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

Applicable to Tufts Health Direct only

Introduction

Tufts Health Direct 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		
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 Codes:** 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; medical necessity guidelines apply

Preventive Services		
Services	**CPT/ICD-10 Coding**	**Comments**
	Breast Pathology Procedure Codes: 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** **Procedure Codes:** 59430, 99502 **HCPC Codes: S9443** (lactation class) **Equipment** **Procedure Codes:** E0602 (manual), E0603 (electric), E0604 (hospital grade) **Supplies** **HCPC Codes:** A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 **Lactation Class (S9443)** **ICD-10 Diagnosis Codes:** 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-A4288** purchase frequency limits may apply **S9443** is covered when billed with one of the diagnosis codes listed
Cervical Cancer Screening (HPV), (Pap Smear)	**Procedure Codes:** 00952, 87623, 87624, 87625, 87626, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 **HCPC Codes:** G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091 **ICD-10 Diagnosis Codes:** 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	**Procedure Codes:** 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87494, 87801, 87810, 99401, 99402, 99403, 99404 **ICD-10 Diagnosis Codes:** 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	**Procedure Codes:** 80061, 82465, 83718, 83719, 83721, 84478 **ICD-10 Diagnosis Codes:** 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)	**Procedure Codes:** 00811, 00812, 0464U, 44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45332, 45333, 45335, 45338, 45346, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45388, 45391, 45392, 81528, 82270, 82272, 82274, 88304, 88305, 99151, 99152, 99153, 99155, 99156, 99157 **HCPC Codes:** G0104, G0105, G0121, G0328, G0500, J2175, J2250, J3010, J7040 **REV Codes:** 250, 258, 270, 272, 370, 710 **ICD-10 Diagnosis Codes:** Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719	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 ***Effective 10/1/2026:*** Modifier 33, as well as one of the listed preventive diagnosis codes anywhere on the claim, 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

Preventive Services		
Services	**CPT/ICD-10 Coding**	**Comments**
		Prep Kits/Items must have RX coverage and are covered by prescription only; OTC prep items/prep kits are not 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	**Contraceptive Management:** **Procedure Codes:** 11976, 11981, 11982, 11983, 57170, 57800, 58300, 58301, 64435, 81025, 84702, 84703, 96372 **HCPC Codes:** A4261, A4264, A4266, A9293, J1050, J7294, J7295, J7296, J7297, J7298, J7299, J7300, J7301, J7304, J7306, J7307 **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 **Voluntary Sterilization:** **Procedure Codes:** 00851, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700 **HCPC Codes:** J0330, J0690, J1100, J1630, J1644, J1790, J1885, J2250, J2270, J2405, J2704, J2710, J2765, J3010, J7040, J7120 **REV Codes:** 250, 258, 259, 270, 272, 370, 710 **ICD-10 Diagnosis Codes:** Z30.2	Please refer to the members SOB/Rider Member must have RX coverage to have prescription contraceptives covered in full The Natural Cycles Birth Control App is covered under procedure code A9293 Fertility Cycle (contraception & conception) tracking software application, FDA-cleared
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	**Procedure Codes:** 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 **HCPC Codes:** G0444 **ICD-10 Diagnosis Codes:** Z00.00, Z00.01, Z00.121, Z00.129. Z13.31, Z13.32, Z13.89	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 Postpartum Depression Screening see Health Risk Assessment
Diabetes Mellitus Screening (Type 2 Diabetes)	**Procedure Codes:** 82947, 82948, 82950, 82951, 82952, 83036 **Diabetes:** ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.1, Z83.3	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 Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code; age limits do not apply Screening for Diabetes in Pregnancy: Recommended screening for pregnant persons for gestational diabetes mellitus after 24 weeks of gestation to prevent adverse birth outcomes Recommended screening for pregnant persons with risk factors for type 2 diabetes or GDM before 24 weeks of gestation 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. 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

Preventive Services		
Services	**CPT/ICD-10 Coding**	**Comments**
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, 87801, 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, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007,99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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: • Adherence counseling • Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR) • Hepatitis B and C testing • Pregnancy testing • Office visits • Sexually transmitted infection (STI) screening and counseling
Iron Liquid Supplements	OTC Brands and Generics	Covered in full for children up to 12 months of age

Preventive Services		
Services	**CPT/ICD-10 Coding**	**Comments**
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**	**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 **Hypothyroidism Screening:** Procedure Codes: 84437, 84443 **Metabolic Screening** **HCPC Codes:** S3620 **ICD-10 Codes:** Z00.110, Z00.111, Z00.121, Z00.129, Z13.0 **Phenylketonuria Screening:** **Procedure Codes:** 84030, 84510 **ICD-10 Diagnosis Codes:** Z00.110, Z00.111, Z00.121, Z00.129, Z13.228 **Sickle Cell Screening:** **Procedure Codes:** 83020, 83021, 83030, 83033, 83051, 85660 **ICD-10 Codes:** Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	Hearing Screening – Covered thru age 21 when billed with one of the listed ICD-10 codes Hypothyroidism Screening - Covered when billed with a preventive diagnosis for newborns ages 0-180 days Phenylketonuria Screening - Covered when billed with one of the listed ICD-10 codes for ages 0 through 60 days of age Sickle Cell – Covered when billed with one of the listed ICD-10 codes for newborns ages 0-180 days
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	Covered for all persons 40 and older Covered when billed with one of the listed CPT and ICD-10 codes
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
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:** 80055, 80081, 86850, 86900, 86901	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code

Preventive Services		
Services	**CPT/ICD-10 Coding**	**Comments**
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”

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			
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 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 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

Preventive Immunizations			
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		
90616	Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 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®	

Preventive Immunizations			
CPT	**Description**	**Drug**	**Comments**
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.
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	Gardasil9®	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	Prevnar 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®	

Preventive Immunizations			
CPT	**Description**	**Drug**	**Comments**
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		
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 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 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 (RIV4), 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 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 (aIIV4), 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®	

Preventive Immunizations			
CPT	**Description**	**Drug**	**Comments**
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		
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 (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax®	

Preventive Immunizations			
CPT	**Description**	**Drug**	**Comments**
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	
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

Federal Health Care Reform

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 to 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
03/01/26	Added note that Breast Cancer Screening Mammograms are subject to medical necessity guidelines; Updated guidelines for A9293 (Natural Cycles App) under Contraception to remove requirement to bill with Z31.89
04/01/26	Updated 87894 to 87494 under Chlamydia Screening; removed auth requirement for J0739 under HIV PrEP; updated A4287 to A4288 in Breastfeeding Supplies comment
05/01/26	Added procedure code 87801 to Chlamydia Screening and Gonorrhea Screening
06/01/26	Added procedure codes 80055, 80081, 86850 to RH Factor Screening
07/01/26	Removed authorization requirements on J0738 and J0752 and listed the office visit coding under HIV Screen
08/25/26	Added procedure code 90616 to Immunizations
10/01/26	Removed procedure codes 45300, 45334, 45337, 45340, 45341, 45342, 45386 and diagnosis codes 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; 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; Z12.0; Z12.13; Z12.79; Z12.89; Z12.9; Z80.9; Z83.72; Z83.79; Z85.00; Z85.038; Z85.048; Z86.004; Z86.010; Z86.0100; Z86.0101; Z86.0102; Z86.0109 under Colorectal Cancer Screening
10/15/26	Updated language under Colorectal Cancer Screening to include a preventive diagnosis code when using modifier 33