21 years+)   |
|                              | 90747          | Engerix-B®                    |                        | Adult (21 years+)<br>Pediatric (birth to 21)                  |
|                              | 90748          | N/A                           |                        | Adult (21 years+)<br>Pediatric (birth to 21)                  |
| HIB (Hemophilus influenza b) | 90647          | PedvaxHIB®                    | All                    | Adult (21 years+)<br>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                                | Gardasil®                   | All                    | 9-26 years (ends on 27 <sup>th</sup> birthday)   |
|                                    | 90650                                | N/A                         |                        | 9-26 years (ends on 27 <sup>th</sup> birthday)   |
|                                    | 90651*                               | Gardasil9®                  |                        | 9-26 years (ends on 27 <sup>th</sup> birthday)<br><i>*coverage is allowed through age 45 (46<sup>th</sup> birthday) however cost share applies</i> |
| Influenza (flu) Vaccine            | <b>Effective 8/01/2024-7/31/2025</b> |                             | 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)  |                        | Ages 6 months and older  |
|                                    |                                      | FluLaval (IIV3) (0.5ml SDS) |                        |  |
|                                    |                                      | Fluzone (IIV3) (0.5ml SDS)  |                        |  |
|                                    |                                      | Fluzone (IIV3) (0.5ml SDV)  |                        |  |
|                                    | 90657                                | Afluria (IIV3) (5ml MDV)    |                        | Pediatric: Ages 6-35 months  |
|                                    |                                      | Fluzone (IIV3) (5ml MDV)    |                        |  |
|                                    | 90658                                | Afluria (IIV3) (5ml MDV)    |                        | Pediatric: Ages 3 years and older  |
|                                    |                                      | Fluzone (IIV3) (5ml MDV)    |                        | Ages 6 months and older  |
|                                    | 90660                                | Flumist® (LAIV3)            |                        | Adult and Pediatric: Ages 2-49 years (ends on 50 <sup>th</sup> birthday)   |

## Preventive Care/Screening – Commercial and Medicaid

| Preventive Immunizations | Procedure Code                       | Trade Name   | ICD-10 Diagnosis Codes | Preventive Benefit Instructions                              |
|--------------------------|--------------------------------------|--|------------------------|--|
|                          | 90661                                | Flucelvax (cclIV3) (0.5ml SDS)<br>Flucelvax (cclIV3) (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 18 and older  |
|                          | Q2039                                | Influenza virus vaccine, not otherwise specified   |                        |  |
|                          | <b>Effective 8/01/2023-7/31/2024</b> |  | All                    |  |
|                          | 90662                                | High Dose Fluzone®   |                        | Adult: Ages 65 and older                                     |
|                          | 90672                                | Flumist® (LAIV4)   |                        | Adult and Pediatric: Ages 2-49 years (ends on 50th birthday) |
|                          | 90674                                | Flucelvax® Quadrivalent  |                        | Ages 6 months and older                                      |
|                          | 90682                                | Flublok Quadrivalent®  |                        | Ages 18 and older  |
|                          | 90686                                | Alfluria® Quadrivalent (.5 ml PFS),  |                        | Adult and Pediatric: Ages 3 years and older                  |
|                          |                                      | Fluzone® (.5ml PFS),<br>Fluzone® (.5ml SDV),<br>FluLaval Quadrivalent (.5ml PFS),<br>Fluarix® (.5ml PFS) |                        | 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                        |
|--|----------------|---|------------------------|--|
|  | 90687          | Afluria® Quadrivalent,<br>Fluzone® (.5ml MDV)               |                        | Pediatric: Ages 6-35 months                            |
|  | 90688          | Alfluria® Quadrivalent<br>(5ml MDV)                         |                        | Adult and Pediatric: Ages 3 years and older            |
|  |                | Fluzone Quadrivalent®<br>(5ml MDV)                          |                        | Adult and Pediatric: Ages 6 months and older           |
|  | 90694          | Fluad® Quadrivalent   |                        | Ages 65 and older                                      |
|  | 90756          | Flucelvax Quadrivalent®<br>(non-preserved free/<br>5ml MDV) |                        | Adult and Pediatric: Ages 2 years and over             |
| Measles-Mumps-Rubella<br>(MMR)/ (MMRV) Virus<br>Immunization           | 90707          | MMR II®   | All                    | Adult (21 years+)<br>Pediatric (birth to 21)           |
|  | 90710          | ProQuad®  |                        | Ages 1-12 years (ends on 13 <sup>th</sup> birthday)    |
| (MenB; MenB-4C; MenB-<br>FHbp; Hib-MenCY; MPSV4;<br>MCV4; MenACWY-CRM) | 90619          | MenQuadfi®  | All                    | Adult (21 years+)<br>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<br>description. |
|  | 90733          | Menomune®   |                        | Adult (21 years+)<br>Pediatric (birth to 21)           |
|  | 90734          | Menactra®, Menveo®  |                        | Adult (21 years+)<br>Pediatric (birth to 21)           |

## Preventive Care/Screening – Commercial and Medicaid

| Preventive Immunizations                  | Procedure Code                               | Trade Name   | ICD-10 Diagnosis Codes | Preventive Benefit Instructions                    |
|---|--|--------------|------------------------|--|
| Pneumococcal (PPSV23)                     | 90670  | Prevnar 13®  | All                    | Adult (21 years+)<br>Pediatric (birth to 21)       |
| Pneumococcal conjugate                    | 90671  | Vaxneuvance® | All                    | Adult (21 years+)                                  |
|   | 90677  | Prevnar20®   |                        | Ages: All  |
|   | 90684<br><i>Effective 6/17/2024</i>          | CAPVAXIVE™   |                        | Adult (19 years+)                                  |
|   | 90732  | Pneumovax®   |                        | Adult (21 years+)<br>Pediatric (birth to 21)       |
| Polio (IPV)                               | 90713  | Ipol®        | All                    | Adult (21 years+)<br>Pediatric (birth to 21)       |
| Rotavirus (RV1, RV5)                      | 90680  | Rotateq®     | All                    | Ages: 0-8 months                                   |
|   | 90681  | Rotarix®     |                        |  |
| Respiratory Syncytial Virus (RSV) Vaccine | <i>Administration codes:</i><br>96380, 96381 |              | All                    | Provider must adhere to CDC/ACIP guidelines        |
|   | 90380  | Beyfortus™   |                        | Ages: 0-24 months (ends on 2nd birthday)           |
|   | 90381  | Beyfortus™   |                        |  |
|   | 90678  | Abrysvo™     |                        | <i>Provider must adhere to CDC/ACIP guidelines</i> |
|   | 90679  | Arexvy™      |                        |  |
|   | 90683<br><i>Effective 5/31/2024</i>          | mRESVIA®     |                        | Ages 60 and older                                  |

## Preventive Care/Screening – Commercial and Medicaid

| Preventive Immunizations         | Procedure Code | Trade Name | ICD-10 Diagnosis Codes | Preventive Benefit Instructions              |
|----------------------------------|----------------|------------|------------------------|--|
| Varicella (VAR) (“chicken pox”)  | 90716          | Varivax®   | All                    | Adult (21 years+)<br>Pediatric (birth to 21) |
| Zoster / Shingles (HZV/ZVL, RZV) | 90750          | Shingrix®  | All                    | Ages: 19 years and older                     |

### Revision History:

| Date      | Revision:  |
|-----------|--|
| 6/9/2025  | <ul style="list-style-type: none"> <li>Advisory Committee on Immunization Practices (ACIP) link updated in Introduction</li> <li>Clarified procedure codes and age/frequency limitations for Preventive Screening Examination and Counseling Services Well Child Visits.</li> </ul>  |
| 4/28/2025 | <ul style="list-style-type: none"> <li>Clarification added to Coverage Limitations and Exclusions that “EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules”</li> </ul>   |
| 4/1/2025  | <ul style="list-style-type: none"> <li>Addition of Cologuard Plus™ Lab Test 0464U to Colorectal Cancer Screening <b>effective 9/1/2025</b></li> <li>Updates with <b>effective date 1/1/2026:</b> <ul style="list-style-type: none"> <li>Updated ICD-10 codes and Frequency for Osteoporosis Screening</li> <li>Addition of Osteoporosis Screening for individuals with history of fragility fractures</li> </ul> </li> </ul> |
| 4/1/2025  | <ul style="list-style-type: none"> <li>Updates to Human Papillomavirus (HPV) screening (DNA) with <b>effective date 1/1/2025:</b> <ul style="list-style-type: none"> <li>Addition of CPT code 87626</li> <li>Indicated deleted CPT code 0500T</li> </ul> </li> </ul>   |
| 1/15/2025 | <ul style="list-style-type: none"> <li>Updates to Breast cancer (BRCA) Genetic testing Counseling/evaluation <b>effective 1/1/2025:</b> <ul style="list-style-type: none"> <li>Addition of CPT codes 99401, 99402, 99403 &amp; 99404</li> <li>Indicated deleted CPT code 96040</li> </ul> </li> </ul>  |

## Preventive Care/Screening – Commercial and Medicaid

| Date       | Revision:  |
|------------|--|
| 12/19/2024 | <ul style="list-style-type: none"> <li>Removed age requirements for Dengue vaccine CPT code 90587; provider must adhere to FDA/CDC age/frequency guidelines</li> </ul>   |
| 10/28/2024 | <ul style="list-style-type: none"> <li>Correction to age range for Influenza (flu) Vaccine 90661 to Ages 6 months and older</li> </ul>   |
| 9/17/2024  | <ul style="list-style-type: none"> <li>Updated to remove deleted ICD-10 code <b>effective 10/1/2024</b>: E66.8</li> <li>Added new ICD-10 codes <b>effective 10/1/2024</b>: E66.811, E66.812, E66.813, &amp; E66.89</li> </ul>  |
| 8/13/2024  | <ul style="list-style-type: none"> <li>Updated to include <b>2024-2025 Influenza Vaccines</b></li> <li>Added Respiratory Syncytial Virus (RSV) Vaccine code 90683 <b>effective 5/31/2024</b>.</li> <li>Added Pneumococcal Conjugate code 90684 <b>effective 6/17/2024</b>.</li> <li>Added clarification on age requirements and appropriate diagnoses codes for adults and children for Diabetes Screenings based on USPSTF guidelines</li> </ul>  |
| 3/6/2024   | <ul style="list-style-type: none"> <li>Removed deleted Pap Smear code 88154</li> </ul>   |
| 1/8/2024   | <ul style="list-style-type: none"> <li>Updated to include PrEP Counseling and Administration Services <b>effective 1/1/2024</b>: <ul style="list-style-type: none"> <li>Added new codes G0011, G0012, and G0013</li> <li>Added existing code J0739</li> <li>Added existing ICD-10 code Z29.81</li> </ul> </li> <li>Updated 'Breast Pump Supplies' with the following, <b>effective 1/1/2024</b>: <ul style="list-style-type: none"> <li>Indicated deleted code K1005</li> <li>Added new code A4287</li> </ul> </li> <li>Updated 'Colonoscopy, pre-procedure screening with a gastroenterologist' with the following, <b>effective 6/1/2024</b>: <ul style="list-style-type: none"> <li>Indicated removal of ICD-10 code Z01.818</li> <li>Added existing ICD-10 codes: Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, &amp; Z83.79</li> </ul> </li> </ul> |
| 12/12/2023 | <ul style="list-style-type: none"> <li>Added Respiratory Syncytial Virus (RSV) Vaccine administration codes 96380 and 96381 <b>effective 10/6/2023</b></li> </ul>  |
| 12/1/2023  | <ul style="list-style-type: none"> <li>Updated HIV Screening code (PrEP Monitoring and Ongoing Laboratory Testing) due to typo; 67389 corrected to 87389</li> </ul>  |

## Preventive Care/Screening – Commercial and Medicaid

| Date       | Revision:  |
|------------|--|
| 10/16/2023 | <ul style="list-style-type: none"> <li>Updated PrEP Monitoring and Ongoing Laboratory Testing with the following, <b>effective 10/1/2023</b>: <ul style="list-style-type: none"> <li>ALL PrEP visits must be appended with new ICD-10 code Z29.81</li> <li>Added ICD-10 codes Z20.2 &amp; Z20.6 as Additional Testing codes that should be appended as applicable</li> </ul> </li> <li>Removed age requirements for CPT codes 90678 (Abrysvo™) and 90679 (Arexvy™); providers should follow CDC/ACIP guidelines</li> </ul>   |
| 9/28/2023  | <ul style="list-style-type: none"> <li>Updated to remove deleted ICD-10 codes <b>effective 10/1/2023</b>: E88.81 &amp; Z83.71</li> <li>Added new ICD-10 codes <b>effective 10/1/2023</b>: E88.810, E88.811, E88.818, E88.819, Z29.81, Z83.710, Z83.711, Z83.718, &amp; Z83.719</li> <li>Appendix I – Pregnancy: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release</li> <li>Appendix II – Maternity: Reviewed and no updates required; no deleted/no applicable new ICD-10 codes to add with 10/01/2023 release</li> </ul>   |
| 9/2023     | <ul style="list-style-type: none"> <li>Updated to include <b>2023-2024 Influenza Vaccines</b></li> <li>Breast Pump Supplies updated to include K1005 <b>effective 1/1/2023</b></li> <li>Updated age group for CPT code 90677 (Prevnar20®) from Ages 19 years and older to All <b>effective 4/28/2023</b></li> <li>Updated to include Respiratory Syncytial Virus (RSV) vaccine codes: <ul style="list-style-type: none"> <li>90380 &amp; 90381 (<b>effective 7/17/2023</b>)</li> <li>90678 &amp; 90679 (<b>effective 5/3/2023</b>)</li> </ul> </li> <li>Updated Diabetes Screening, Gestational (82947, 82948, 82950, 82951, 82952, &amp; 83036) frequency to 3x/year <b>effective 1/1/2024</b></li> </ul> |
| 6/2/2023   | <ul style="list-style-type: none"> <li>Updated age group for CPT code 90671 (Vaxneuvance®) from Ages 19 years and older to Adult (21 years +) and Pediatric (birth to 21) <b>effective 10/01/2021</b></li> </ul>   |
| 2/16/2023  | <ul style="list-style-type: none"> <li>Colon cancer screening (Anesthesia &amp; Ancillary services) updated to include 00811</li> </ul>  |
| 12/01/2022 | <ul style="list-style-type: none"> <li>Updated to include <b>2022-2023 Influenza Vaccines</b></li> </ul>   |
| 11/15/2022 | <ul style="list-style-type: none"> <li><b>Effective 1/1/2023</b>: 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.</li> <li><b>Effective 1/01/2023</b>: Updated 'Human Papillomavirus (HPV) screening (DNA)' to include CPT Code 0500T</li> </ul>   |

## Preventive Care/Screening – Commercial and Medicaid

| Date       | Revision:   |
|------------|---|
| 8/22/2022  | <ul style="list-style-type: none"> <li>Updated Autism / Formal Developmental Screening (96110) frequency to 2x/year effective 1/01/2023</li> </ul>  |
| 8/11/2022  | <ul style="list-style-type: none"> <li>Updated Mammography Screening to clarify Mammography – Diagnostic and Screening and added the CPT Codes 77065 and 77066</li> </ul>   |
| 6/14/2022  | <ul style="list-style-type: none"> <li>Added Dengue vaccine CPT code 90587 (Dengvaxia®) to indicate:               <ul style="list-style-type: none"> <li>o Age Group: Pediatric</li> <li>o Benefit Limit: Ages 9-16 years (ends on 17th birthday) <b>effective 7/01/2017</b></li> </ul> </li> <li>Pneumococcal Conjugate Added CPT codes 90671 (Vaxneuvance®) and 90677 (Prevnar20®)</li> <li>Added coverage guidelines for CPT codes 90671 and 90677 to indicate:               <ul style="list-style-type: none"> <li>o Age Group: Adult</li> <li>o Benefit Limit: Ages 19 years and older</li> </ul> </li> <li>Zoster/Shingles (HZV/ZVL, RZV) Removed CPT code 90736</li> <li>Changed Benefit Limit (Age) for Zoster/Shingles CPT code 90750 from “50 years and older” to “19 years and older”</li> </ul> |
| 1/24/2022  | <ul style="list-style-type: none"> <li>Updated Medical Nutrition (CPT 97802, 97803 &amp; 97804) frequency to 4 times per year <b>effective 1/01/2020</b></li> </ul>   |
| 10/15/2021 | <ul style="list-style-type: none"> <li>Updated to include 2 new contraceptive codes effective 10/01/2021</li> <li>Updated to indicate that contraceptive code J7303 is deleted effective 9/30/2021</li> </ul>   |
| 10/01/2021 | <ul style="list-style-type: none"> <li>Chlamydia Screening updated to include ICD-10 Codes Z11.3, Z11.4, Z11.8 and Z11.9</li> <li>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</li> </ul>  |
| 9/2021     | <ul style="list-style-type: none"> <li>Updated to include 2021-2022 Influenza vaccines; (90653 &amp; 90654 removed effective 8/01/2021)</li> </ul>  |
| 8/2021     | <ul style="list-style-type: none"> <li>Updated PrEP Monitoring and Ongoing Lab Testing <b>effective 9/17/2021</b></li> </ul>  |
| 7/2021     | <ul style="list-style-type: none"> <li>Updated policy template and expanded “Indications for Coverage” content.</li> <li>Comprehensive review was performed, and policy updated to align with USPSTF, CDC, Bright Futures and HRSA recommendations/guidelines.</li> <li>Effective 10/01/2021</li> </ul>   |