

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

## Introduction

For employer groups and non-group members that renewed before January 01, 2011, benefit changes went into effect upon renewal on or after September 23, 2010. For employer groups and non-group members that renewed on or after January 01, 2011, these changes went into effect on January 01, 2011.

Harvard Pilgrim members will have no cost-sharing responsibility when preventive services 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 service visit.

Preventive 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), Women's Preventive Health Listing (HRSA).

Employer groups maintaining "grandfathered" status under the Patient Protection and Affordable Care Act (PPACA), as determined by the United States Preventive Services Task Force (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), 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

Harvard Pilgrim Health Care considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While Modifier 33 may be reported, it is not used in making preventive care benefit determinations *unless specifically indicated in the comments section*.

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Abdominal Aortic Aneurysm (AAA) Screening</b>	<b>Procedure codes:</b> 76706 <b>ICD-10 diagnosis codes:</b> 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
<b>Alcohol Misuse Screening</b>	<b>Procedure Codes:</b> 99408, 99409 <b>HCPC Codes:</b> G0442, G0443 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z13.89	
<b>Anemia Screening (Iron Deficiency)</b>	<b>Procedure Codes:</b> 85013, 85014, 85025, 85018, 85027 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Anxiety Disorder Screening</b>	<b>Procedure Codes:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397  <b>ICD-10 Diagnosis Codes:</b> 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
<b>Aspirin for Prevention of Pre-eclampsia in Pregnant Persons</b>	<b>Procedure Codes:</b> 99383-99387, 99393-99397, 99401-99404	Covered as preventive after 12 weeks of gestation in pregnant persons at high risk Must have RX coverage
<b>Autism Screening / Developmental &amp; Behavioral Assessment</b>	<b>Procedure Codes:</b> 96110, 96127 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Bacteriuria Screening</b>	<b>Procedure Code:</b> 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
<b>Breast Cancer Screening</b>  <b>(BRCA Screening/BRCA Lab Testing and Genetic Counseling and Evaluation)</b>  <b>Breast Cancer – Chemoprevention Counseling</b>  <b>Mammogram (Screening)</b>	<b>BRCA Testing</b> <b>Procedure Codes:</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 <b>Counseling Procedure Codes:</b> 96040, 99385-99387, 99395-99397 <b>ICD-10 Diagnosis Codes:</b> 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  <b>Chemoprevention Counseling</b> <b>Procedure Codes:</b> 99385-99387, 99395-99397, 99401-99404, 99411-99412 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.001, Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z85.09, Z85.3, Z85.43, Z85.44  <b>Screening Mammograms</b> Procedure Codes: 77063, 77067	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  <u>BRCA Testing</u> , Genetic Counseling & Evaluation payable as preventive with one of the diagnosis codes listed in the primary position; <u>BRCA</u> testing requires prior authorization  <u>Chemoprevention Counseling</u> payable as preventive when billed with one of the diagnosis codes listed and when billed in the primary position  <u>Screening Mammograms</u> are covered when billed with a screening procedure code



Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Breastfeeding Interventions, Services, Supplies and Equipment</b>	<p><b>Visits</b>  <b>Procedure Codes:</b> 59430, 99502  <b>HCPC Codes:</b> <b>S9443</b> (lactation class)</p> <p><b>Equipment</b>  <b>Procedure Codes:</b> E0602 (manual), E0603 (electric), E0604 (hospital grade)</p> <p><b>Supplies</b>  <b>HCPC Codes:</b> A4281, A4282, A4283, A4284, A4285, A4286, A4287</p> <p><b>Lactation Class (S9443)</b>  <b>ICD-10 Diagnosis Codes:</b> 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</p>	<p><b>99502</b> is limited to one visit every 8 rolling months</p> <p><b>E0602</b> and <b>E0603</b> purchase frequency limits may apply, this is a purchase item only</p> <p><b>E0604</b> Rental for 3 months, then pump must be returned to vendor at the end of the rental period, purchase frequency limits may apply</p> <p><b>A4281-A4287</b> purchase frequency limits may apply</p> <p><b>S9443</b> is covered when billed with one of the diagnosis codes listed</p>
<b>Cervical Cancer Screening (HPV), (Pap Smear)</b>	<p><b>Procedure Codes:</b> 0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p><b>HCPC Codes:</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.6, Z00.8, Z01.411, Z01.419, Z01.42, Z04.41, Z04.6, Z11.51, Z12.4</p>	Covered when billed with one of the listed ICD-10 Diagnosis codes
<b>Chlamydia Screening</b>	<p><b>Procedure Codes:</b> 86631, 86632, 87110, 87270, 87320, 84790, 87491, 87492, 87810, 99401, 99402, 99403, 99404</p> <p><b>ICD-10 Diagnosis Codes:</b> 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</p>	Covered when billed with one of the listed ICD-10 codes or Supervision of Pregnancy ICD-10 diagnosis code
<b>Cholesterol Screening</b>	<p><b>Procedure Codes:</b> 80061, 82465, 83718, 83719, 83721, 84478</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z13.220</p>	Payable as preventive with one of the diagnosis codes listed for adults, children, and adolescents
<b>Colorectal Cancer Screening (Colonoscopy)</b>	<p><b>Procedure Codes:</b> 00811, 00812, 44388, 44389, 44392, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 45388, 81528, 82270, 82272, 82274, 88304, 88305, 99151, 99152, 99153, 99155, 99156, 99157</p> <p><b>HCPC Codes:</b> G0104, G0105, G0106, G0120, G0121, G0122, G0328, G0500, J2175, J2250, J3010, J7040</p> <p><b>REV Codes:</b> 250, 258, 270, 272, 370, 710</p> <p><b>ICD-10 Diagnosis Codes:</b> 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, Z00.00, Z00.01, Z12.0, Z12.10, Z12.11,</p>	<p>Payable as preventive with one of the ICD-10 dx codes listed; Excludes Inpatient and ER; Diagnosis must be billed in primary position</p> <p>00812 should be used when billing for a screening colonoscopy</p> <p>00811 should be used when billing for a screening colonoscopy that turns into a diagnostic colonoscopy</p> <p>Cologuard (81528) is covered for ages 45-75, once every 3 years</p> <p>Prep Kits/Items must have RX coverage and are covered by prescription only; OTC prep items/prep kits are not covered; RX Brand only</p> <p>Virtual CT Colonoscopy (<b>74263</b>); is covered when medically necessary</p>



Preventive Services		
Services	CPT/ICD-10 Coding	Comments
	Z12.12, Z12.13, Z12.79, Z12.89, Z12.9, Z80.0, Z80.9, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, Z85.00, Z85.038, Z85.048, Z86.010, Z86.004	
<b>Contraception – Contraceptive Drugs and Devices; Including Sterilizations</b>	<p><b><u>Contraceptive Management:</u></b>  <b>Procedure Codes:</b> 11976, 11981, 11982, 11983, 57170, 57800, 58300, 58301, 64435, 81025, 84702, 84703, 96372</p> <p><b>HCPC Codes:</b> A4261, A4264, A4266, J1050, J7294, J7295, J7296, J7297, J7298, J7300, J7301, J7304, J7306, J7307</p> <p><b>ICD-10 Diagnosis Codes:</b> Z30.013, Z30.014, Z30.017, Z30.02, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9, Z31.89, Z33.3</p> <p><b><u>Voluntary Sterilization:</u></b>  <b>Procedure Codes:</b> 00851, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700</p> <p><b>HCPC Codes:</b> J0330, J0690, J1100, J1170, J1630, J1644, J1790, J1810, J1885, J2001, J2250, J2270, J2405, J2704, J2710, J2765, J3010, J7040, J7120</p> <p><b>REV Codes:</b> 250, 258, 259, 270, 272, 370, 710</p> <p><b>ICD-10 Diagnosis Codes:</b> Z30.2</p>	<p>Please refer to the members SOB/Rider</p> <p>Member must have RX coverage to have prescription contraceptives covered in full</p>
<b>Dental Caries – Prevention Pre-School Children</b>	<b>Procedure Codes:</b> Preventive Visits and Evaluation Management (E&M) services	Age 6 months thru 11 years
<b>Depression and Suicide Risk Screening</b>	<p><b>Procedure Codes:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p><b>HCPC Codes:</b> G0444</p> <p><b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z13.31, Z13.32, Z13.89</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
<b>Diabetes Mellitus Screening (Type 2 Diabetes)</b>	<p><b>Procedure Codes:</b> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><b>Diabetes:</b>  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><b><u>Screening for Diabetes in Pregnancy:</u></b></p> <p>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><b><u>Screening for Diabetes after Pregnancy:</u></b>  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>

Preventive Services		
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
<b>Domestic Violence / Intimate Partner Violence</b>	This service is included in a preventive care wellness examination	This service is included in a preventive care wellness examination
<b>Folic Acid</b>	0.4 mg, 0.8 mg, 1mg	Covered in full for persons of childbearing age (12–50 years); Must have RX coverage
<b>Fluoride Application in Primary Care</b>	<b>Procedure Codes:</b> 99188 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Gonorrhea Screening</b>	<b>Procedure Codes:</b> 87590, 87591, 87592, 87850, 99401, 99402, 99403, 99404, 99411, 99412 <b>HCPC Codes:</b> G0445 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Health Risk Assessment Screening</b>	<b>Procedure Codes:</b> 96160, 96161 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Covered as preventive when billed with one of the listed ICD-10 codes
<b>Hepatitis B Screening</b>	<b>Procedure Codes:</b> 86704, 86706, 86707, 87340, 87341, 87516, 87517 <b>HCPC Codes:</b> G0499 <b>ICD-10 Diagnosis Code:</b> Covered as preventive regardless of diagnosis	Covered as preventive regardless of diagnosis
<b>Hepatitis C Screening</b>	<b>Procedure Codes:</b> 86803, 86804, 87520, 87521, 87522, 87902 <b>HCPC Codes:</b> G0472 <b>ICD-10 Diagnosis Codes:</b> Covered as preventive regardless of diagnosis	Covered as preventive regardless of diagnosis for adults aged 18 to 79 years
<b>High Blood Pressure Screening Adult – (Monitors and Monitoring)</b>	<b>Procedure Codes:</b> 93784, 93786, 93788 or 93790 <b>HCPC Codes:</b> A4660, A4663, A4670 <b>ICD-10 Diagnosis Codes:</b> R03.0	Covered with a physician's order and when billed with one of the CPT and ICD-10 codes listed <b>A4660, A4663, A4670</b> are limited to one in 36 months Included in the payment of a Preventive Care Visit ( <b>99385-99387</b> and <b>99395-99397</b> )
<b>HIV PrEP and HIV Screening (Human Immunodeficiency Virus)</b>	<b>Procedure Codes:</b> 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 <b>HCPC Codes:</b> G0011, G0012, G0013, G0432, G0433, G0435, G0475, J0739, J0750, J0751, J0799, Q0516, Q0517, Q0518, S3645 <b>ICD-10 Diagnosis Codes:</b> 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"> <li>• Adherence counseling</li> <li>• Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR)</li> <li>• Hepatitis B and C testing</li> <li>• Pregnancy testing</li> <li>• Office visits</li> </ul>

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
		<ul style="list-style-type: none"> <li>Sexually transmitted infection (STI) screening and counseling</li> </ul> <p>J0739 (Apretude) requires prior authorization</p>
<b>Iron Liquid Supplements</b>	OTC Brands and Generic	Covered in full for children up to 12 months of age
<b>Lead Screening</b>	<b>Procedure Codes:</b> 83655 <b>ICD-10 Diagnosis Codes:</b> Z13.88	
<b>Lung Cancer Screening</b>  <b>(Low-Dose Computed Tomography)</b>	<b>Procedure Codes:</b> 71271  <b>ICD-10 Diagnosis Codes:</b> F17.200, F17.201, F17.210, F17.211, F17.218, F17.219, F17.220, F17.221, F17.290, F17.291, 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 <b>Requires Prior Authorization</b>
<b>Mammography Screening</b>	See "Breast Cancer Screening"	See "Breast Cancer Screening"
<b>Newborn Screenings</b> <b>All newborns</b>	<b>Hearing Screening:</b> <b>Procedure Codes:</b> 92551, 92552, 92558, 92567, 92587, 92588, 92650  <b>ICD-10 Diagnosis Codes:</b> Z00.110, Z00.111, Z01.110, Z00.121, Z00.129, Z01.10, Z01.118, P09.6  <b>Hypothyroidism Screening:</b> Procedure Codes: 84437, 84443  <b>Phenylketonuria Screening:</b> <b>Procedure Codes:</b> 84030, 84510 <b>ICD-10 Diagnosis Codes:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.228  <b>Sickle Cell Screening:</b> <b>Procedure Codes:</b> 83020, 83021, 83030, 83033, 83051, 85660  HCPC Codes: S3620  <b>ICD-10 Codes:</b> 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
<b>Obesity Screening</b>  <b>Adults, Children and Adolescents</b>	<b>Procedure Codes:</b> 97802, 97803, 97804, 99401, 99402, 99403, 99404 <b>HCPC Codes:</b> G0473, S9470 <b>ICD-10 Diagnosis Codes:</b> E66.01, E66.09, E66.1, E66.8, E66.9, Z00.00, Z00.01, Z00.121, Z00.129, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z38.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z71.3, Z72.4	Covered when billed separately or with an E&M service; must append modifier 25
<b>Osteoporosis Screening (Bone Density Screening)</b>	<b>Procedure Codes:</b> 76977, 77078, 77080, 77081, 77085, 77086 <b>HCPC Codes:</b> G0130 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z13.820, Z78.0, Z82.62	Covered for all persons 50 and older  Covered when billed with one of the listed CPT and ICD-10 codes
<b>Pre-eclampsia Screening</b>	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
<b>Pregnancy – Diagnosis Code Listing</b>	ICD-10 Diagnosis Codes: O09.A – O09.A3, O09.00 – O09.93, Z33.1, Z33.3, Z34.00 - Z34.93	Covered Pregnancy Diagnosis Codes

**Member Care-Providing Services**

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
<b>Preventive Medical Exam</b>	<b>Procedure Codes:</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 <b>HCPC Codes:</b> G0438, G0439	Covered as preventive regardless of diagnosis
<b>RH Incompatibility Screening</b>	<b>Procedure Codes:</b> 86900, 86901	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code
<b>Skin Cancer Prevention</b>	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
<b>Statin Drugs for Adult Prevention of Cardiovascular Disease</b>	Rx Brands and Generic Statins	Must have RX coverage; Low to moderate dose statin drugs for adult prevention of cardiovascular disease; Rx Brand only; for adults ages 40 to 75 years with CVD risk factors
<b>Syphilis Screening</b>	<b>Procedure Codes:</b> 86592, 86593 <b>ICD-10 Diagnosis Codes:</b> Z00.00, Z00.01, Z01.411, Z01.419, Z11.2, Z11.3, 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
<b>Tobacco Use Prevention Counseling</b>	<b>Procedure Codes:</b> 99406, 99407 <b>HCPC Codes:</b> G0296, G0438, G0439 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Tuberculin Test – Child</b>	<b>Procedure Codes:</b> 86580 <b>ICD-10 Diagnosis Codes:</b> R76.11, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z11.7	High Risk Children
<b>Tuberculosis Screening - (Latent TB Screening for Adults)</b>	<b>Procedure Codes:</b> 86480, 86481, 86580 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Visual Impairment Screening – Children</b>	<b>Procedure Codes:</b> 99173, 99174, 99177 <b>ICD-10 Diagnosis Codes:</b> 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
<b>Venipuncture</b>	<b>Procedure Codes:</b> 36415, 36416	Venipuncture for Preventive pathology and laboratory services listed within this grid
<b>Voluntary Sterilization</b>	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 Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR

Preventive Immunizations			
CPT	Description	Drug	Comments
<b>ICD-10 Code for Immunizations = Z23</b>			
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 ML dosage, for intramuscular use	RSV	
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1.0 ML dosage, 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 <b>through 18 years of age</b> 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	
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	CHIKV	
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®	
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use		
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone®	
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®	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	MenHibrix®	





Preventive Immunizations			
CPT	Description	Drug	Comments
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.
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®	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone®	
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	Prenvar 13® (PCV13)	
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		
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®	



Preventive Immunizations			
CPT	Description	Drug	Comments
90675	Rabies vaccine, for intramuscular use		
90676	Rabies vaccine, for intradermal use		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	RSV	
90679	Respiratory syncytial virus vaccine, preF, subunit, adjuvanted, for intramuscular use	RSV	
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	Not FDA approved
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®	
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		



Preventive Immunizations			
CPT	Description	Drug	Comments
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®	
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 (ccIV4), 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		
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	
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

01/01/20 added 90694 to Immunizations

02/03/20 corrected diagnosis Z43.431 to Z30.431 in contraceptive management

05/06/20	added Z12.31 back to mammogram screening
08/03/20	added Z80.0, Z85.09, Z85.44 to Breast Cancer BRCA/Chemoprevention counseling
10/06/20	ICD-10 coding update
01/04/21	71271 added to Lung Screening, G0297 is deleted; 92650-92653 replaced 92585 and 92586 for Newborn Hearing Screening
07/01/21	added 90671, 90677 to Immunizations
07/23/21	Shingrix vaccine age updated to 18 and over
09/17/21	added codes 87390, 87391, 82565, 82570, 82575, 82610, 84702, 84703, 81025 to HIV Screening; Modifier 33 added to HIV Screening; removed "Z" diagnosis codes under HIV Screening
10/01/21	Lowered age from 50 to 45 for Cologuard (81528) Colorectal Cancer Screening
11/05/21	All HIV screening codes must be billed with modifier 33 to be considered preventive
03/01/22	Anemia add CPT 85013, 85025, 85027; Aspirin removed E&M CPT codes; Autism added Diagnosis Z13.40, Z13.41, Z13.42, Z13.49, Z13.89, removed Diagnosis Z13.4; Bacteriuria add CPT 81000; Contraception added CPT J7294, J7295; added Rev Code 0636; added Diagnosis codes Z30.013, Z30.014, Z30.02; removed Diagnosis Z30.0, Z30.02, Z30.13, Z30.14; Hearing added Diagnosis P09.6, removed Diagnosis Z01.118, Z76.1, Z76.2 and added CPT 92552 92567 removed CPT 92585, 92586, 92651, 92652, 92653, V5008, replaced reference 0-90 days with newborns; Hep C added reference to ages 18 to 79; Immunizations added CPT 90759, 90671, 90677, 90694; Lead removed all Diagnosis codes with the exception of Z13.8; added CPT 86481; Visual Impairment removed all Diagnosis codes with the exception of Z00.121, Z00.129 and removed CPT 99172
04/01/22	HPV Screening added Procedure code 0500T
07/01/22	AAA Screen add Diagnosis Z13.6; BRCA Screen add Diagnosis Z80.8; Chlamydia Screen remove CPT 84785, 84786, 84787; Cholesterol Screen remove CPT 83722; Contraception Management remove CPT codes 11975, 11976 and HCPCS code J7303; Health Risk Assessment Screen add CPT 96160, 96161, add Diagnosis codes Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129; Mammography Screen Diagnosis codes and reference to bill with specific diagnosis codes removed; Obesity Screen add Diagnosis Z71.3; Osteoporosis add CPT 77078
10/15/22	Tuberculin Test Child added Diagnosis codes R76.11, Z11.1, Z11.7 and removed Diagnosis codes Z76.1, Z76.2; Tuberculosis Adult added Diagnosis codes Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1 and removed Diagnosis codes R76.12, Z20.1, Z22.7, Z86.15
11/01/22	Autism Screening added Diagnosis codes Z13.30, Z13.39, changed age from 17 to 21; Colonoscopy Screening removed Diagnosis Code Z59.81, Z59.89; Contraception Management added Procedure code 96372; Depression Screening added Diagnosis codes Z13.31, Z13.32; Hearing Screening updated age to thru 21; HEP B Screening added Procedure codes 86707; HIV Screening added Procedure codes 99401, 99402, 99403, 99404; Visual Impairment Screening updated ages from 5 to 21
12/05/22	Removed Diagnosis Code Z01.110 from Newborn Hearing Screening (2019)
03/01/23	Aspirin for Cardiovascular Disease and Colorectal Cancer removed; Depression Screening added Procedure Codes 99381-99387 and 99391-99397; Dyslipidemia added Diagnosis Codes Z00.121 and Z00.129 for children and adolescents; Folic Acid added to document; Fluoride Supplements added rinse and updated age to be covered thru age 16; Iron Liquid Supplements added; Pre-eclampsia Screening added
03/15/23	Breastfeeding Interventions, Services, Supplies and Equipment added K1005 effective for 1.1.2023
04/01/23	HIV Screening listed is what is covered under the HIV Testing
08/01/23	HIV Screening added code S3645
10/01/23	Archived revision history prior to 01/01/2020; Added Anxiety Disorder Screening; updated Autism Screening Name to include Developmental & Behavioral Assessment, added diagnosis code Z13.31; Remove diagnosis codes Z00.00 & Z00.01 from BRCA testing and added PA requirements; Updated Diagnosis Z83.71 to Z83.710 and added Z83.711, Z83.718, Z83.719 to Colonoscopy; Added J2704 to Contraception/Voluntary Sterilization; Added Suicide Risk to Depression Screening Name; Added RSV codes 90380, 90381, 90678, 90679; Added Rabies Vaccines 90675, 90676
11/01/23	Added Diagnosis codes B20, Z11.4, Z20.6, Z29.81 to HIV Screen / PrEP, removed modifier 33 requirement; Added S3620 to Newborn Sickie Cell; added Z01.110 to Newborn Hearing Screening; administrative edits; added 96380, 96381 to Preventive Immunizations
01/01/24	Added Anesthesia code 00811 to Colonoscopy; added A4287 and removed K1005 from Breast Feeding Supplies; removed codes 88160, 881610 88162 from Cervical Cancer Screening; updated language for Diabetes Screening; added codes G0011, G0012, G0013, J0739, J0750, J0751, J0799, Q0516, Q0517, Q0518 to HIV Screen / PrEP; added 90589, 90623, 90683 to Immunizations; removed link and listed diagnoses under Pregnancy; removed "high risk children" from Lead Screening; removed codes 80055, 80081 from RH Blood Typing; administrative edits
03/01/24	Updated language for anesthesia 00811 & 00812 for Colonoscopy; added 81025, 84702, 84703 under Contraception; added language under HIV for Apretude; removed reference to child under Lead Screening; added language for Bone Density Screening under Osteoporosis Screening; added 90681 RSV under immunizations, added "not FDA approved" under 90683 RSV under immunizations; updated language from women to "persons" under Osteoporosis Screening