

Preventive Care Services

Guideline Number: CDG.016.43
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[➔ Instructions for Use](#)

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Coverage Rationale

Indications for Coverage

Introduction

UnitedHealthcare covers certain medical services under the preventive care services benefit. The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain “recommended preventive services” as identified by PPACA under the preventive care services benefit, without cost sharing to members when provided by network providers. This includes:

- Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force.
- Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the *Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention*.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the *Health Resources and Services Administration*.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the *Health Resources and Services Administration*.

Member Cost-Sharing

Non-Grandfathered Plans

- Non-grandfathered plans provide coverage for preventive care services with no member cost sharing (i.e., covered at 100% of Allowed Amounts without deductible, coinsurance or copayment) when services are obtained from a Network provider.
- Under PPACA, services obtained from an out-of-network provider are not required to be covered under a plan's preventive benefit, and may be subject to member cost sharing. Refer to the member specific benefit plan document for out-of-network benefit information, if any.

Grandfathered Plans

- Plans that maintain grandfathered status under PPACA are not required by law to provide coverage for these preventive services without member cost sharing; although a grandfathered plan may choose to voluntarily amend its plan document to include these preventive benefits.
- Except where there are state mandates, a grandfathered plan might include member cost sharing, or exclude some of the preventive care services identified under PPACA.
- Refer to the member specific benefit plan document for details on how benefits are covered under a grandfathered plan.

Preventive vs. Diagnostic Services

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

Preventive services are those performed on a person who:

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

When a service is done for diagnostic purposes it will be considered under the applicable non-preventive medical benefit.

Diagnostic services are done on a person who:

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

Covered Breastfeeding Equipment

Personal-use electric breast pump:

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

Coverage Limitations and Exclusions

- Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
- The coverage outlined in this guideline does not address certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA. These preventive benefits are administered by the member's pharmacy plan administrator. For details on coverage, refer to the member-specific pharmacy plan administrator.

- A vaccine (immunization) is not covered if it does not meet company vaccine policy requirements for FDA labeling and if it does not have explicit ACIP recommendations for routine use published in the Morbidity and Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC) and is not listed on the applicable immunization schedule of ACIP. [Refer to the [Preventive Vaccines \(Immunizations\)](#) section.]
- Examinations, screenings, testing, or vaccines (immunizations) are not covered when:
 - required solely for the purposes of career or employment, school or education, sports or camp, travel [including travel vaccines (immunizations)], insurance, marriage or adoption; or
 - related to judicial or administrative proceedings or orders; or
 - conducted for purposes of medical research; or
 - required to obtain or maintain a license of any type.
- Services that are investigational, experimental, unproven or not medically necessary are not covered.
- Breastfeeding equipment and supplies not listed above. This includes, but is not limited to:
 - Manual breast pumps and all related equipment and supplies.
 - Hospital-grade breast pumps and all related equipment and supplies.
 - Equipment and supplies not listed in the [Covered Breastfeeding Equipment](#) section above, including but not limited to:
 - Batteries, battery-powered adaptors, and battery packs.
 - Electrical power adapters for travel.
 - Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
 - Travel bags, and other similar travel or carrying accessories.
 - Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
 - Baby weight scales.
 - Garments or other products that allow hands-free pump operation.
 - Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
 - Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
 - Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.

Note: Refer to the [Indications for Coverage](#) section above for covered breastfeeding equipment.

Frequently Asked Questions (FAQ)

1	Q:	If woman has an abnormal finding on a preventive screening mammography and the follow up mammogram was found to be normal, will UnitedHealthcare cover her future mammograms under the preventive care services benefit?
	A:	Yes, if the member was returned to normal mammography screening protocol, her future mammography screenings would be considered under the preventive care services benefit.
2	Q:	If a polyp is encountered during a preventive screening colonoscopy, are future colonoscopies considered under the preventive care services benefit?
	A:	No. If a polyp is removed during a preventive screening colonoscopy, future colonoscopies would normally be considered to be diagnostic because the time intervals between future colonoscopies would be shortened.
3	Q:	If a member had elevated cholesterol on a prior preventive screening, are future cholesterol tests considered under the preventive care services benefit?
	A:	Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the member is receiving pharmacotherapy.
4	Q:	Are the related therapeutic services for a preventive colonoscopy covered under the preventive care benefit?
	A:	Yes, related services integral to a colonoscopy are covered under the preventive care services benefit including: pre-operative examination, the associated facility, anesthesia, polyp removal (if necessary), pathologist and physician fees. However, the preventive benefit does not include a post-operative examination.
5	Q:	Are the related services for a woman's outpatient sterilization or other contraceptive procedure covered under the preventive care benefit?

5	A:	Yes, related services for a woman’s outpatient sterilization or other contraceptive procedure are covered under the preventive care services benefit including: associated implantable devices, facility fee, anesthesia, and surgeon/physician fees. Note the following clarifications: <ul style="list-style-type: none"> • The preventive benefit does not include a pre- or post-operative examination. • If a woman is admitted to an inpatient facility for another reason, and has a sterilization or other contraceptive procedure performed during that admission, the sterilization or other contraceptive procedure fees (surgical fee, device fee, anesthesia, pathologist and physician fees), are covered under the preventive benefit. However, the facility fees are not covered under the preventive care benefit since the sterilization or other contraceptive procedure is incidental to, and is not the primary reason, for the inpatient admission. • For hysteroscopic fallopian tube occlusion sterilization procedures, the preventive benefit includes an outpatient, followup hysterosalpingogram to confirm that the fallopian tubes are completely blocked.
6	Q:	Are blood draws/venipunctures included in the preventive care benefit?
	A:	Yes, blood draws/venipunctures are considered under the preventive benefit if billed for a covered preventive lab services that requires a blood draw.
7	Q:	Do any preventive care services require prior-authorization?
	A:	Certain services require prior-authorization on most benefit plans. This includes, but may not be limited to: BRCA lab screening, computed tomographic colonography (virtual colonoscopy), and screening for lung cancer with low-dose computed tomography.
8	Q:	Is a newly-combined vaccine (a vaccine with several individual vaccines combined into one) covered under preventive care benefits?
	A:	A new vaccine that is pending ACIP recommendations, but is a combination of previously approved individual components, may be eligible under the preventive care benefit.
9	Q:	Are preventive care services affected by other policies?
	A:	Yes, including for example, the Reimbursement Policy titled Preventive Medicine and Screening Policy describes situations which may affect reimbursement of preventive care services.
10	Q:	Are travel vaccines covered under preventive care benefits?
	A:	Benefits for preventive care services include vaccines for routine use in children, adolescents and adults that have in effect a recommendation from ACIP with respect to the individual involved. Vaccines that are specific to travel (e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are excluded from the preventive care services benefit.
11	Q:	For preventive services that have a diagnosis code requirement, does the listed diagnosis code need to be the primary diagnosis on the claim?
	A:	In general, most preventive services do not require the preventive diagnosis code to be in the primary position. However, certain preventive services do require the diagnosis code to be in the primary position, which include: (1) Chemoprevention of Breast Cancer (Counseling), (2) Genetic Counseling and Evaluation for BRCA Testing, and (3) Prevention of Human Immunodeficiency Virus (HIV) Infection.
12	Q:	Does the preventive care services benefit include prescription or over the counter (OTC) items?
	A:	Refer to the plan’s pharmacy benefit plan administrator for details on prescription medications and OTCs available under the plan’s preventive benefit.
13	Q:	If a member in the age range of 45-75 years has a positive stool-based colorectal cancer screening test (e.g., FIT, FOBT, and fecal DNA) or direct visualization screening test (e.g., sigmoidoscopy or CT colonography), and has a follow up colonoscopy, is the colonoscopy included in the preventive care services benefit?
	A:	Yes, in this situation, the colonoscopy would be considered under the preventive care services benefit when billed in accordance with the coding in the Colorectal Cancer Screening row listed in this guideline.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Modifier 33: Preventive service; when the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

Note: UnitedHealthcare 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.

Acronyms

Throughout this document the following acronyms are used:

- USPSTF: United States Preventive Services Task Force
- PPACA: Patient Protection and Affordable Care Act of 2010
- ACIP: Advisory Committee on Immunization Practices
- HRSA: Health Resources and Services Administration

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply. CPT® is a registered trademark of the American Medical Association.

Preventive Care Services

Also see the [Expanded Women's Preventive Health](#) section.

Certain codes may not be payable in all circumstances due to other policies or guidelines.

For preventive care medications, refer to the pharmacy plan administrator.

Service	Code(s)	Preventive Benefit Instructions
<p>A date in this column is when the listed rating was released, not when the benefit is effective.</p> <p><i>Abdominal Aortic Aneurysm Screening</i></p> <p>USPSTF Rating (Dec. 2019): B The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked.</p>	<p>Procedure Code(s): <i>Ultrasound Screening Study for Abdominal Aortic Aneurysm:</i> 76706</p> <p>Diagnosis Code(s): F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p>	<p>Age 65 through 75 (ends on 76th birthday).</p> <p>Requires at least one of the diagnosis codes listed in this row.</p>
<p><i>Bacteriuria Screening</i></p> <p>USPSTF Rating (Sept. 2019): A The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p>	<p>Procedure Code(s): 81007, 87086, 87088</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p>Requires a Pregnancy Diagnosis Code.</p>

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<p><i>Chlamydia Infection Screening</i></p> <p>USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> <p>Notes:</p> <ul style="list-style-type: none"> This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years. 	<p>Procedure Code(s): <i>Chlamydia Infection Screening:</i> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</p> <p><i>Blood Draw:</i> 36415, 36416 Blood draw codes only apply to lab codes 86631 or 86632</p> <p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes or <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53</p>	<p><i>Chlamydia Infection Screening:</i> Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Required to be billed with 86631 or 86632 and</p> <ul style="list-style-type: none"> One of the Screening diagnosis codes listed in this row or With a Pregnancy Diagnosis Code.
<p><i>Gonorrhea Screening</i></p> <p>USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> <p>Notes:</p> <ul style="list-style-type: none"> This recommendation applies to asymptomatic, sexually active adolescents and adults including pregnant persons. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years. 	<p>Procedure Code(s): 87590, 87591, 87592, 87801, 87850</p> <p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes or <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53</p>	<p>Requires either a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p>
<p><i>Hepatitis B Virus Infection Screening</i></p> <p><i>Pregnant Women:</i> USPSTF Rating (July 2019): A The USPSTF recommends screening for hepatitis B virus (HBV) infection in</p>	<p>Procedure Code(s): <i>Hepatitis B Virus Infection Screening:</i> 87340, 87341, 87467, G0499</p> <p><i>Blood Draw:</i> 36415, 36416</p>	<p><i>Hepatitis B Virus Infection Screening:</i> Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p>

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<p>pregnant women at their first prenatal visit.</p> <p><i>Adolescents and Adults at Increased Risk for Infection:</i></p> <p>USPSTF Rating (Dec. 2020): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p> <p>Bright Futures (July 2022): Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).</p> <p>Also refer to the Medical Policy titled Hepatitis Screening.</p>	<p>Diagnosis Code(s):</p> <p><i>Pregnancy:</i> Pregnancy Diagnosis Codes or</p> <p><i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z20.2, Z20.6, Z11.59, Z57.8, Z72.51, Z72.52, Z72.53</p>	<p><i>Blood Draw:</i></p> <p>Requires one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row and</p> <ul style="list-style-type: none"> • A Pregnancy Diagnosis Code or • One of the Screening diagnosis codes listed in this row.
<p><i>Hepatitis C Virus Infection Screening</i></p> <p>USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years.</p> <p>Bright Futures (March 2021) Bright Futures recommends screening all individuals ages 18 to 79 years at least once for hepatitis C virus infection (HCV).</p> <p>Also refer to the Medical Policy titled Hepatitis Screening.</p>	<p>Procedure Code(s):</p> <p><i>Hepatitis C Virus Infection Screening:</i> 86803, 86804, G0472</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Hepatitis C Virus Infection Screening:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Requires one of the Hepatitis C Virus Infection Screening procedure codes listed in this row</p>
<p><i>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</i></p> <p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians screen for HIV infection in:</p> <ul style="list-style-type: none"> • Adolescents and adults aged 15-65 years. Younger adolescents and older adults who are at 	<p>Procedure Code(s):</p> <p><i>HIV (Human Immunodeficiency Virus) Screening:</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><i>Blood Draw:</i> 36415, 36416</p>	<p>No age limits.</p> <p><i>HIV – Human Immunodeficiency Virus – Screening:</i> Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Requires both of the following:</p>

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<p>increased risk of infection should also be screened.</p> <ul style="list-style-type: none"> All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. <p>Note: Bright Futures recommends HIV screening lab work be conducted once between ages 15-18 years. Also recommended anytime between ages 11-14 years, and 19-21 years when a risk assessment is positive.</p>	<p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes or <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129, Other: Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z72.51, Z72.52, Z72.53</p> <p>Also see Expanded Women's Preventive Health section.</p>	<ul style="list-style-type: none"> One of the listed HIV Screening procedure codes listed in this row and One of the Screening diagnosis codes listed in this row or a Pregnancy Diagnosis Code.
<p><i>RH Incompatibility Screening</i></p> <p>USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>USPSTF Rating (Feb. 2004): B Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.</p>	<p>Procedure Code(s): <i>RH Incompatibility Screening:</i> 86850, 86901</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p><i>RH Incompatibility Screening:</i> Requires a Pregnancy Diagnosis Code.</p> <p><i>Blood Draw:</i> Required to be billed with 86850 or 86901 and with a Pregnancy Diagnosis Code.</p>
<p><i>Syphilis Screening</i></p> <p><i>Non-Pregnant Adolescents and Adults at Increased Risk:</i> USPSTF Rating (Sept. 2022): A The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection).</p> <p><i>Pregnant Women:</i> USPSTF Rating (Sept. 2018): A The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>Procedure Code(s): <i>Syphilis Screening:</i> 0064U, 0065U, 0210U, 86592, 86593, 86780</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Pregnancy:</i> Pregnancy Diagnosis Codes or <i>Screening:</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129</p>	<p><i>Syphilis Screening:</i> Requires a Pregnancy Diagnosis Code or one of the Screening diagnosis code listed in this row.</p> <p><i>Blood Draw:</i> Requires both of the following:</p> <ul style="list-style-type: none"> One of the listed Syphilis Screening procedure codes listed in this row and One of the Screening diagnosis codes listed in this row or a Pregnancy Diagnosis Code.

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<p>Note: Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p>	<p>Other: Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53</p>	
<p><i>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</i></p> <p>USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p> <p>Refer to the Medical Policy titled Genetic Testing for Hereditary Cancer.</p>	<p>Genetic Counseling and Evaluation Procedure Code(s): <i>Medical Genetics and Genetic Counseling Services:</i> 96040, S0265 <i>Evaluation and Management (Office Visits):</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, 99385, 99386, 99387, 99395, 99396, 99397, G0463 Diagnosis Code(s): Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p>	<p>Genetic Counseling and Evaluation * Medical Necessity plans require genetic counseling before BRCA Lab Screening. Requires one of the Genetic Counseling and Evaluation diagnosis codes listed in this row in the primary position.</p>
<p>Refer to the Medical Policy titled Genetic Testing for Hereditary Cancer.</p>	<p>BRCA Lab Screening Procedure Code(s): 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 <i>Blood Draw:</i> 36415, 36416 Diagnosis Code(s): <i>Family History or Personal History of breast cancer and/or ovarian cancer:</i> Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p>	<p>BRCA Lab Screening * Prior authorization requirements apply to BRCA lab screening. Applies to age 18+ when billed with one of the BRCA Lab Screening diagnosis codes listed in this row. <i>Blood Draw:</i> Requires one of the BRCA Lab Screening procedure codes listed in this row and one of the BRCA Lab Screening diagnosis codes listed in this row.</p>
<p><i>Screening for Pre-Diabetes and Type 2 Diabetes</i></p> <p>USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer</p>	<p>Pre-Diabetes Preventive Interventions Procedure Code(s): <i>Medical Nutrition Therapy or Counseling:</i> 97802, 97803, 97804, G0270, G0271, S9470 <i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p>	<p>Pre-Diabetes Preventive Interventions Limited to age 35-70 years (ends on 71st birthday). Requires diagnosis code R73.03.</p>

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patients with prediabetes to effective preventive interventions. Refer to Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions for intensive behavioral counseling interventions.	<i>Behavioral Counseling or Therapy:</i> 0403T, G0447, G0473 Diagnosis Code(s): R73.03 (prediabetes)	
for intensive behavioral counseling interventions. For additional diabetes screening benefits, also see the <i>Expanded Women's Preventive Health</i> section for Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy .	Diabetes Screening Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036 <i>Blood Draw:</i> 36415, 36416 Diagnosis Code(s): <i>Required Diagnosis Codes (requires at least one):</i> Z00.00, Z00.01, Z13.1 And one of the following additional diagnosis codes as follows: <i>Additional Diagnosis Codes (requires at least one):</i> <i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <i>Obesity :</i> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 See the <i>Expanded Women's Preventive Health</i> section for Screening for Gestational Diabetes Mellitus and	Diabetes Screening Limited to age 35-70 years (ends on 71 st birthday). <i>Diabetes Screening:</i> Requires one of the Required Diagnosis Codes listed in this row and one of the listed Additional Diagnosis Codes in this row. <i>Blood Draw:</i> Requires all of the following: <ul style="list-style-type: none"> ● One of the listed Diabetes Screening procedure codes listed in this row and ● One of the listed Required Diagnosis Codes and ● One of the listed Additional Diagnosis Codes. Preventive Benefit Does Not Apply: If a Diabetes Diagnosis Code is present in any position, the preventive benefit does not apply; see the Diabetes Diagnosis Code List .

Preventive Care Services

Also see the [Expanded Women's Preventive Health](#) section.

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	Screening for Diabetes Mellitus After Pregnancy .	
<p><i>Gestational Diabetes Screening</i></p> <p>USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant persons at 24 weeks of gestation or after.</p> <p>For additional diabetes screening benefits, also see the Screening for Pre-Diabetes and Type 2 Diabetes row. Also see the <i>Expanded Women's Preventive Health</i> section for Screening for Gestational Diabetes Mellitus and Screening for Diabetes Mellitus After Pregnancy.</p>	<p>See the <i>Expanded Women's Preventive Health</i> section for Screening for Gestational Diabetes Mellitus codes.</p>	<p>See the <i>Expanded Women's Preventive Health</i> section for Screening for Gestational Diabetes Mellitus preventive benefit instructions.</p> <p>Note: This benefit applies regardless of the gestational week.</p>
<p><i>Screening Mammography</i></p> <p>USPSTF Rating (2002): B The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.</p> <p>Also refer to the Medical Policy titled Breast Imaging for Screening and Diagnosing Cancer.</p> <p>Also see the Breast Cancer Screening for Average-Risk Women recommendation in the <i>Expanded Women's Preventive Health</i> section.</p>	<p>Procedure Code(s): 77063, 77067</p> <p>Revenue Code: 0403</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>No age limits.</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Note: This benefit only applies to screening mammography.</p>
<p><i>Cervical Cancer Screening</i></p> <p>USPSTF Rating (Aug. 2018): A The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years.</p>	<p>Human Papillomavirus DNA Testing (HPV)</p> <p>Procedure Code(s): 0500T, 87624, 87625, G0476</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p>	<p>Human Papillomavirus DNA Testing (HPV)</p> <p>Age 30 years and up. Requires one of the diagnosis codes listed in this row.</p>

Preventive Care Services

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<p>For women aged 30 to 65 years, the USPSTF recommends:</p> <ul style="list-style-type: none"> Screening every 3 years with cervical cytology alone, Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or Every 5 years with hrHPV testing in combination with cytology (co-testing). <p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p> <p>Also see Screening for Cervical Cancer in the <i>Expanded Women's Preventive Health</i> section.</p>	<p>Cervical Cytology (Pap Test) Code Group 1 Procedure Code(s): G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p>Code Group 1 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p> <p>Code Group 2 Procedure Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>Code Group 2 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p>Cervical Cytology (Pap Test) Code Group 1: Limited to age 21-65 years (ends on 66th birthday). Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>Code Group 2: Limited to age 21–65 years (ends on 66th birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.</p>
<p><i>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults - Cholesterol Screening (Lipid Disorders Screening)</i></p> <p>USPSTF Rating (August 2022): B The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p> <p>Notes:</p> <ul style="list-style-type: none"> For statin medications benefits, refer to the pharmacy plan administrator. See Dyslipidemia Screening (Bright Futures) for recommendations for children. 	<p>Procedure Code(s): <i>Cholesterol Screening:</i> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.220</p>	<p><i>Cholesterol Screening:</i> Ages 40-75 years (ends on 76th birthday). Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 40-75 years (ends on 76th birthday): Requires one of the listed Cholesterol Screening procedure codes and one of the Diagnosis Codes listed in this row.</p> <p>Preventive Benefit Does Not Apply: For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does not apply: E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p>

Preventive Care Services

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<p><i>Colorectal Cancer Screening</i></p> <p>USPSTF Rating (May 2021): B The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.</p> <p>USPSTF Rating (May 2021): A The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.</p> <p>Also refer to the Utilization Review Guidelines titled Outpatient Surgical Procedures - Site of Service; Screening Colonoscopy Procedures – Site of Service; and Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service.</p>	<p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy</p> <p>Code Group 1 Procedure Code(s): <i>Sigmoidoscopy:</i> G0104, G0106 <i>Colonoscopy:</i> G0105, G0120, G0121, G0122 <i>FOBT and FIT:</i> G0328 <i>Colonoscopy Pre-op Consultation:</i> S0285</p> <p>Code Group 2 Procedure Code(s): <i>Sigmoidoscopy:</i> 45330, 45331, 45333, 45338, 45346 <i>Colonoscopy:</i> 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 <i>FOBT and FIT:</i> 82270, 82274</p> <p>Code Group 3 Procedure Code(s): <i>Pathology:</i> 88304, 88305</p> <p>Code Group 4 Procedure Code(s): <i>Anesthesia:</i> 00812, 99152, 99153, 99156, 99157, G0500</p> <p>Code Group 5 Procedure Code(s): <i>Pre-Op/Consultation:</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99417</p>	<p>Age Limits for Colorectal Cancer Screenings: 45-75 years (ends on 76th birthday).</p> <p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy</p> <p>Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>Code Group 2: Requires one of the diagnosis codes listed in this row or one of the procedure codes from Code Group 1, regardless of diagnosis.</p> <p>Code Group 3 (Pathology) and Code Group 4 (Anesthesia): Requires one of the diagnosis codes listed in this row and one of the procedure codes from Code Groups 1 or 2.</p> <p>Code Groups 3 and 4: Note: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is preventive.</p> <p>Code Group 5: Requires one of the Code Group 5 diagnosis codes.</p>

Preventive Care Services

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	* For additional information on the reimbursement of consultation codes 99242-99245, refer to the Reimbursement Policy titled Consultation Services .	
	Code Group 6 Procedure Code(s): <i>Fecal DNA:</i> 81528 Does not have diagnosis code requirements for preventive benefits to apply.	Code Group 6 (Fecal DNA): Benefit is limited to once every 3 years. Does not have diagnosis code requirements for preventive benefits to apply.
	Diagnosis Code(s): <i>Code Groups 2, 3, and 4:</i> Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 <i>Code Group 5:</i> Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	
	Computed Tomographic Colonography (Virtual Colonoscopy) Procedure Code(s): 74263 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.	Computed Tomographic Colonography (Virtual Colonoscopy) Does not have diagnosis code requirements for preventive benefit to apply. Prior authorization requirements may apply, depending on plan.
Wellness Examinations (well-baby, well-child, well-adult) USPSTF Rating: None UnitedHealthcare supports AAP and AAFP age and frequency guidelines. HRSA Requirements: The Wellness Examinations codes in this row include the following HRSA requirements for women, where applicable: <ul style="list-style-type: none"> Breastfeeding support, counseling, and education 	Procedure Code(s): <i>Medicare Wellness Exams:</i> G0402, G0438, G0439 <i>STIs behavioral counseling:</i> G0445 <i>Annual Gynecological Exams:</i> S0610, S0612, S0613 <i>Preventive Medicine Services (Evaluation and Management):</i> 99381, 99382, 99383, 99384, 99385, 99386, 99387	Does not have diagnosis code requirements for the preventive benefit to apply. G0445 is limited to twice per year. G0296 is limited to age 50 to 80 years (ends on 8 ^{1st} birthday).

Preventive Care Services

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<ul style="list-style-type: none"> ● Contraceptive methods and sterilizations (counseling and follow-up care) ● Screening and counseling for interpersonal domestic violence ● Screening for human immunodeficiency virus infection (HIV); education and risk assessment ● Counseling for sexually transmitted infections (STIs) ● Well-woman preventive visits ● Screening for urinary incontinence ● Obesity prevention in midlife women (counseling) 	99391, 99392, 99393, 99394, 99395, 99396, 99397 <i>Preventive Medicine, Individual Counseling:</i> 99401, 99402, 99403, 99404 <i>Preventive Medicine, Group Counseling:</i> 99411, 99412 <i>Newborn Care (evaluation and management):</i> 99461 <i>Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT Scan):</i> G0296 Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply. Also see the Expanded Women's Preventive Health section.	
<p><i>Newborn Screenings</i> All newborns</p> <p>USPSTF Rating (March 2008): A Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns.</p> <p>USPSTF Rating (March 2008): A Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns.</p> <p>USPSTF Rating (Sept. 2007): A Sickle Cell Screening: Screening for sickle cell disease in newborns.</p> <p>Note: For Bright Futures hearing screening, see Hearing Tests (Bright Futures).</p>	<p>Procedure Code(s): <i>Hypothyroidism Screening:</i> 84437, 84443</p> <p><i>Phenylketonuria Screening:</i> 84030, S3620</p> <p><i>Sickle Cell Screening:</i> 83020, 83021, 83030, 83033, 83051, S3850</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Newborn Screenings:</i> Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Age 0-90 days, requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>

Preventive Care Services

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<p><i>Metabolic Screening Panel (Newborns)</i></p>	<p>Procedure Code(s): <i>Metabolic Screening Panel:</i> 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><i>Metabolic Screening Panel:</i> Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Blood Draw:</i> Age 0-90 days. Requires one of the listed Metabolic Screening Panel procedure codes listed in this row.</p>
<p><i>Osteoporosis Screening</i></p> <p>USPSTF Rating (June 2018): B Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p>USPSTF Rating (June 2018): B Postmenopausal women younger than 65 years at increased risk of osteoporosis: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>	<p>Procedure Code(s): 76977, 77080, 77081, G0130</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z82.62</p>	<p>Requires one of the diagnosis codes listed in this row.</p>
<p><i>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</i></p> <p>USPSTF Rating (Nov. 2018): B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or</p>	<p>Procedure Code(s): <i>Alcohol or Drug Use Screening:</i> 99408, 99409</p> <p><i>Annual Alcohol Screening:</i> G0442</p> <p><i>Brief Counseling for Alcohol:</i> G0443</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply.</p>

Preventive Care Services

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<p>older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p>Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p> <p>Also see rows: Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).</p>	<p>Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p>	
<p><i>Unhealthy Drug Use Screening (Adults)</i></p> <p>USPSTF Rating (June 2020): B The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)</p> <p>Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p> <p>Also see rows: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults; and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).</p>	<p>Procedure Code(s): <i>Alcohol or Drug Use Screening:</i> 99408, 99409</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply.</p>
<p><i>High Blood Pressure in Adults – Screening</i></p>	<p>Blood Pressure Measurement in a Clinical Setting N/A</p>	<p>Blood Pressure Measurement in a Clinical Setting This service is included in a preventive care wellness examination.</p>

Preventive Care Services

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<p>USPSTF Rating (April 2021):A The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement.</p> <p>The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting) Procedure Code(s): <i>Ambulatory Blood Pressure Measurement:</i> 93784, 93786, 93788 or 93790 Diagnosis Code(s): <i>Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension:</i> R03.0</p>	<p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting) Age 18 years and older. Requires the diagnosis code listed in this row.</p>
<p><i>Breast Cancer: Medication Use to Reduce Risk</i></p> <p>USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p>	<p>Procedure Code(s): <i>Evaluation and Management (Office Visits):</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417, G0463 Diagnosis Code(s): Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Requires one of the diagnosis codes listed in this row in the primary position.</p>
<p><i>Primary Care Interventions to Promote Breastfeeding</i></p> <p>USPSTF Rating (Oct. 2016): B The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p>	<p>N/A Also see the Expanded Women's Preventive Health section</p>	<p>Included in primary care or OB/GYN office visits.</p>
<p><i>Screening for Depression in Adults</i></p> <p>USPSTF Rating (Jan. 2016): B The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p>Procedure Code(s): 96127, 96161, G0444 Diagnosis Code(s): Required for 96127 Only: <i>Encounter for Screening for Depression:</i> Z13.31, Z13.32</p>	<p>Requires one of the diagnosis code listed in this row, for 96127. The diagnosis codes listed in this row are not required, for G0444 and 96161.</p>

Preventive Care Services

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<p>Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).</p>		
<p><i>Depression in Children and Adolescents (Screening)</i></p> <p>USPSTF Rating (October 2022): B The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12-18 years.</p> <p>Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.</p> <p>Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12-21 years.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).</p>	<p>Procedure Code(s): 96127, 96161, G0444</p> <p>Diagnosis Code(s): Required for 96127 Only: <i>Encounter for Screening for Depression:</i> Z13.31, Z13.32</p>	<p>Requires one of the diagnosis codes listed in this row, for 96127.</p> <p>The diagnosis codes listed in this row are not required for G0444 and 96161.</p>

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<p><i>Screening for Anxiety in Children and Adolescents</i></p> <p>USPSTF Rating (October 2022): B The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).</p>	<p>Procedure Code(s): 96127</p> <p>Diagnosis Code(s): <i>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders:</i> Z13.39</p>	<p>Requires the diagnosis code listed in this row.</p>
<p><i>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions</i></p> <p>USPSTF Rating (Nov. 2020): B The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy or Counseling:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> 0403T, G0446, G0447, G0473</p> <p>Diagnosis Code(s): <i>Screening:</i> Z13.220</p> <p><i>Nicotine Dependence, Tobacco Use, or Family History of IHD:</i> F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49</p> <p><i>Overweight:</i> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p><i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p>	<p>Requires one of the diagnosis codes listed in this row for 0403T, 97802-97804, 99401-99404, G0270, G0271, and S9470.</p> <p>The diagnosis code listed in this row are not required for G0446, G0447, and G0473.</p> <p>G0446 is limited to once per year.</p>

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	<p><i>Body Mass Index 40.0 and Over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Impaired Fasting Glucose:</i> R73.01</p> <p><i>Metabolic Syndrome:</i> E88.81</p> <p><i>Hyperlipidemia / Dyslipidemia:</i> E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p><i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Essential Hypertension:</i> I10</p> <p><i>Secondary Hypertension:</i> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p><i>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</i> O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9</p> <p><i>Urgent/Emergency/Crisis Hypertension:</i> I16.0, I16.1, I16.9</p> <p><i>Diabetes:</i> Diabetes Diagnosis Code List</p> <p><i>Atherosclerosis:</i> Atherosclerosis Diagnosis Code List</p>	

Preventive Care Services

Also see the [Expanded Women's Preventive Health](#) section.

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Service A date in this column is when the listed rating was released, not when the benefit is effective.	Code(s)	Preventive Benefit Instructions
	<p><i>Coronary Atherosclerosis:</i> I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812</p>	
<p><i>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</i></p> <p>USPSTF Rating (Sept. 2018): B The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> 0403T, G0446, G0447, G0473</p> <p>Diagnosis Code(s): <i>Body Mass Index 30.0-39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <i>Body Mass Index 40.0 and over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9</p>	<p>Requires one of the diagnosis codes listed in this row for 0403T, 97802-97804, 99401-99404, G0270, G0271, and S9470.</p> <p>G0446 is limited to once per year.</p> <p>The diagnosis codes listed in this row are not required for G0446, G0447, and G0473.</p>
<p><i>Screening for Obesity in Children and Adolescents</i></p> <p>USPSTF Rating (June 2017): B The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> 0403T, G0446, G0447, G0473</p>	<p>Requires one of the diagnosis codes listed in this row for 0403T, 97802-97804, 99401-99404, G0270, G0271, and S9470.</p> <p>G0446 is limited to once per year.</p> <p>The diagnosis codes listed in this row are not required for G0446, G0447, and G0473.</p>

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	<p>Also see the codes in the Wellness Examinations row above.</p> <p>Diagnosis Code(s): <i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9</p>	
<p><i>Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions</i></p> <p>USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i> 97802, 97803, 97804, G0270, G0271, S9470</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Behavioral Counseling or Therapy:</i> G0447, G0473</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p>Requires one of the diagnosis codes listed in this row.</p>
<p><i>Behavioral Counseling to Prevent Sexually Transmitted Infections</i></p> <p>USPSTF Rating (Aug. 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p>	<p>Procedure Code(s): <i>STIs Behavioral Counseling:</i> G0445</p> <p><i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>G0445 is limited to twice per year.</p>
<p><i>Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons</i></p> <p>USPSTF Rating (Jan. 2021): A Pregnant Persons (A): The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p>	<p>Procedure Code(s): <i>Behavioral Interventions:</i> 99406, 99407</p> <p><i>Preventive Medicine, Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p>Also see the codes in the Wellness Examinations row above.</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>

Preventive Care Services

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<p>Nonpregnant Adults (A):The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>Note: Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.</p> <p>Also see rows: Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).</p>	<p>to apply.</p>	
<p><i>Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents</i></p> <p>USPSTF Rating (April 2013): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Bright Futures (April 2017): Bright Futures recommends tobacco use assessments from age 11-21 years.</p> <p>Also see rows: Unhealthy Drug Use Screening (Adults); and Tobacco, Alcohol, or Drug Use Assessment (Bright Futures).</p>	<p>Procedure Code(s): <i>Smoking and Tobacco Use Cessation Counseling Visit:</i> 99406, 99407</p> <p><i>Preventive Medicine, Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p>Also see the codes in the Wellness Examinations row above.</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p><i>Screening for Visual Impairment in Children</i></p> <p>USPSTF Rating (Sept. 2017): B The USPSTF recommends vision</p>	<p>Procedure Code(s): <i>Visual Acuity Screening (e.g., Snellen chart):</i> 99173</p>	<p><i>Visual Acuity Screening (99173):</i> Up to age 21 years (ends on 22nd birthday). Does not have diagnosis code requirements for preventive benefits to apply.</p>

Preventive Care Services

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<p>screening at least once in all children age 3 to 5 years to detect amblyopia or its risk factors.</p> <p>Bright Futures: Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year olds.</p> <p>Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age.</p>	<p><i>Instrument-Based Screening:</i> 99174, 99177</p> <p>Diagnosis Code(s): See the Preventive Benefit Instructions.</p>	<p><i>Instrument-Based Screening (99174 and 99177):</i></p> <ul style="list-style-type: none"> Age 1 to 5 (ends on 6th birthday): Does not have diagnosis code requirements for preventive benefits to apply. Age 6 to 21 years (ends on 22nd birthday): Refer to the Medical Policy titled Omnibus Codes for allowable diagnoses.
<p><i>Behavioral Counseling to Prevent Skin Cancer</i></p> <p>USPSTF Rating (March 2018): B The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&M visit.</p>
<p><i>Prevention of Falls in Community-Dwelling Older Adults</i></p> <p>USPSTF Rating (April 2018): B The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&M visit.</p>
<p><i>Screening for Intimate Partner Violence</i></p> <p>USPSTF Rating (Oct. 2018): B The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination.</p>

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Also see Screening and Counseling for Interpersonal and Domestic Violence in the <i>Expanded Women's Preventive Health</i> section.		
<p><i>Screening for Lung Cancer with Low-Dose Computed Tomography</i></p> <p>USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>Procedure Code(s): 71271</p> <p>Diagnosis Code(s): F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p> <p>Codes for Reporting Purposes: G9275, G9276, G9458, G9459, G9460</p> <p>Note: Codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	<p>Requires one of the diagnosis codes listed in this row.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Limited to one per year, and • All of the following criteria: <ul style="list-style-type: none"> ○ Age 50 to 80 years (ends on 81st birthday), and ○ At least 20 pack-years* of smoking history, and ○ Either a current smoker or has quit within the past 15 years <p>Note: Prior authorization requirements may apply, depending on plan.</p> <p>* A pack-year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pack-year</p>
<p><i>Fluoride Application in Primary Care</i></p> <p>USPSTF Rating (May 2014): B Children From Birth Through Age 5 Years. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p> <p>Bright Futures (July 2022):</p>	<p>Procedure Code(s): <i>Application of Topical Fluoride by Physician or Other Qualified Health Care Professional:</i> 99188</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age 0-5years (ends on 6th birthday).</p> <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p>

Preventive Care Services

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Bright Futures adopted the May 2014 recommendation of the USPSTF and further recommends, once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office, based on caries risk.		
<p><i>Latent Tuberculosis Infection: Screening, Adults</i></p> <p>USPSTF Rating (Sept. 2016): B The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.</p>	<p>Procedure Code(s): <i>Screening:</i> 86480, 86481, 86580</p> <p><i>Followup Visit to Check Results:</i> 99211</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1</p> <p>Note for age 18-21 years (ends on 22nd birthday): In addition to the codes in this row, the preventive benefit also applies to the diagnosis codes listed in the Bright Futures row: Tuberculosis (TB) Testing.</p>	<p><i>Screening:</i> Ages 18 years and up.</p> <p>Requires one of the diagnosis codes listed in this row for CPT code 86480, 86481, and 86580.</p> <p><i>Followup Visit to Check Results (99211):</i> CPT code 99211 requires diagnosis code R76.11 or R76.12.</p> <p><i>Blood Draw:</i> Ages 18 years and up.</p> <p>Required to be billed with 86480 or 86481 and one of the diagnosis codes listed in this row.</p>
<p><i>Preeclampsia Screening</i></p> <p>USPSTF Rating (April 2017): B The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>	<p>Preeclampsia screening by blood pressure measurement is included in the code for a prenatal care office visit. See the following code groups in the <i>Expanded Women's Preventive Health</i> section:</p> <ul style="list-style-type: none"> ● Prenatal Office Visits ● Prenatal Care Visits ● Global Obstetrical Codes 	<p>See the following code groups in the <i>Expanded Women's Preventive Health</i> section:</p> <ul style="list-style-type: none"> ● Prenatal Office Visits ● Prenatal Care Visits ● Global Obstetrical Codes
<p><i>Perinatal Depression – Preventive Interventions (Counseling)</i></p> <p>USPSTF Rating (Feb. 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at</p>	<p>Code Group 1 Procedure Code(s): <i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404</p> <p><i>Preventive Medicine, Group Counseling:</i> 99411, 99412</p>	<p>Code Group 1: Does not have diagnosis code requirements for the preventive benefit to apply.</p>

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<p>increased risk of perinatal depression to counseling interventions.</p> <p>Note: This policy addresses coding for interventions from a network medical provider only. For perinatal depression preventive interventions with a mental health provider, refer to the plan's mental health plan benefit administrator.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); and Depression Screening (Bright Futures).</p>	<p><i>Prenatal Care Visits:</i> 59425, 59426</p> <p><i>Preventive Medicine Services (Evaluation and Management):</i> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p>Code Group 2 Procedure Code(s): <i>Evaluation and Management (Office Visits):</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463</p> <p>Code Group 2 Diagnosis Code(s): A Pregnancy Diagnosis Code; or Z39.2 (encounter for routine postpartum followup); or Z13.32 (encounter for screening for maternal depression)</p>	<p>Code Group 2: Requires one of the Code Group 2 diagnosis codes listed in this row.</p>
<p><i>Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis</i></p> <p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</p> <p>Note: This benefit also includes:</p> <ul style="list-style-type: none"> • Kidney function testing (creatinine) • Serologic testing for hepatitis B and C virus • Testing for other STIs • Pregnancy testing when appropriate • Ongoing followup and monitoring including HIV testing every 3 months 	<p>Procedure Code(s): <i>Kidney Function Testing (Creatinine):</i> 82565, 82575</p> <p><i>Pregnancy Testing:</i> 81025, 84702, 84703</p> <p><i>Office Visits:</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 (also see codes in the Wellness Examinations section)</p> <p><i>Antiretroviral Therapy Injection:</i> 96372 (Administration) J0739 (Injection cabotegravir, 1mg)</p> <p>Diagnosis Code(s): Z11.3, Z11.4, Z20.2, Z20.6 Z72.51, Z72.52, Z72.53</p> <p>Also see the sections for:</p> <ul style="list-style-type: none"> • Behavioral Counseling to Prevent Sexually Transmitted Infections • Chlamydia Infection Screening 	<p>Requires one of the diagnosis codes listed in this row in the primary position.</p> <p>Note: Prior authorization requirements may apply, depending on plan. Refer to the Medical Benefit Drug Policy titled Long-Acting Injectable Antiretroviral Agents for HIV.</p>

Preventive Care Services

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Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.	<ul style="list-style-type: none"> ● Gonorrhea Screening ● Hepatitis B Virus Infection Screening ● Hepatitis C Virus Infection Screening ● HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults ● Syphilis Screening 	
<h2>Bright Futures</h2>		
<p><i>Anemia Screening in Children</i> (Bright Futures)</p>	<p>Procedure Code(s): <i>Anemia Screening in Children:</i> 85014, 85018</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p><i>Anemia Screening in Children:</i> Ages prenatal to 21 (ends on 22nd birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages prenatal to 21 (ends on 22nd birthday).</p> <p>Required to be billed with 85014 or 85018 and one of the diagnosis codes listed in this row.</p>
<p><i>Hearing Tests</i></p> <p>Bright Futures (April 2017): <i>Hearing Tests:</i> Recommended at ages: Newborn; between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between age 11-14 years; once between age 15-17 years; once between age 18-21 years; also recommended for those that have a positive risk assessment.</p> <p><i>Risk Assessment:</i> Recommended at ages: 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, 30 mo, 3 years, 7 years, and 9 years.</p>	<p>Procedure Code(s): <i>Hearing Tests:</i> 92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008</p> <p>Diagnosis Code(s): Examination of Hearing: Z01.10 Routine Child: Z00.121, Z00.129 General Exam (for 18-21years): Z00.00, Z00.01</p> <p>Note: A risk assessment is included in the code for a wellness examination visit; see the codes in the Wellness Examinations row above.</p>	<p>Ages 0-90 days: Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Ages 91 days to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row. Limit of once per year.</p>
<p><i>Screening for Visual Impairment in Children</i> (Bright Futures)</p>	<p>See row above for Screening for Visual Impairment in Children.</p>	<p>See row above Screening for Visual Impairment in Children.</p>

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<p><i>Formal Developmental/ Autism Screening</i></p> <p>Bright Futures:</p> <ul style="list-style-type: none"> • A formal, standardized developmental screen is recommended during the 9 month visit. • A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. • A formal, standardized autism screen is recommended during the 24 month visit. • A formal, standardized developmental screen is recommended during the 30 month visit. 	<p>Procedure Code(s): 96110</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49</p>	<p>Ages prenatal to 2 years (ends on 3rd birthday).</p> <p>No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p>
<p><i>Lead Screening</i></p> <p>Bright Futures:</p> <p><i>Screening Lab Work.</i> Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo.</p> <p><i>Risk Assessment, and Screening if positive:</i> Recommended at 6 mo, 9 mo, 12 mo, 18 mo, 24 mo, 3 years, 4 years, 5 years and 6 years.</p>	<p>Procedure Code(s): <i>Lead Screening:</i> 83655</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z77.011</p>	<p><i>Lead Screening:</i> Ages 6 months through age 6 years (ends on 7th birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw:</i> Ages 6 months through age 6 years (ends on 7th birthday).</p> <p>Required to be billed with 83655 and one of the diagnosis codes in this row.</p>
<p><i>Tuberculosis (TB) Testing</i></p> <p>Bright Futures</p> <p>For age 18 years and older, also refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults.</p>	<p>Procedure Code(s): <i>Screening:</i> 86580</p> <p><i>Followup Visit to Check Results:</i> 99211</p> <p>Diagnosis Code(s): R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7</p> <p>Note for age 18 years and older: In addition to these codes, the preventive benefit also applies to all codes listed in</p>	<p>Ages prenatal to 21 (ends on 22nd birthday).</p> <p>Note: For age 18 years and older, also refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults</p> <p>No frequency limit.</p> <p>CPT code 86580 requires one of the diagnosis codes listed in this row.</p> <p>CPT code 99211 requires diagnosis code R76.11, R76.12, or Z11.1.</p>

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For preventive care medications, refer to the pharmacy plan administrator.

Service A date in this column is when the listed rating was released, not when the benefit is effective.	Code(s)	Preventive Benefit Instructions
	the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults .	
<p><i>Dyslipidemia Screening</i></p> <p>Bright Futures (April 2014): <i>Risk Assessment</i>. Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.</p> <p><i>Screening Lab Work</i>. Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years</p>	<p>Procedure Code(s): <i>Dyslipidemia Screening Lab Work</i>: 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><i>Blood Draw</i>: 36415, 36416</p> <p>Diagnosis Code(s): Z00.121, Z00.129, Z13.220</p> <p>Note: A risk assessment is included in the code for a wellness examination visit; see the Wellness Examinations row above.</p>	<p><i>Dyslipidemia Screening Lab Work</i>: Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row.</p> <p><i>Blood Draw</i>: Ages 24 months to 21 years (ends on 22nd birthday).</p> <p>Requires one of the listed Dyslipidemia Screening procedure codes listed in this row and one of the diagnosis codes listed in this row.</p>
<p><i>Tobacco, Alcohol, or Drug Use Assessment</i></p> <p>Bright Futures (April 2017): Bright Futures recommends tobacco, alcohol, or drug use assessment from age 11-21 years.</p>	<p>See codes in the rows above:</p> <ul style="list-style-type: none"> • Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents • Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults • Unhealthy Drug Use Screening (Adults) 	<p>See the rows above:</p> <ul style="list-style-type: none"> • Primary Care Interventions To Prevent Tobacco Use in Children and Adolescents • Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults • Unhealthy Drug Use Screening (Adults)
<p><i>Behavioral/Social/Emotional Screening</i></p> <p>Bright Futures (July 2022): Bright Futures recommends behavioral/social/emotional screening annually from newborn to 21 years.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).</p>	<p>An assessment is included in the code for a wellness examination visit; see the codes in the Wellness Examinations row above.</p>	<p>See the Wellness Examinations row above.</p>

Preventive Care Services

Also see the [Expanded Women's Preventive Health](#) section.

Certain codes may not be payable in all circumstances due to other policies or guidelines.

For preventive care medications, refer to the pharmacy plan administrator.

Service A date in this column is when the listed rating was released, not when the benefit is effective.	Code(s)	Preventive Benefit Instructions
<p><i>Depression and Suicide Risk Screening</i></p> <p>Bright Futures (July 2022): Bright Futures recommends screening adolescents age 12-21 years for depression and suicide risk, making every effort to preserve confidentiality of the adolescent.</p> <p>Bright Futures (February 2017): <i>Maternal Depression Screening:</i> Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.</p> <p>Also see the rows for Screening for Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression – Preventive Interventions (Counseling).</p>	<p>See the codes in the Depression in Children and Adolescents (Screening) row above.</p>	<p>See the Depression in Children and Adolescents (Screening) row above.</p>
<p><i>Sexually Transmitted Infections (STI)</i></p> <p>Bright Futures (April 2017): Bright Futures recommends the following: <i>STI Risk Assessment:</i> Conduct risk assessment at each of the recommended visits between 11 years – 21 years. <i>STI Lab Work:</i> Conduct if risk assessment is positive.</p>	<p>See the codes in the Chlamydia Infection Screening and Gonorrhea Screening rows above.</p>	<p>See the Chlamydia Infection Screening and Gonorrhea Screening rows above.</p>
<p><i>HIV Screening</i></p> <p>Bright Futures (April 2017): <i>HIV Risk Assessment:</i> Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years and 21 years. <i>HIV Screening Lab Work:</i> Conduct once between age 15-18 years. Also recommended anytime between</p>	<p>See the codes in the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row above.</p>	<p>See the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row above.</p>

Preventive Care Services

Also see the [Expanded Women's Preventive Health](#) section.

Certain codes may not be payable in all circumstances due to other policies or guidelines.

For preventive care medications, refer to the pharmacy plan administrator.

Service A date in this column is when the listed rating was released, not when the benefit is effective.	Code(s)	Preventive Benefit Instructions
ages 11-14 years, and 19-21 years when a risk assessment is positive.		
<p><i>Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening</i></p> <p>Bright Futures (July 2022): All children should be evaluated for conditions predisposing to SCA and SCD in the course of routine health care. A thorough and detailed history, family history, and physical examination are necessary to begin assessing SCA and SCD risk. The ECG should be the first test ordered when there is a concern for SCA risk. The ECG should be interpreted by a physician trained in recognizing electrical heart disease (i.e., a pediatric cardiologist or pediatric electrophysiologist).</p>	<p>ECG Screening for those at Risk</p> <p>Procedure Code(s): 93000, 93005, 93010</p> <p>Diagnosis Code(s): <i>Required Screening Diagnosis Codes (requires at least one):</i> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129</p> <p><i>And requires one of the following Additional Diagnosis Codes (requires at least one):</i> I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Z82.41, Z84.81, Z82.49</p> <p>Risk Assessment</p> <p>A risk assessment is included in the code for a wellness examination visit; see the codes in the Wellness Examinations row above.</p>	<p><i>ECG Screening for those at Risk:</i> Limited to ages 11 years to 21 years (ends on 22nd birthday). Requires one of the Screening Diagnosis Codes listed in this row and one of the Additional Diagnosis Codes listed in this row.</p>
<p><i>Hepatitis B Virus Infection Screening</i></p> <p>Bright Futures (July 2022): Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).</p>	<p>See the codes in the Hepatitis B Virus Infection Screening row above.</p>	<p>See the Hepatitis B Virus Infection Screening row above.</p>

Preventive Vaccines (Immunizations)

A vaccine (immunization) that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC); and (3) listed on the applicable immunization schedule of ACIP. Implementation will typically occur within 60 days. In the case of a public health emergency (as defined by the Centers for Disease Control or state or local public health departments) UnitedHealthcare may choose to apply preventive benefits to a new vaccine if the vaccine has FDA approval, even if an ACIP recommendation has not been announced.

Notes:

- Trade Name(s) column: Brand names/trade names are included, when available, as examples for convenience only. Coverage pursuant to this Coverage Determination Guideline is based solely on the procedure codes.
- Age Group column: This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; Pediatric means age 0-18 years.
- Benefit Limits column: Benefit Limits in bold text are from FDA labeling and ACIP recommendations. Codes that indicate “For applicable age see code description” are limited to the age(s) listed in the code description.

COVID-19 Vaccines

- For codes pertaining to the COVID-19 vaccine and vaccine administration, refer to the list of [Preventive Care Services: COVID-19 Vaccine Codes](#). Note: During the national public health emergency, this list will be subject to frequent updates. Review it frequently for updated COVID-19 vaccine coding information as additional information and guidance is issued by the FDA and CDC.
- Additional information on UnitedHealthcare’s response to the COVID-19 public health emergency, including additional COVID-19 billing guidance is available at UHCprovider.com/COVID19.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Immunization Administration Preventive when included as part of a preventive immunization.	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	N/A	Pediatric	For applicable age see code description.
For codes pertaining to COVID-19 vaccine and vaccine administration, refer to the list of Preventive Care Services: COVID-19 Vaccine Codes .	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)	N/A	Pediatric	For applicable age see code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	N/A	Both	-
	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)	N/A	Both	-

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	N/A	Both	-
	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)	N/A	Both	-
	G0008	Administration of influenza virus vaccine	N/A	Both	-
	G0009	Administration of pneumococcal vaccine	N/A	Both	-
	G0010	Administration of hepatitis B vaccine	N/A	Both	-
	0771 <i>(revenue code)</i>	Vaccine administration	N/A	Both	-
Dengue	90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	Dengvaxia [®]	Pediatric	Benefit Limit: Ages 9-16 years (ends on 17 th birthday)
Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	MenQuadfi [®]	Both	-
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero [®]	Both	Benefit Limit: Ages 10 and older
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba [®]	Both	Benefit Limit: Ages 10 and older
	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 [®]	Pediatric	For applicable age see code description.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90733	Meningococcal polysaccharide vaccine , serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	Menactra® Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Havrix® VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix® VAQTA®	Pediatric	For applicable age see code description.
	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Havrix®	Pediatric	For applicable age see code description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib)	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	Both	-
	90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	ActHIB® Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	Gardasil4®	Both	Benefit Limit: Ages 9-26 years (ends on 27 th birthday)
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	N/A	Both	Benefit Limit: Ages 9-26 years (ends on 27 th birthday)
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil9®	Both	Benefit Limit: Ages 9-45 years (ends on 46 th birthday)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Seasonal Influenza ('flu') <i>Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</i>	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone® Intradermal Quadrivalent	Adult	Benefit Limit: Ages 18-64 years (ends on 65 th birthday)
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Fluad®	Adult	Benefit Limit: Ages 65 years and up
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone® Intradermal Trivalent	Adult	Benefit Limit: Ages 18-64 years (ends on 65 th birthday)
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone® No Preservative Pediatric	Pediatric	Benefit Limit: Ages 6-35 months
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluzone® No preservative Fluvirin® Fluarix® Flulaval®	Both	Benefit Limit: Ages 3 years and older
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	Pediatric	Benefit Limit: Ages 6-35 months
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	Both	Benefit Limit: Ages 3 years and older
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	Adult	Benefit Limit: Ages 4 years and older
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	High Dose Fluzone®	Adult	Benefit Limit: Ages 65 years and older
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Flumist®	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)	

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	N/A	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	N/A	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	N/A	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	Adult	Benefit Limit: Ages 18 years and older
	90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	Both	Benefit Limit: Ages 6 months and older
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok Quadrivalent®	Adult	Benefit Limit: Ages 18 years and older
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Afluria® Quadrivalent Fluzone Quadrivalent®	Pediatric	Benefit Limit: Ages 6-35 months
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent Fluarix® Quadrivalent FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and older

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Afluria® Quadrivalent Fluzone Quadrivalent®	Pediatric	Benefit Limit: Ages 6-35 months
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and older
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	-	Both	-
	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 ml dosage, for intramuscular use	Fluad® Quadrivalent	Adult	Benefit Limit: Ages 65 years and older
	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax Quadrivalent® (non-preservative free)	Both	Benefit Limit: Ages 6 months and older
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu®	Adult	Benefit Limit: Ages 18 years and older
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)	Afluria®	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)	Flulaval®	Both	For applicable age see code description.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)	Fluvirin®	Both	For applicable age see code description.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Fluzone®	Both	For applicable age see code description.
	Q2039	Influenza virus vaccine, not otherwise specified	N/A	Both	-
Pneumococcal polysaccharide (PPSV23)	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	Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13® (PCV13)	Both	-
	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Vaxneuvance®	Both	-
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Prevnar20®	Adult	Benefit Limit: Ages 19 years and older
Rotavirus (RV1, RV5)	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Rotateq®	Pediatric	Benefit Limit: Ages 0-8 months
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	Pediatric	Benefit Limit: Ages 0-8 months
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	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® Quadrace1®	Pediatric	For applicable age see code description.
Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus vaccine, haemophilus influenzae type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB)	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	Vaxelis®	Pediatric	Benefit Limit: Ages 0-4 years (ends on 5 th birthday)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTaP-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	Pediatric	Benefit Limit: Ages 0-4 years (ends on 5 th birthday)
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Daptacel® Infanrix®	Pediatric	For applicable age see code description.
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	N/A	Pediatric	For applicable age see code description.
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II® Priorix®	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	Pediatric	Benefit Limit: Ages 1-12 years (ends on 13 th birthday)
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol®	Both	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac® Decavac®	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adacel® Boostrix®	Both	For applicable age see code description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	Both	-
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	Both	Benefit Limit: Ages 0-6 years (ends on 7 th birthday)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Zoster / Shingles (HZV/ZVL, RZV)	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	Shingrix®	Adult	Benefit Limit: Ages 19 years and older
Hepatitis B	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	HEPLISAV-B®	Adult	Benefit Limit: Ages 18 and older
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	Both	-
	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	Recombivax HB®	Pediatric <i>(adolescent only)</i>	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	Engerix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	N/A	Both	-
	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	PreHevbrio™	Adult	Benefit Limit: Ages 18 and older

Expanded Women's Preventive Health

These are the requirements of the Health Resources and Services Administration (HRSA).

For additional services covered for women, see the [Preventive Care Services](#) section above.

Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service A date in this column reflects when the listed rating was issued.	Code(s)	Preventive Benefit Instructions
<p><i>Well-Woman Preventive Visits</i></p> <p>HRSA Requirement (Dec. 2021): WPSI Recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include prepregnancy, prenatal, postpartum and interpregnancy visits.</p> <p>Also see Wellness Examinations and Preeclampsia Screening in the <i>Preventive Care Services</i> section.</p>	<p>Procedure Code(s): <i>Well-Woman Visits:</i> See the Wellness Examinations row in the <i>Preventive Care Services</i> section.</p>	<p><i>Well-Woman Visits:</i> See the Wellness Examinations row in the <i>Preventive Care Services</i> section.</p>
	<p><i>Prenatal Office Visits:</i> Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463</p>	<p><i>Prenatal Office Visits:</i> Requires a Pregnancy Diagnosis Code.</p>
	<p><i>Physician Prenatal Education, Group Setting:</i> 99078</p>	<p><i>Physician Prenatal Education, Group Setting:</i> Requires a Pregnancy Diagnosis Code.</p>
	<p><i>Prenatal Care (Antepartum) Visits:</i> 59425, 59426</p>	<p><i>Prenatal Care Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p>
	<p><i>Global Obstetrical Codes:</i> 59400, 59510, 59610, 59618</p>	<p><i>Global Obstetrical Codes:</i> The routine, low-risk, prenatal visits portion of the code is covered as preventive. Does not have diagnosis code requirements for the preventive benefit to apply.</p>
	<p><i>Postpartum Care Visits (outpatient):</i> 59430</p>	<p><i>Postpartum Care Visits (outpatient):</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p><i>Screening for Gestational Diabetes Mellitus</i></p> <p>HRSA Requirement (Dec. 2016): Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if</p>	<p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p> <p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036 <i>Blood Draw:</i> 36415, 36416 Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p><i>Diabetes Screening:</i> Requires a Pregnancy Diagnosis Code (regardless of gestational week). <i>Blood Draw:</i> Requires one of the diabetes screening procedure codes listed in this row and one of the Pregnancy Diagnosis Codes. Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the Diabetes Diagnosis Code List.</p>

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<p>results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. This recommendation also suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.</p> <p>Also see the Screening for Pre-Diabetes and Type 2 Diabetes and Gestational Diabetes Screening sections of the <i>Preventive Care Services</i> section, and the Screening for Diabetes Mellitus After Pregnancy section.</p>		
<p><i>Screening for Diabetes Mellitus After Pregnancy</i></p> <p>HRSA Requirement (Dec. 2017) The Women's Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.</p> <p>Also see Gestational Diabetes Screening and Screening for Pre-Diabetes and Type 2 in the <i>Preventive Care Services</i> section, and the Screening for Gestational Diabetes Mellitus section.</p>	<p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Code(s): <i>Required Screening Diagnosis Codes (requires at least one):</i> Z00.00, Z00.01, Z13.1 And requires the following additional code: <i>Additional Diagnosis Code Required:</i> Z86.32 (personal history of gestational diabetes)</p>	<p><i>Diabetes Screening:</i> Requires one of the Required Screening diagnosis codes listed in this row and Z86.32.</p> <p>No age limit.</p> <p><i>Blood Draw:</i> Requires one of the Diabetes Screening procedure codes listed in this row and one of the Required Screening diagnosis codes listed in this row and Z86.32.</p> <p>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the Diabetes Diagnosis Code List.</p>

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<p><i>Screening for Urinary Incontinence</i></p> <p>The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually.</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>
<p><i>Counseling for Sexually Transmitted Infections (STIs)</i></p> <p>HRSA Requirement (Dec. 2021): WPSI recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. WPSI recommends that clinicians review a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors include, but are not limited to, age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use.</p> <p>For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>
<p><i>Screening for Human Immunodeficiency Virus Infection (HIV)</i></p> <p>HRSA Requirement (Dec. 2021): The Women's Preventive Services Initiative (WPSI) recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional</p>	<p><i>Education and Risk Assessment</i></p> <p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above</p> <p><i>Screening Tests</i></p> <p>See the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the <i>Preventive Care Services</i> section above</p>	<p><i>Education and Risk Assessment</i></p> <p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p> <p><i>Screening Tests</i></p> <p>See the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the <i>Preventive Care Services</i> section above.</p>

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<p>screening should be based on risk, and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. The WPSI recommends risk assessment and prevention education for HIV infection beginning at age 13 and continuing as determined by risk. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.</p>		
<p><i>Contraceptive Methods (Including Sterilizations)</i></p> <p>HRSA Requirement (Dec. 2021): WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the postpartum period). Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives). WPSI recommends that the full range of U.S. Food and Drug Administration (FDA)-approved, -granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: (1)</p>	<p>Code Group 1 Procedure Code(s): <i>Sterilizations:</i> Tubal Ligation, Oviduct Occlusion: 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See Code Group 4 below for Tubal Ligation Followup)</p> <p><i>Contraceptive Methods:</i> Diaphragm or Cervical Cap: 57170, A4261, A4266 IUD (copper): J7300 IUD (Skyla®): J7301 IUD (Liletta®): J7297 IUD (Kyleena®): J7296 (See Code Group 2 below for additional IUD codes)</p>	<p>Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p>Code Group 2 Procedure Code(s): <i>Contraceptive Methods:</i> Implantable Devices: J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)</p> <p>IUDs: J7298 (Mirena®)</p>	<p>Code Group 2: Requires one of the Code Group 2 diagnosis codes listed in this row.</p>

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sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined pill), (7) oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA.	<p>S4989 58300, S4981 (insertion) 58301 (removal) (See Code Group 1 above for additional IUD codes)</p> <p><i>Injections:</i> 96372 (administration) J1050 (injection)</p> <p>Code Group 2 Diagnosis Code(s): These are required for Code Group 2. <i>Contraceptive Management:</i> Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p>	
<p>Notes:</p> <ul style="list-style-type: none"> Coverage includes member reimbursement for the cost of FDA-approved, cleared, or granted mobile device applications for use as contraception consistent with the FDA-approved, cleared, or granted indication. For counseling and follow-up care, see the Wellness Examinations row in the <i>Preventive Care Services</i> section above. Certain employers may qualify for an exemption from covering contraceptive methods and sterilizations on account of religious objections. Refer to the plan's pharmacy benefit plan administrator for details on pharmacy contraceptives available under the plan's preventive benefit. 	<p>Code Group 3 Procedure Code(s): <i>Anesthesia for Sterilization:</i> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Code Group 3 Diagnosis Code(s): <i>Sterilization:</i> Z30.2</p>	<p>Code Group 3: Requires one of the Code Group 3 diagnosis code listed in this row.</p>
	<p><i>Tubal Ligation Followup Hysterosalpingogram</i></p> <p>Code Group 4 Procedure Code(s): <i>Catheterization and Introduction of Saline or Contrast Material:</i> 58340 <i>Hysterosalpingography:</i> 74740 <i>Contrast Material:</i> Q9967</p> <p>Code Group 4 Diagnosis Code(s): <i>Tubal Ligation Status:</i> Z98.51</p>	<p>Code Group 4: Requires one of the Code Group 4 diagnosis code listed in this row.</p>
	<p>Code Group 5 Procedure Code(s): <i>IUD Followup Visit:</i> 99211, 99212</p>	<p>Code Group 5: Requires one of the Code Group 5 diagnosis code listed in this row.</p>

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<p>Also refer to the Utilization Review Guideline titled Outpatient Surgical Procedures – Site of Service.</p>	<p>Code Group 5 Diagnosis Code(s): Z30.431</p> <p>Code Group 6 Procedure Code(s): <i>Impacted IUD removal</i> 58562</p> <p>Code Group 6 Diagnosis Code(s): Z30.432, Z30.433</p> <p>Code Group 7 Procedure Code(s): <i>Related Visits: Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization:</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 Also see coding in the Wellness Examinations row above.</p> <p><i>Related Pregnancy Tests:</i> Pregnancy Tests When Related to Contraception or Sterilization: 81025, 84702, 84703</p> <p>Code Group 7 Diagnosis Codes: <i>Tubal Ligation Status:</i> Z98.51 <i>Sterilization:</i> Z30.2 <i>Contraceptive Management:</i> Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p>	<p>Code Group 6: Requires one of the Code Group 6 diagnosis codes listed in this row.</p> <p>Code Group 7: Requires one of the Code Group 7 diagnosis codes listed in this row.</p>
<p><i>Breastfeeding Services and Supplies</i></p> <p>HRSA Requirement (Dec. 2021): WPSI recommends comprehensive lactation support services including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of</p>	<p><i>Counseling and Education</i></p> <p>Procedure Code(s): 98960, 98961, 98962, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, S9443</p> <p>Also see the codes in the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p> <p>Diagnosis Code(s): B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011,</p>	<p><i>Counseling and Education</i></p> <p>Requires one of the diagnosis codes listed in this row for 98960-98962, 99242-99245, 99341-99345, and 99347-99350.</p> <p>Does not have diagnosis code requirements for preventive benefits to apply for S9443.</p>

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<p>breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.</p>	<p>O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2</p> <p>* For additional information on the reimbursement of consultation codes 99242-99245, refer to the Reimbursement Policy titled Consultation Services.</p> <p><i>Breastfeeding Equipment & Supplies</i> Procedure Code(s): <i>Personal Use Electric Breast Pump:</i> E0603 <i>Breast Pump Supplies:</i> A4281, A4282, A4283, A4284, A4285, A4286</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes or Z39.1.</p>	<p><i>Breastfeeding Equipment & Supplies</i> E0603 is limited to one purchase per birth. E0603 and A4281-A4286 require at least one of the diagnosis codes listed in this row.</p>
<p><i>Screening and Counseling for Interpersonal and Domestic Violence</i></p> <p>HRSA Requirement (Dec. 2016): Recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to,</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>	<p>See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.</p>

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<p>counseling, education, harm reduction strategies, and referral to appropriate supportive services.</p> <p>Also see the Screening for Intimate Partner Violence row in the <i>Preventive Care Services</i> section above.</p>		
<p><i>Breast Cancer Screening for Average-Risk Women</i></p> <p>HRSA Requirement (Dec. 2016): Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.</p>	<p>See the Screening Mammography row in the <i>Preventive Care Services</i> section above.</p>	<p>See the Screening Mammography row in the <i>Preventive Care Services</i> section above.</p>
<p><i>Screening for Cervical Cancer</i></p> <p>HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus</p>	<p><i>Human Papillomavirus DNA Testing (HPV)</i></p> <p>See the Cervical Cancer Screening row in the <i>Preventive Care Services</i> section above.</p> <p><i>Cervical Cytology (Pap Test)</i></p> <p>See the Cervical Cancer Screening row in the <i>Preventive Care Services</i> section above.</p>	<p><i>Human Papillomavirus DNA Testing (HPV)</i></p> <p>See the Cervical Cancer Screening row in the <i>Preventive Care Services</i> section above.</p> <p><i>Cervical Cytology (Pap Test)</i></p> <p>See the Cervical Cancer Screening row in the <i>Preventive Care Services</i> section above.</p>

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testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.		
<p><i>Screening for Anxiety</i></p> <p>HRSA Requirement (Dec. 2019): The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.</p> <p>Also see the rows for Screening for Depression in Adults (USPSTF); Depression in Children and Adolescents (Screening) (USPSTF); Perinatal Depression - Preventive Interventions (Counseling) (USPSTF); and Depression Screening (Bright Futures) in the <i>Preventive Care Services</i> section above.</p>	<p>Procedure Code(s): 96127</p> <p>Diagnosis Code(s): <i>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders:</i> Z13.39</p>	Requires the diagnosis code listed in this row.
<p>Obesity Prevention in Midlife Women (Counseling)</p> <p>HRSA Requirement (Dec. 2021): WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.</p>	See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.	See the Wellness Examinations row in the <i>Preventive Care Services</i> section above.

Diagnosis Codes

[Preventive Care Services: ICD-10 Diagnosis Codes](#)

COVID-19 Codes

[Preventive Care Services: COVID-19 Vaccine Codes](#)

Revenue Codes

Refer to the [Screening Mammography](#) and [Preventive Vaccines \(Immunizations\)](#) sections above for the applicable revenue codes.

References

ACIP Acronyms for Vaccines (including Trade Names): <https://www.cdc.gov/vaccines/hcp/acip-recs/vac-abbrev.html>.

Accessed October 24, 2022.

ACIP Vaccine Recommendations and Guidelines: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Accessed October 24, 2022.

American Academy of Family Physicians (AAFP) Clinical Preventive Services Recommendations: <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-practice-guidelines/clinical-preventive-services-recommendations.html>. Accessed October 24, 2022.

American Academy of Pediatrics/Bright Futures/Recommendations for Pediatric Preventive Healthcare. (For ages 0-21): https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed October 24, 2022.

American Academy of Pediatrics, Bright Futures Guidelines, 4th edition, Evidence and Rationale chapter https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf. Accessed October 24, 2022

American Academy of Pediatrics: <http://www.aap.org/>. Accessed October 24, 2022.

Centers for Disease Control and Prevention / Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/index.html>. Accessed October 24, 2022.

Federal Register / Vol. 83, No. 39/Tuesday, February 27, 2018 / Notices: <https://www.govinfo.gov/content/pkg/FR-2018-02-27/pdf/2018-03840.pdf>. Accessed October 24, 2022.

Grade Definitions for USPSTF Recommendations: <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>. Accessed October 24, 2022.

July 19, 2010 IRS Interim Rules: http://www.irs.gov/irb/2010-29_IRB/index.html. Accessed October 24, 2022.

Published Recommendations, U.S. Preventive Services Task Force:

<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>. Accessed October 24, 2022.

U.S. Food and Drug Administration (FDA), Vaccines Licensed for Use in the United States:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>. Accessed October 24, 2022.

Women's Preventive Services Guidelines (HRSA) <https://www.hrsa.gov/womens-guidelines-2016/index.html>. Accessed October 24, 2022.

Women's Preventive Services Initiative (WPSI) <https://www.womenspreventivehealth.org/>. Accessed October 24, 2022.

Guideline History/Revision Information

Date	Summary of Changes
01/01/2023	<p>Frequently Asked Questions (FAQ)</p> <ul style="list-style-type: none">Removed FAQ #14 pertaining to maternal depression screening <p>Applicable Codes</p> <p><i>Preventive Care Services</i></p> <p>Hepatitis B Virus Infection Screening</p>

Date	Summary of Changes
	<ul style="list-style-type: none"> ● Updated service description; added Jul. 2022 Bright Futures guideline to indicate Bright Futures recommends screening between the ages 0-21 years [perform risk assessment for hepatitis B virus (HBV) infection] ● Updated lists of applicable codes; added: <ul style="list-style-type: none"> ○ CPT code 87467 (<i>annual code edit</i>) ○ ICD-10 diagnosis codes Z00.121 and Z00.129 <p>Syphilis Screening</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Jun. 2016 USPSTF rating “A” ○ Added Sep. 2022 USPSTF rating “A” to indicate the USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection) ● Updated list of applicable CPT codes; added 0064U, 0065U, 0210U, and 86780 <p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults - Cholesterol Screening (Lipid Disorders Screening)</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Nov. 2016 USPSTF rating “B” ○ Added Aug. 2022 USPSTF rating “B” to indicate the USPSTF recommends clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factor (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater <p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes for <i>Code Group 5: Pre-Op/Consultation</i> to reflect annual edits; removed 99241 <p>Screening for Depression in Adults</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; added 96161 ● Updated preventive benefit instructions; added language to indicate the diagnosis codes listed for this service are not required for CPT code 96161 <p>Depression in Children and Adolescents (Screening)</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Feb. 2016 USPSTF “B” rating ○ Added Oct. 2022 USPSTF “B” rating to indicate the USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12-18 years ● Updated list of applicable CPT codes; added 96161 ● Updated preventive benefit instructions; added language to indicate the diagnosis codes listed for this service are not required for CPT code 96161 <p>Screening for Anxiety in Children and Adolescents (<i>new to policy</i>)</p> <ul style="list-style-type: none"> ● Added service description for the Oct. 2022 USPSTF “B” rating to indicate the USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years ● Added instruction to refer to the <i>Screening for Anxiety (HRSA)</i>, <i>Screening for Depression in Adults (USPSTF)</i>, <i>Perinatal Depression – Preventive Interventions (Counseling) (USPSTF)</i>, and <i>Depression and Suicide Risk Screening (Bright Futures)</i> sections of the policy for additional information ● Added CPT code 96127 ● Added ICD-10 diagnosis code Z13.39 ● Added preventive benefit instruction to indicate CPT code 96127 requires diagnosis code Z13.39 <p>Fluoride Application in Primary Care</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Apr. 2017 Bright Futures guideline ○ Added Jul. 2022 Bright Futures guideline to indicate Bright Futures adopted the May 2014 recommendation of the USPSTF and further recommends, once teeth are present, [to] apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office, based on caries risk

Date	Summary of Changes
	<p>Behavioral/Social/Emotional Screening (Bright Futures)</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Apr. 2017 Bright Futures guideline ○ Added Jul. 2022 Bright Futures guideline to indicate Bright Futures recommends behavioral/social/emotional screening annually from newborn to 21 years ● Added instruction to refer to the <i>Screening for Anxiety (HRSA)</i>, <i>Screening for Depression in Adults (USPSTF)</i>, <i>Perinatal Depression – Preventive Interventions (Counseling) (USPSTF)</i>, and <i>Depression and Suicide Risk Screening (Bright Futures)</i> sections of the policy for additional information <p>Depression and Suicide Risk Screening (Bright Futures)</p> <ul style="list-style-type: none"> ● Updated service description: <ul style="list-style-type: none"> ○ Removed Apr. 2017 Bright Futures guideline ○ Added Jul. 2022 Bright Futures guideline to indicate Bright Futures recommends screening adolescents age 12-21 years for depression and suicide risk, making every effort to preserve confidentiality of the adolescent <p>Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening (Bright Futures) (new to policy)</p> <ul style="list-style-type: none"> ● Added service description for the Jul. 2022 Bright Futures guideline to indicate Bright Futures recommends all children should be evaluated for conditions predisposing to SCA and SCD in the course of routine health care: <ul style="list-style-type: none"> ○ A thorough and detailed history, family history, and physical examination are necessary to begin assessing SCA and SCD risk ○ The ECG should be the first test ordered when there is a concern for SCA risk ○ The ECG should be interpreted by a physician trained in recognizing electrical heart disease (i.e., a pediatric cardiologist or pediatric electrophysiologist) ● Added lists of applicable codes: <ul style="list-style-type: none"> ○ Added CPT codes 93000, 93005, and 93010 ○ Added ICD-10 diagnosis codes for: <ul style="list-style-type: none"> ▪ At least one required for screening: <ul style="list-style-type: none"> – Adult: Z00.00 and Z00.01 – Child: Z00.121 and Z00.129 ▪ Additional (at least one) required: I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Z82.41, Z84.81, and Z82.49 ● Added language to indicate a risk assessment is included in the code for a wellness examination visit; refer to the codes in the <i>Wellness Examinations</i> section of the policy ● Added preventive benefit instructions to indicate ECG screening for those at risk: <ul style="list-style-type: none"> ○ Is limited to ages 11 years to 21 years (ends on 22nd birthday) ○ Requires one of the screening diagnosis codes and one of the additional diagnosis codes listed for this service <p>Preventive Vaccines (Immunizations)</p> <p>Pneumococcal Conjugate</p> <ul style="list-style-type: none"> ● Revised language to indicate CPT code 90671 applies to both pediatric and adult age groups (no age benefit limit) <p>Measles, Mumps, Rubella (MMR)</p> <ul style="list-style-type: none"> ● Revised list of trade names associated with CPT code 90707; added “Priorix®” <p>Expanded Women’s Preventive Health</p> <p>Well-Woman Preventive Visits</p> <ul style="list-style-type: none"> ● Replaced references to “prenatal care” with “prenatal care (<i>antepartum</i>)” ● Added CPT code 59430 for postpartum care visits (outpatient) ● Added preventive benefit instruction to indicate: <ul style="list-style-type: none"> ○ CPT code 99078 requires a pregnancy diagnosis code listed in the policy

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Postpartum care visits (outpatient) do not have diagnosis code requirements for the preventive benefit to apply <p>Contraceptive Methods (Including Sterilizations)</p> <ul style="list-style-type: none"> ● Added service notation to indicate coverage includes member reimbursement for the cost of FDA-approved, cleared, or granted mobile device applications for use as contraception consistent with the FDA-approved, cleared, or granted indication ● Added lists of applicable codes for <i>Code Group 7</i> for: <ul style="list-style-type: none"> ○ <i>Related Visits: Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization:</i> Added CPT/HCPCS codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, and G0463 ○ <i>Related Pregnancy Tests: Pregnancy Tests When Related to Contraception or Sterilization:</i> Added CPT codes 81025, 84702, and 84703 ○ <i>Tubal Ligation Status:</i> Added ICD-10 diagnosis code Z98.51 ○ <i>Sterilization:</i> Added ICD-10 diagnosis code Z30.2 ○ <i>Contraceptive Management:</i> Added ICD-10 diagnosis codes Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, and Z30.9 ● Added instruction to refer to the coding in the <i>Wellness Examinations</i> section of the policy ● Added preventive benefit instructions to indicate the CPT codes in <i>Code Group 7</i> require one of the <i>Code Group 7</i> diagnosis codes <p>Breastfeeding Services and Supplies</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes to reflect annual edits; removed 99241 and 99343 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version CDG.016.42

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.