

Patient Protection and Affordable Care Act (Federal Health Care Reform)

Introduction

Tufts Health Plan Commercial members will have no cost-sharing responsibility when Preventive Care Services (as described below) are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a Preventive Care Service visit.

Preventive Care Services identified in this policy are based on recommendations from the U.S. Preventive Services Task Force (USPSTF), Bright Futures, American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and the Women's Preventive Health Listing (HRSA).

Employer groups maintaining "grandfathered" status under the Patient Protection and Affordable Care Act (PPACA), as determined by USPSTF, may be exempt from certain provisions.

Before using this guideline, please check the member's evidence of coverage (EOC): Handbook, Schedule of Benefits (SOB), and RX coverage.

Coverage and Services

- All diagnosis codes for preventive, screening, counseling, or wellness, should be billed in the primary position.
- When a service is performed for preventive screening and is appropriately reported it will be adjudicated under the Preventive Care Services benefit.
- When a service is done for diagnostic purposes, it will be adjudicated under the applicable non-preventive medical benefit.

The following list of Preventive Care Services is provided for reference purposes only and may not be all inclusive:

- Routine annual OB/GYN visits
- Routine pediatric well visits
- Routine annual physical exams
- Select preventive services and diagnostic tests
- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening

Please see Preventive Care Services Grid with covered diagnosis and procedure codes

Preventive Services

Modifier 33

Tufts Health Plan considers the procedures and diagnosis codes and Preventive Benefit Instructions listed in the table below in determining whether Preventive Care Services benefits apply. While Modifier 33 may be reported, it is not used in making these benefit determinations *unless specifically indicated in the comments section*.

| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| Abdominal Aortic Aneurysm (AAA) Screening | Procedure codes: 76706 ICD-10 diagnosis codes: F17.210, F17.211, F17.213, F17.218, F17.219, Z00.00, Z00.01, Z13.6, Z87.891 | Once per lifetime screening for men ages 65-75 (ends on 76th birthday) who have prior history of smoking Covered when billed with one of the listed ICD-10 Codes |
| Alcohol Misuse Screening | Procedure Codes: 99408, 99409 HCPC Codes: G0442, G0443 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.89 | |
| Anemia Screening (Iron Deficiency) | Procedure Codes: 85013, 85014, 85025, 85018, 85027 ICD-10 Diagnosis Codes: Z13.0, Z13.1, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93 | Covered when billed with one of the listed ICD-10 diagnosis codes or Supervision of Pregnancy ICD-10 diagnosis code |
| Anxiety Disorder Screening | Procedure Codes: 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 ICD-10 Diagnosis Codes: Z13.39 | Screening for anxiety in primary care settings, for adults, children and adolescents, includes E&M visits; performed during a preventive and/or annual well visit |
| Aspirin for Prevention of Pre-eclampsia in Pregnant Persons | Procedure Codes: 99383-99387, 99393-99397, 99401-99404 | Covered as preventive after 12 weeks of gestation in pregnant persons at high risk Must have RX coverage |
| Autism Screening / Developmental & Behavioral Assessment | Procedure Codes: 96110, 96127 ICD-10 Diagnosis Codes: Z00.121, Z00.129, Z13.30, Z13.31, Z13.39, Z13.40, Z13.41, Z13.42, Z13.49, Z13.89 | Covered as Preventive for children through age 21, in a primary care setting, with the listed ICD-10 dx codes |
| Bacteriuria Screening | Procedure Code: 81000, 81007 | Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code Covered at 12-16 week's gestation or at their first prenatal visit |
| Breast Cancer Screening (BRCA Screening/BRCA Lab Testing and Genetic Counseling and Evaluation) | BRCA Testing Procedure Codes: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 Counseling Procedure Codes: 96041, 99385-99387, 99395-99397 ICD-10 Diagnosis Codes: Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z80.8, Z85.09, Z85.3, Z85.43, Z85.44 | Breast Cancer Medications must have RX coverage; are covered for members at increased risk for breast cancer and at low risk for adverse medication effects; Rx Brands and Generics BRCA Testing, Genetic Counseling & Evaluation payable as preventive with one of the diagnosis codes listed in the primary position; BRCA testing requires prior authorization |
| Breast Cancer – Chemoprevention Counseling | Chemoprevention Counseling Procedure Codes: 99385-99387, 99395-99397, 99401-99404, 99411-99412 ICD-10 Diagnosis Codes: Z00.00, Z00.001, Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.44, Z80.49, Z85.09, Z85.3, Z85.43, Z85.44 | Chemoprevention Counseling payable as preventive when billed with one of the diagnosis codes listed and when billed in the primary position |
| Breast Cancer Screenings | Screening Mammograms Procedure Codes: 19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101, 19499, 76641, 76642, 77046, 77047, 77048, 77049, 77053, 77054, 77061, 77062, 77063, 77065, 77066, 77067 HCPC Codes: G0279 | Screening Mammograms as well as, diagnostic mammograms, breast MRI, breast biopsy and breast ultrasounds are covered without diagnosis restrictions |

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| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| | Breast Pathology <u>Procedure Codes:</u> 88305 ICD-10 Diagnosis Codes: C50.011–C50.929, C79.81, D05.00–D05.92, D24.1, D24.2, D24.9, D48.60, D48.61, D48.62, N60.01, N60.02, N60.09, N63.0–N63.42, N64.0–N64.9, R92.0–R92.8, Z12.31, Z12.39, Z15.01, Z15.05, Z42.1, Z44.30, Z44.31, Z44.32, Z80.3, Z85.3, Z85.4A, Z86.00A | Breast pathology is covered when billed with one of the listed diagnosis codes in the primary position. |
| Breastfeeding Interventions, Services, Supplies and Equipment | Visits <u>Procedure Codes:</u> 59430, 99502 <u>HCPC Codes:</u> S9443 (lactation class) Equipment <u>Procedure Codes:</u> E0602 (manual), E0603 (electric), E0604 (hospital grade) Supplies <u>HCPC Codes:</u> A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 Lactation Class (S9443) <u>ICD-10 Diagnosis Codes:</u> N64.0, O75.9, O91.22, O92.13, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, P92.2, P92.5, P92.9, Z39.0, Z39.1, Z39.2 | 99502 is limited to one visit every 8 rolling months E0602 and E0603 purchase frequency limits may apply, this is a purchase item only E0604 Rental for 3 months, then pump must be returned to vendor at the end of the rental period, purchase frequency limits may apply A4281–A4287 purchase frequency limits may apply S9443 is covered when billed with one of the diagnosis codes listed |
| Cervical Cancer Screening (HPV), (Pap Smear) | <u>Procedure Codes:</u> 00952, 87623, 87624, 87625, 87626, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 <u>HCPC Codes:</u> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091 <u>ICD-10 Diagnosis Codes:</u> Z00.00, Z00.01, Z00.6, Z00.8, Z01.411, Z01.419, Z01.42, Z04.41, Z04.6, Z11.51, Z12.4 | Covered when billed with one of the listed ICD-10 Diagnosis codes |
| Chlamydia Screening | <u>Procedure Codes:</u> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87494, 87810, 99401, 99402, 99403, 99404 <u>ICD-10 Diagnosis Codes:</u> Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z01.42, Z11.3, Z11.8, Z12.4, Z20.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93 | Covered when billed with one of the listed ICD-10 codes or Supervision of Pregnancy ICD-10 diagnosis code |
| Cholesterol Screening | <u>Procedure Codes:</u> 80061, 82465, 83718, 83719, 83721, 84478 <u>ICD-10 Diagnosis Codes:</u> Z00.00, Z00.01, Z00.121, Z00.129, Z13.220 | Payable as preventive with one of the diagnosis codes listed for adults, children, and adolescents |
| Colorectal Cancer Screening (Colonoscopy) | <u>Procedure Codes:</u> 00811, 00812, 0464U, 44388, 44389, 44392, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45391, 45392, 81528, 82270, 82272, 82274, 88304, 88305, 99151, 99152, 99153, 99155, 99156, 99157 <u>HCPC Codes:</u> G0104, G0105, G0121, G0328, G0500, J2175, J2250, J3010, J7040 <u>REV Codes:</u> 250, 258, 270, 272, 370, 710 <u>ICD-10 Diagnosis Codes:</u> K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, | Payable as preventive with one of the ICD-10 dx codes listed; Excludes Inpatient and ER; Diagnosis must be billed in primary position 00812 should be used when billing for a screening colonoscopy 00811 should be used when billing for a screening colonoscopy that turns into a diagnostic colonoscopy Cologuard (81528) and Cologuard Plus (0464U) are covered for ages 45-75, once every 3 years Prep Kits/Items must have RX coverage and are covered by prescription only; OTC prep items/prep kits are not |

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| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| | K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, Z00.00, Z00.01, Z12.0, Z12.10, Z12.11, Z12.12, Z12.13, Z12.79, Z12.89, Z12.9, Z80.0, Z80.9, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79, Z85.00, Z85.038, Z85.048, Z86.004, Z86.0100, Z86.0101, Z86.0102, Z86.0109 | covered; RX Generics (Generics: polyethylene glycol-electrolyte); Covered in full for bowel preparations for Members aged 45 through 75 years old Virtual CT Colonoscopy (74263); is covered when medically necessary |
| Contraception – Contraceptive Drugs and Devices; Including Sterilizations | <p>Contraceptive Management:</p> <p>Procedure Codes: 11976, 11981, 11982, 11983, 57170, 57800, 58300, 58301, 64435, 81025, 84702, 84703, 96372</p> <p>HCPC Codes: A4261, A4264, A4266, A9293, J1050, J7294, J7295, J7296, J7297, J7298, J7299, J7300, J7301, J7304, J7306, J7307</p> <p>ICD-10 Diagnosis Codes: Z30.013, Z30.014, Z30.017, Z30.02, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9, Z31.89, Z33.3</p> <p>Voluntary Sterilization:</p> <p>Procedure Codes: 00851, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700</p> <p>HCPC Codes: J0330, J0690, J1100, J1630, J1644, J1790, J1885, J2250, J2270, J2405, J2704, J2710, J2765, J3010, J7040, J7120</p> <p>REV Codes: 250, 258, 259, 270, 272, 370, 710</p> <p>ICD-10 Diagnosis Codes: Z30.2</p> | <p>Please refer to the members SOB/Rider Member must have RX coverage to have prescription contraceptives covered in full</p> <p>The <u>Natural Cycles</u> Birth Control App is covered under procedure code A9293 Fertility Cycle (contrception & conception) tracking software application, FDA-cleared, when billed with diagnosis code Z31.89</p> |
| Dental Caries – Prevention Pre-School Children | Procedure Codes: Preventive Visits and Evaluation Management (E&M) services | Age 6 months thru 11 years |
| Depression and Suicide Risk Screening | <p>Procedure Codes: 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397</p> <p>HCPC Codes: G0444</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z13.31, Z13.32, Z13.89</p> | <p>Screening for depression and suicide risk, in primary care settings, for adults, children and adolescents, includes E&M visits; performed during a preventive and/or annual well visit</p> <p>Postpartum Depression Screening see Health Risk Assessment</p> |
| Diabetes Mellitus Screening (Type 2 Diabetes) | <p>Procedure Codes: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Diabetes: ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.1, Z83.3</p> | <p>Covered when billed with one of the listed ICD-10 diagnosis codes for abnormal blood glucose as part of Cardiovascular Risk Assessment in adults aged 40-70 years who are overweight or obese; or persons who may be at increased risk at 18 years or older</p> <p>Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code; age limits do not apply</p> <p>Screening for Diabetes in Pregnancy: Recommended screening for pregnant persons for gestational diabetes mellitus after 24 weeks of gestation to prevent adverse birth outcomes</p> <p>Recommended screening for pregnant persons with risk factors for type 2 diabetes or GDM before 24 weeks of gestation</p> <p>Screening for Diabetes after Pregnancy: Recommended for type 2 diabetes in persons with a history of gestational diabetes (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes.</p> |

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| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| | | Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension before starting treatment and screening for pre-eclampsia in pregnant persons, with blood pressure measurements throughout pregnancy |
| Domestic Violence / Intimate Partner Violence | This service is included in a preventive care wellness examination | This service is included in a preventive care wellness examination |
| Falls Prevention | Procedure Codes: 97110, 97112, 97113, 97116, 97150, 97530, 97161, 97162, 97163, 97164, 97750 HCPC Codes: G0151, G0157, G0159, S8990, S9131 ICD-10 Diagnosis Codes: R26.81, R54, Z91.81 | Interventions to prevent falls to community-dwelling adults 65 years or older who are at increased risk for falls Covered as preventive when billed with one of the listed ICD-10 diagnosis codes |
| Folic Acid | 0.4 mg, 0.8 mg | Covered in full for persons of childbearing age (12–52 years); Must have RX coverage |
| Fluoride Application in Primary Care | Procedure Codes: 99188 ICD-10 Diagnosis Codes: Z00.121, Z00.129, Z29.3, Z91.841, Z91.842, Z91.843, Z94.849 | Covered for preschool children ages 6 months through 5 years Fluoride drops, rinse & tablets covered thru age 16; Must have RX coverage; RX Brands and Generics |
| Gonorrhea Screening | Procedure Codes: 87590, 87591, 87592, 87850, 99401, 99402, 99403, 99404, 99411, 99412 HCPC Codes: G0445 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z04.41, Z11.3, Z20.2, Z76.1, Z76.2 | Covered when billed with one of the listed ICD-10 codes or when billed with a Supervision of Pregnancy ICD-10 diagnosis code |
| Health Risk Assessment Screening / Postpartum Depression Screening | Procedure Codes: 96160, 96161 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z13.31, Z13.32 | Covered as preventive when billed with one of the listed ICD-10 codes |
| Hepatitis B Screening | Procedure Codes: 86704, 86706, 86707, 87340, 87341, 87516, 87517 HCPC Codes: G0499 ICD-10 Diagnosis Code: Covered as preventive regardless of diagnosis | Covered as preventive regardless of diagnosis |
| Hepatitis C Screening | Procedure Codes: 86803, 86804, 87520, 87521, 87522, 87902 HCPC Codes: G0472 ICD-10 Diagnosis Codes: Covered as preventive regardless of diagnosis | Covered as preventive regardless of diagnosis for adults aged 18 to 79 years |
| High Blood Pressure Screening Adult – (Monitors and Monitoring) | Procedure Codes: 93784, 93786, 93788 or 93790 HCPC Codes: A4660, A4663, A4670 ICD-10 Diagnosis Codes: R03.0 | Covered with a physician's order and when billed with one of the CPT and ICD-10 codes listed A4660, A4663, A4670 are limited to one in 36 months Included in the payment of a Preventive Care Visit (99385-99387 and 99395-99397) |
| HIV PrEP and HIV Screening (Human Immunodeficiency Virus) | Procedure Codes: 81025, 82565, 82570, 82575, 82610, 84702, 84703, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, 99401, 99402, 99403, 99404 HCPC Codes: G0011, G0012, G0013, G0432, G0433, G0435, G0475, J0738, J0739, J0750, J0751, J0752, J0799, Q0521, S3645 ICD-10 Diagnosis Codes: B20, Z11.4, Z20.6, Z29.81 | HIV screening is covered as a Preventive Service for adolescents and adults ages 15 to 65; younger adolescents and older adults who are at increased risk; and all pregnant persons when billed with one of the listed ICD-10 codes. This includes HIV Testing: <ul style="list-style-type: none">• Adherence counseling• Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR)• Hepatitis B and C testing• Pregnancy testing• Office visits |

| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| | | <ul style="list-style-type: none"> Sexually transmitted infection (STI) screening and counseling <p>J0738, J0739, J0752 require prior authorization</p> |
| Iron Liquid Supplements | OTC Brands and Generics | Covered in full for children up to 12 months of age |
| Lead Screening | Procedure Codes: 83655 ICD-10 Diagnosis Codes: Z13.88 | |
| Lung Cancer Screening (Low-Dose Computed Tomography) | Procedure Codes: 71271 HCPC Codes: G0296 ICD-10 Diagnosis Codes: F17.200, F17.201, F17.210, F17.211, F17.218, F17.219, F17.220, F17.221, F17.290, F17.291, F17.293, F17.298, F17.299, Z12.2, Z13.89, Z13.9, Z72.0, Z87.891 | Covered when billed with one of the listed ICD-10 Codes for adults ages 50-80 years with a 20-pack year smoking history, currently smoke, or have quit in the past 15 years 71271 requires prior authorization |
| Mammography Screening | See "Breast Cancer Screening" | See "Breast Cancer Screening" |
| Newborn Screenings All newborns | <p>Hearing Screening: Procedure Codes: 92551, 92552, 92558, 92567, 92587, 92588, 92650 ICD-10 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, Z01.110, Z01.118, P09.6</p> <p>Hypothyroidism Screening: Procedure Codes: 84437, 84443</p> <p>Metabolic Screening HCPC Codes: S3620 ICD-10 Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p> <p>Phenylketonuria Screening: Procedure Codes: 84030, 84510 ICD-10 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.228</p> <p>Sickle Cell Screening: Procedure Codes: 83020, 83021, 83030, 83033, 83051, 85660 ICD-10 Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p> | <p>Hearing Screening – Covered thru age 21 when billed with one of the listed ICD-10 codes</p> <p>Hypothyroidism Screening - Covered when billed with a preventive diagnosis for newborns ages 0-180 days</p> <p>Phenylketonuria Screening - Covered when billed with one of the listed ICD-10 codes for ages 0 through 60 days of age</p> <p>Sickle Cell – Covered when billed with one of the listed ICD-10 codes for newborns ages 0-180 days</p> |
| Obesity Screening Adults, Children and Adolescents | Procedure Codes: 97802, 97803, 97804, 99401, 99402, 99403, 99404 HCPC Codes: G0473, S9470 ICD-10 Diagnosis Codes: E66.01, E66.09, E66.1, E66.8, E66.81, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z00.00, Z00.01, Z00.121, Z00.129, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z68.55, Z68.56, Z71.3, Z72.4 | Covered when billed separately or with an E&M service; must append modifier 25 |
| Osteoporosis Screening (Bone Density Screening) | Procedure Codes: 76977, 77078, 77080, 77081, 77085, 77086 HCPC Codes: G0130 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.820, Z78.0, Z82.62 | <p>Covered for all persons 40 and older</p> <p>Covered when billed with one of the listed CPT and ICD-10 codes</p> |
| Pre-eclampsia Screening | This service is included in a preventive care wellness examination or focused E&M visit | Covered for pregnant persons with blood pressure measurements throughout pregnancy |

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| Preventive Services | | |
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| Services | CPT/ICD-10 Coding | Comments |
| Pregnancy – Diagnosis Code Listing | ICD-10 Diagnosis Codes: O09.A – O09.A3, O09.00 – O09.93, Z33.1, Z33.3, Z34.00 – Z34.93 | Covered Pregnancy Diagnosis Codes |
| Preventive Medical Exam | Procedure Codes: 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 HCPC Codes: G0438, G0439 | Covered as preventive regardless of diagnosis |
| RH Incompatibility Screening | Procedure Codes: 86900, 86901 | Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code |
| Skin Cancer Prevention | This service is included in a preventive care wellness examination or focused E&M visit | This service is included in a preventive care wellness examination or focused E&M visit |
| Statin Drugs for Adult Prevention of Cardiovascular Disease | Rx Brands and Generics Statins | Must have RX coverage; Low to moderate dose statin drugs for adult prevention of cardiovascular disease for adults ages 40 to 75 years with CVD risk factors |
| Syphilis Screening | Procedure Codes: 86592, 86593, 86780 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z11.2, Z11.3, Z29.81, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93 | Covered when billed with one of the listed CPT codes and ICD-10 codes; or when billed with a Supervision of Pregnancy ICD-10 diagnosis code |
| Tobacco Use Prevention Counseling | Procedure Codes: 99406, 99407 HCPC Codes: G0296, G0438, G0439 ICD-10 Diagnosis Codes: Does not have diagnosis code requirements for the preventive benefit to apply | Does not have diagnosis code requirements for the preventive benefits to apply Prescription Smoking Cessation products must have RX coverage; quantity limitations may apply; Rx Brands and Generics |
| Tuberculin Test – Child | Procedure Codes: 86580 ICD-10 Diagnosis Codes: R76.11, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z11.7 | High Risk Children |
| Tuberculosis Screening - (Latent TB Screening for Adults) | Procedure Codes: 86480, 86481, 86580 ICD-10 Diagnosis Codes: R76.11, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z11.7 | Recommended screening for adults at increased risk |
| Visual Impairment Screening – Children | Procedure Codes: 99173, 99174, 99177 ICD-10 Diagnosis Codes: Z00.121, Z00.129 | Covered thru age 21 in the Primary Care settings not a specialist visit; and is not under annual routine eye exam for children and adolescents up to age 22 |
| Venipuncture | Procedure Codes: 36415, 36416 | Venipuncture for Preventive pathology and laboratory services listed within this grid |
| Voluntary Sterilization | See "Contraception Methods" | See "Contraception Methods" |

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Preventive Immunizations

Definition

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied:

- FDA approval
- Explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report (MMWR) of the CDC. Implementation will typically occur within 60 days after publication in the MMWR

| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| ICD-10 Code for Immunizations = Z23 | | | |
| 90380 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 ML dosage, for intramuscular use | RSV | Young children 8-19 months Adults age 60-74 at increased risk and adults age 75 and older Pregnant women during 32-36 weeks |
| 90381 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1.0 ML dosage, for intramuscular use | RSV | Young children 8-19 months Adults age 60-74 at increased risk and adults age 75 and older Pregnant women during 32-36 weeks |
| 90382 | Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use | RSV | |
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered | Administration | |
| 90461 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) | Administration | |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) | Administration | |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) | Administration | |
| 90473 | Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) | Administration | |
| 90474 | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) | Administration | |
| 90480 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19] vaccine, single dose | Administration | |
| 90481 | Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARSCOV-d) (CORONAVIRUS DISEASE [COVID-19] vaccine; each additional component administered (list separately in addition to code for primary procedure) | | Must be billed with Z23 or Z71.85 in the primary position |
| 90482 | Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes | | Must be billed with Z23 or Z71.85 in the primary position |
| 90483 | Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes | | Must be billed with Z23 or Z71.85 in the primary position |

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| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| 90484 | Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes | | Must be billed with Z23 or Z71.85 in the primary position |
| 90589 | Chikungunya virus vaccine, live attenuated, for intramuscular use | CHIKV | |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | CHIKV | |
| 90611 | Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use | Monkeypox / Smallpox | Adults aged 18 years and older; administered in two doses, 28 days apart |
| 90612 | Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use | | |
| 90613 | Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use | | |
| 90619 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use | | |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2-dose schedule for intramuscular use | Bexsero® | |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3-dose schedule for intramuscular use | Trumenba® | |
| 90622 | Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use | Smallpox | Adults aged 18 years and older at risk |
| 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use | | |
| 90624 | Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use | | |
| 90632 | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use | Havrix® VAQTA® | |
| 90633 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use | Havrix® VAQTA® | |
| 90634 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use | Havrix® | |
| 90635 | Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use | | |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use | Twinrix® | |
| 90637 | Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use | | |
| 90638 | Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use | | |
| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4-dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use | MenHibrix® | |
| 90647 | Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use | PedvaxHIB® | |
| 90648 | Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use | ActHIB® Hiberix® | |
| 90649 | Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3-dose schedule for intramuscular use | Gardasil4® | Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three. |

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| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| 90650 | Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3-dose schedule, for intramuscular use | | Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three. |
| 90651 | Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2- or 3-dose schedule for intramuscular use | Gardasil® | Coverage is limited to ages 9-45 |
| 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use | Fluad® | |
| 90655 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use | Fluzone® | |
| 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use | Afluria® Fluzone® Fluvirin® Fluarix® Flulaval® | |
| 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use | Fluzone® | |
| 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use | Afluria® Flulaval® Fluvirin® Fluzone® | |
| 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use | Flumist® | |
| 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | Flucelvax™ | |
| 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use | Fluzone® | |
| 90664 | Influenza virus vaccine, live | Flumist® | |
| 90666 | (LAIV), pandemic formulation, for intranasal use | | |
| 90667 | Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use | | |
| 90668 | Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use | | |
| 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use | Prevnr 13® (PCV13) | Administered in a series of four doses at 2, 4, 6, and 12-15 months of age Also recommended for adults aged 19 years and older, especially those with certain health conditions or risk factors |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use | Pneumococcal PCV15 | Children younger than 5 years old: Administered in a 4-dose series at 2 months, 4 months, 6 months, and 12-15 months Adults aged 50 years and older: Routine vaccination is recommended |
| 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use | Flumist® (LAIV4) | |
| 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use | Flublok® | |
| 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | Flucelvax® | |
| 90675 | Rabies vaccine, for intramuscular use | | |

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| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| 90676 | Rabies vaccine, for intradermal use | | |
| 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use | Pneumococcal PCV20 | Adults aged 50 years and older: Routine vaccination is recommended Adults aged 19-49 years with certain risk conditions: Adults in this age group with specific health conditions or risk factors |
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use | RSV | Young children 8-19 months Adults age 60-74 at increased risk and adults age 75 and older Pregnant women during 32-36 weeks |
| 90679 | Respiratory syncytial virus vaccine, preF, subunit, adjuvanted, for intramuscular use | RSV | Young children 8-19 months Adults age 60-74 at increased risk and adults age 75 and older Pregnant women during 32-36 weeks |
| 90680 | Rotavirus vaccine, pentavalent (RV5), 3-dose schedule, live, for oral use | Rotateq® | |
| 90681 | Rotavirus vaccine, human, attenuated (RV1), 2-dose schedule, live, for oral use | | |
| 90682 | Influenza virus vaccine, quadrivalent (IIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use | Flublok® | |
| 90683 | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use | RSV | Young children 8-19 months Adults age 60-74 at increased risk and adults age 75 and older Pregnant women during 32-36 weeks |
| 90684 | Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use | Pneumococcal PCV21 | Adults aged 19-64 years with certain risk conditions for pneumococcal disease Adults aged 65 years and older are also recommended |
| 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use | Fluzone® | |
| 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use | Afluria® Fluarix® FluLaval® Fluzone® | |
| 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use | Fluzone® | |
| 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use | Afluria® FluLaval® Fluzone® | |
| 90689 | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use | Afluria® FluLaval® Fluzone® | |
| 90694 | Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use | | |
| 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use | Kinrix® Quadracel® | |
| 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use | | |

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| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use | Pentacel® | |
| 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use | Daptacel® Infanrix® | |
| 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use | | |
| 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use | MMR II® | |
| 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use | ProQuad® | |
| 90713 | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use | Ipol® | |
| 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use | Tenivac® Decavac® | |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use | Adacel® Boostrix® | |
| 90716 | Varicella virus vaccine (VAR), live, for subcutaneous use | Varivax® | |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepBIPV), for intramuscular use | Pediarix® | |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use | Pneumococcal PPSV23 | Adults aged 50 years and older: Routine vaccination is recommended Adults aged 19-49 years with certain risk conditions: Adults in this age group with specific health conditions or risk factors |
| 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use | Menomune® | |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use | Menactra® Menveo® | Covered for ages 2 months to 55 years |
| 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection | Zostavax® | Coverage limited to age 18 years and over |
| 90739 | Hepatitis B vaccine (HepB), adult dosage, 2-dose schedule, for intramuscular use | HEPLISAV-B® | |
| 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use | Recombivax HB® | |
| 90743 | Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use | Recombivax HB® Engerix-B® | |
| 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use | Recombivax HB® Engerix-B® | |
| 90746 | Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for intramuscular use | Recombivax HB® Engerix-B® | |
| 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use | Engerix-B® | |
| 90748 | Hepatitis B and Haemophilus influenza b vaccine (HibHepB), for intramuscular use | | |
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use | Shingrix® | Coverage limited to age 18 years and over |
| 90756 | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use | Flucelvax® | |
| 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use | | |
| 91304 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use | Novavax | |

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| Preventive Immunizations | | | |
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| CPT | Description | Drug | Comments |
| 91318 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Pfizer-BioNTech | |
| 91319 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Pfizer-BioNTech | |
| 91320 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Pfizer-BioNTech | |
| 91321 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use | Moderna | |
| 91322 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use | Moderna | |
| 91323 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use | | |
| 96380 | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional | Administration RSV | |
| 96381 | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection | Administration RSV | |
| G0008 | Administration of influenza virus vaccine | Administration | |
| G0009 | Administration of pneumococcal vaccine | Administration | |
| G0010 | Administration of hepatitis B vaccine | Administration | |
| M0201 | Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home | Administration | Administration in the home |
| Q2034 | Influenza virus vaccine, split virus, for intramuscular use (Agriflu) | Agriflu® | |
| Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA) | Afluria® | |
| Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL) | Flulaval® | |
| Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN) | Fluvirin® | |
| Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) | Fluzone® | |
| Q2039 | Influenza virus vaccine, not otherwise specified | | |

Resources

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PUBLICATION HISTORY

01/01/25 New policy created; prior Preventive Services Payment Policy and applicable Publication History archived. Changed 96040 to 96041 under BRCA; added 87626 to Cervical Cancer Screening; Updated language under Colonoscopy bowel preparations; Added Q0521 and removed Q0516, Q0517, Q0518, Q0519, Q0520 from HIV Screening; added 90593, 90619 to Immunizations; administrative edits

02/01/25 Updated code 84790 to 87490 under Chlamydia Screening; Updated code Z86.010 to Z86.0100 under Colonoscopy Screening; Added codes Z30.44 and Z30.45 under Contraception Management

03/01/25 Added code 90624, removed codes 90630, 90654, added age criteria for codes 90380, 90381, 90644, 90678, 90679, 90683, 90734 under Immunizations

04/01/25 Added procedure codes 90611, 90622 under Immunizations, added age criteria for 90670, 90671, 90677, 90684, 90732; added diagnosis code Z13.32 and added Postpartum Depression Screening to title of Health Risk Assessment; removed J1810 from Voluntary Sterilization under Contraception

05/01/25 Added diagnosis code Z13.31 to Health Risk Assessment/Postpartum Depression Screening; administrative edits

06/01/25 Updated Falls Prevention Benefit to include PT services effective 6/4/25; removed J1170, J2001 from Voluntary Sterilization

07/16/25 Added codes 90382, 90612, 90613, 90631, 90635, 91323 under Immunizations

08/14/25 Removed code 90631 under Immunizations

10/01/25 Added A4288 under Breastfeeding Interventions; added Z80.44 under Breast Cancer Chemoprevention Counseling; added J0738, J0752 under HIV/HIV PrEP with prior authorization requirements

11/01/25 Added procedure code Cologuard Plus under Colonoscopy 0464U; Removed procedure code 0500T from Cervical Cancer Screening

01/01/26 Added procedure codes 19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101, 19499, 76641, 76642, 77046, 77047, 77048, 77049, 77053, 77054, 77061, 77062, 77065, 77066, 88305, G0279 to Breast Cancer Screening Mammogram and added diagnosis codes C50.011–C50.929, C79.81, D05.00–D05.92, D24.1, D24.2, D24.9, D48.60, D48.61, D48.62, N60.01, N60.02, N60.09, N63.0–N63.42, N64.0–N64.9, R92.0–R92.43, Z12.31, Z12.39, Z15.01, Z15.05, Z42.1, Z44.30, Z44.31, Z44.32, Z80.3, Z85.3, Z85.4A, Z86.00A to Breast Cancer Screening Pathology; added 87494 to Chlamydia Screening; added 90481, 90482, 90483, 90484 under Immunizations; removed G0106, G0120, G0122 from Colonoscopy Screening; added J7299 to Contraception Management; updated age under Osteoporosis Screening from 50 to 40

02/01/26 Updated diagnosis code under Breast Cancer Screening-Pathology to R92.0–R92.8