

PREVENTIVE CARE SERVICES

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Related Commercial Policies
<ul style="list-style-type: none"> • Breast Imaging for Screening and Diagnosing Cancer • Cardiovascular Disease Risk Tests • Computed Tomographic Colonography • Cytological Examination of Breast Fluids for Cancer Screening • Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC) • Preventive Medicine and Screening Policy • Vaccines

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

- 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
 - HHS: Health and Human Services
 - HRSA: Health Resources and Services Administration

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is

made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Introduction

UnitedHealthcare covers certain medical services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, the federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain "recommended preventive services" identified by PPACA under the Preventive Care Services benefit, without cost sharing to members when provided by Network physicians.

For Plan Years that begin on or after September 23, 2010

For non-grandfathered health plans, UnitedHealthcare will cover the recommended preventive services under the Preventive Care Services benefit as mandated by PPACA, with no cost sharing when provided by a Network provider. These services are described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and Health Resources and Services Administration (HRSA) Guidelines including the American Academy of Pediatrics *Bright Futures* periodicity guidelines.

For Plan Years that begin on or after August 1, 2012

For non-grandfathered plans, UnitedHealthcare will cover for women the additional preventive care and screenings as required by the HHS Health Plan Coverage Guidelines for Women's Preventive Services for plan years that begin on or after August 1, 2012.

In addition to these mandated services, under the Preventive Care Services benefit, UnitedHealthcare also covers screening using CT colonography; prostate specific antigen (PSA); and screening mammography for adult women without age limits.

Grandfathering for Preventive Care Services

Grandfathered plans, as that term is defined under PPACA, are not required by law to provide coverage without cost sharing for preventive services; although a grandfathered plan may amend its plan document to voluntarily comply with the preventive benefit requirements under PPACA.

Grandfathered health plans will continue the benefits for preventive care that existed in the plan prior to September 23, 2010, without conforming to the federal mandate under PPACA, unless amended to comply with the federal requirements. 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. Please refer to the member specific plan document for details.

Non-grandfathered plans are required to cover the preventive care services as defined in the PPACA at no cost sharing. Please refer to the member specific plan document for details.

Cost Sharing for Non-Grandfathered Health Plans

Network Preventive Care Services that are identified by PPACA are required to be covered under the Preventive Care Services benefit with no member cost sharing (ie. covered at 100% of Eligible Expenses without deductible, coinsurance or copayment). Depending on the plan, Eligible Expenses for services from non-network providers may not equal the provider's billed charges (refer to plan's schedule of benefits). **Note:** For Network providers, UnitedHealthcare has made a decision to also cover the "Additional Preventive Care Services" identified below with no member cost sharing.

Non-Network preventive care services are not part of the PPACA requirements. Many plans do not cover non-network preventive care services. If a plan covers non-network preventive care services, the benefit for non-network is allowed to have member cost sharing. Please refer to the member specific plan document for non-network information.

Summary of Preventive Care Services Benefit

The following is a high-level summary of the services covered under the Preventive Care Services benefit (broken down by age/gender groups):

All members: Age- and gender-appropriate Preventive Medicine visits (Wellness Visits); all routine immunizations recommended by the Advisory Committee on Immunization Practices of the CDC.

All members at an appropriate age and/or risk status: Counseling and/or screening for: colorectal cancer; elevated cholesterol and lipids; certain sexually transmitted diseases; HIV; depression; high blood pressure; diabetes. Screening and counseling for alcohol abuse in a primary care setting; tobacco use; obesity; diet and nutrition.

Women's Health

1. **Plan Years that Begin on or after September 23, 2010:** Screening mammography; cervical cancer screening including Pap smears; genetic counseling and evaluation for the BRCA breast cancer gene test; BRCA lab screening* (effective October 1, 2013); counseling for chemoprevention for women at high risk for breast cancer; screening for gonorrhea, chlamydia, syphilis in defined high risk groups; osteoporosis screening. Screening pregnant women for bacteriuria; hepatitis B virus; Rh incompatibility; and instructions to promote and aid with breast feeding.

*Prior Authorization for BRCA Testing:

- For most benefit plans, prior authorization requirements apply to BRCA lab screening.
- For medical necessity benefit plans: genetic counseling from an Independent Genetics Provider (see definition section) is required before UnitedHealthcare will approve prior authorization requests (effective January 1, 2016).

2. **Plan Years that Begin on or after August 1, 2012:** Preventive visits to include preconception and prenatal services; FDA-approved contraception methods and contraceptive counseling; human papillomavirus (HPV) DNA testing for women 30 years and older; breastfeeding support and counseling, and costs of breastfeeding equipment; domestic violence screening and counseling; annual human immunodeficiency virus (HIV) screening and counseling; annual sexually-transmitted infection counseling; and screening for gestational diabetes for all pregnant women that have no prior history of diabetes.

Men's Health

Screening for prostate cancer for men age 40 and older; screening for abdominal aortic aneurysm in men 65-75 years old (USPSTF recommends this for males 65-75 years old who have smoked).

Pediatrics

Screening newborns for hearing problems, thyroid disease, phenylketonuria, sickle cell anemia, and standard metabolic screening panel for inherited enzyme deficiency diseases. For children: Counseling for fluoride for prevention of dental cavities; screening for major depressive disorders; vision; lead; tuberculosis; developmental/autism; counseling for obesity.

Additional Preventive Care Services

The following preventive care services are not currently required by PPACA. However, these services are covered under UnitedHealthcare's Preventive Care Services benefit.

1. Mammography (film and digital) screening for all adult women
2. Computed Tomographic Colonography (Virtual Colonoscopy) for screening for colon cancer
3. Osteoporosis Screening for all women (regardless of risk)
4. Prostate Cancer Screening for all men age 40+
5. Wellness / Physical Examinations for Adults (Age- and gender-appropriate)*

* See the [Expanded Women's Preventive Health](#) coding table below regarding specific services that are covered as well woman visits under PPACA, for plan years that begin on or after August 1, 2012.

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 adjudicated under the Preventive Care Services benefit.

Preventive services are those performed on a person who:

1. has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
2. has had screening done within the recommended interval with the findings considered normal; or
3. 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.
4. has a preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Examples include, but are not limited to:

- A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the patient was returned to normal mammography screening protocol, then future mammography would be considered preventive.
- If a polyp is encountered during preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated facility, lab and anesthesia fees done at the same encounter are covered under the Preventive Care Services benefit.

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

Diagnostic services are done on a person who:

1. had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
2. 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
3. had a symptom(s) that required further diagnosis; or
4. does not fall within the applicable population for a recommendation or guideline (e.g., someone who has a colorectal cancer screening due to a family history).

Examples include, but are not limited to:

- A patient had a polyp found and removed at a prior preventive screening colonoscopy. All future colonoscopies are considered diagnostic because the time intervals between future colonoscopies would be shortened.
- A patient had an elevated cholesterol on prior preventive screening. Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the patient is receiving pharmacotherapy.
- If a Preventive service results in a therapeutic service at a later point in time, the Preventive Service would be adjudicated under the Preventive Care Services benefit and the therapeutic service would be adjudicated under the applicable non-preventive medical benefit.

Related Services

Services that are directly related to the performance of a preventive service are adjudicated under the Preventive Care Services benefit. Examples include:

1. All services for a preventive colonoscopy (e.g., associated facility, anesthesia, pathologist, and physician fees). The preventive benefit does **not** include a post-operative examination. Effective January 1, 2016, the preventive benefit includes a pre-operative examination / consultation prior to a preventive colonoscopy.
2. Women's outpatient sterilization procedures (e.g., associated implantable devices, facility fee, as well as anesthesia, pathology, and physician fees) are considered to be related services and covered under the preventive benefit. Note the following:
 - a. The preventive benefit does **not** include a pre- or post-operative examination.
 - b. If a woman is admitted to an inpatient facility for another reason, and has a sterilization performed during that admission, the sterilization surgical fees (surgical fee, device fee, anesthesia, pathologist and physician fees), are covered under the preventive benefit. However, the facility fees are not covered under preventive benefits since the sterilization is incidental to and is not the primary reason for the admission.
 - c. For hysteroscopic fallopian tube occlusion sterilization procedures, the preventive benefit includes an outpatient, followup hysterosalpingogram to confirm that the fallopian tubes are completely blocked.
3. Blood drawing (venipuncture or finger or heel stick) is considered as payable under the preventive benefit if billed for a preventive lab service that requires a blood draw.

Note, however, that benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.

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.

Note: See [Coverage Limitations and Exclusions](#) section for non-covered items.

Additional Information

- A new immunization that is pending ACIP recommendations, but is a combination of previously approved individual components, is eligible for adjudication under the preventive care benefit.
- Refer to the reimbursement policy titled [Preventive Medicine and Screening Policy](#) for situations which may affect reimbursement of preventive care services.
- The list of recommended preventive services covered will be updated as new recommendations and guidelines are issued, or as existing ones are revised or removed by the USPSTF, ACIP and the HRSA. Updates will occur no less frequently than required by PPACA.

Coverage Limitations and Exclusions

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
2. Generally, the cost of drugs, medications, vitamins, supplements, or over the counter items are not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to the member-specific pharmacy plan administrator.
3. An immunization is not covered if it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
 - a. required solely for the purposes of career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage or adoption, or
 - b. related to judicial or administrative proceedings or orders, or
 - c. conducted for purposes of medical research, or
 - d. required to obtain or maintain a license of any type.
5. Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies for details.
6. Breastfeeding equipment and supplies not listed in the Indications for Coverage section above. This includes, but is not limited to:
 - a. Manual breast pumps and all related equipment and supplies.
 - b. Hospital-grade breast pumps and all related equipment and supplies.
 - c. Equipment and supplies not listed in the [Covered Breastfeeding Equipment](#) section above, including but not limited to:
 - o Batteries, battery-powered adaptors, and battery packs.
 - o Electrical power adapters for travel.
 - o Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
 - o Travel bags, and other similar travel or carrying accessories.
 - o Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
 - o Baby weight scales.
 - o Garments or other products that allow hands-free pump operation.
 - o Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
 - o Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
 - o Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.

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

TRAVEL IMMUNIZATIONS: ADDITIONAL INFORMATION

Immunizations that are specific to **travel** (e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not required by PPACA and are excluded from coverage. However, travel immunizations are available as a buy-up coverage option on certain plans. Please see the member specific plan document for details.

DEFINITIONS

Independent Genetics Provider (for Medical Necessity Benefit Plans): Genetic counseling is required by an independent (not employed by a genetic testing lab) genetics provider prior to genetic testing for BRCA mutations in order to inform persons being tested about the benefits and limitations of a specific genetic test as applied to a unique person. Genetics Providers employed by or contracted with a laboratory that is part of an Integrated health system which routinely delivers health care services beyond just the laboratory testing itself are considered independent. Genetic testing for BRCA mutations requires documentation of medical necessity by one of the following who has evaluated the member and intends to engage in post-test follow-up counseling:

- Board-eligible or Board-Certified Genetic Counselor (CGC)
- Advanced Genetics Nurse (AGN-BC)
- Genetic Clinical Nurse (GCN)
- Advanced Practice Nurse in Genetics (APNG)
- A Board-eligible or Board-Certified Clinical Geneticist
- A Board-certified physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and having received specialized ongoing training in cancer genetics.)

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.

Please see [Applicable Codes](#) section below for more information about Modifier 33.

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 Coverage Determination Guidelines may apply.

Modifier 33

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.

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Preventive Care Services		
<p><i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator.</i></p>		
Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Abdominal Aortic Aneurysm Screening</p> <p><u>USPSTF Rating (June 2014): B</u> The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who have ever smoked.</p>	<p>Procedure Code(s): <i>Ultrasound screening study for abdominal aortic aneurysm:</i></p> <ul style="list-style-type: none"> • 76706 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219 	<ul style="list-style-type: none"> • Age 65 through 75 (ends on 76th birthday) • One of the Diagnosis Codes listed in this row.
<p>Bacteriuria Screening</p> <p><u>USPSTF Rating (July 2008): A</u> Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 81007 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section). 	<ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section)
<p>Chlamydia Infection Screening</p>	<p>Procedure Code(s): <i>Chlamydia Infection Screening:</i></p> <ul style="list-style-type: none"> • 86631, 86632, 87110, 87270, 	<p><i>Chlamydia Infection Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Services

Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p> <p>Note: This recommendation applies to all sexually active adolescents and adult women, including pregnant women.</p>	<p>87320, 87490, 87491, 87492, 87801, 87810 <i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p><i>Blood draw codes only apply to lab codes 86631 or 86632.</i></p> <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.8, Z11.9, Z20.2 	<p>OR</p> <ul style="list-style-type: none"> One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Payable when billed with both of the following: <ol style="list-style-type: none"> With 86631 or 86632 AND With one of the Screening Diagnosis Codes listed in this row OR with a Pregnancy Diagnosis Code (see list at end of section)
<p>Gonorrhea Screening</p> <p><u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 87590, 87591, 87592, 87801, 87850 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.9, Z20.2 	<ul style="list-style-type: none"> Payable with either a Pregnancy Diagnosis Code (see list at end of section) OR One of the Screening Diagnosis Codes listed in this row.
<p>Hepatitis B Virus Infection Screening</p> <p>Pregnant Women: <u>USPSTF Rating (June 2009): A</u> Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p> <p>Persons at High Risk: <u>USPSTF Rating (May 2014): B</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p> <p>Please also see Medical Policy: Hepatitis Screening</p>	<p>Procedure Code(s): <i>Hepatitis B Virus Infection Screening:</i></p> <ul style="list-style-type: none"> 87340, 87341, G0499 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section), OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z57.8, Z00.00, Z00.01, Z11.59 	<p><i>Hepatitis B Virus Infection Screening</i></p> <ul style="list-style-type: none"> Payable with a Pregnancy Diagnosis Code (see list at end of section) OR One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND With a Pregnancy Diagnosis Code (see list at end of section) OR one of the Screening Diagnosis Codes listed in this row.
<p>Hepatitis C Virus Infection Screening</p>	<p>Procedure Code(s): <i>Hepatitis C Virus Infection Screening:</i></p>	<p><i>Hepatitis C Virus Infection Screening:</i></p> <ul style="list-style-type: none"> Preventive with one of the Hepatitis C Virus Infection Diagnosis codes (see list at

Preventive Care Services

Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>USPSTF Rating (June 2013): B</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.</p> <p>Please also see Medical Policy: Hepatitis Screening</p>	<ul style="list-style-type: none"> • 86803, 86804, G0472 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section.) 	<p>the end of section).</p> <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND a Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section).
<p>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults</p> <p><u>USPSTF Rating (April 2013): A</u></p> <ul style="list-style-type: none"> • The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. • The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. 	<p>Procedure Code(s): <i>HIV – Human Immunodeficiency Virus – Screening:</i></p> <ul style="list-style-type: none"> • 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section) OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.00, Z00.01, Z00.121, Z00.129, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6 <p>Also see Expanded Women's Preventive Health table below.</p>	<ul style="list-style-type: none"> • No age limits. <p><i>HIV – Human Immunodeficiency Virus – Screening:</i></p> <ul style="list-style-type: none"> • Preventive when billed with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed HIV Screening procedure codes listed in this row AND 2. With one of the following: <ul style="list-style-type: none"> ○ one of the Screening Diagnosis Codes listed in this row, OR ○ with a Pregnancy Diagnosis Code (see list at end of section)
<p>RH Incompatibility Screening</p> <p><u>USPSTF Rating (Feb. 2004): A</u> Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p><u>USPSTF Rating (Feb. 2004): B</u> 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></p> <ul style="list-style-type: none"> • 86901 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section). 	<p><i>RH Incompatibility Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with 86901 AND with a Pregnancy Diagnosis Code (see list at end of section)
<p>Syphilis Screening</p> <p><u>USPSTF Rating (June 2016): A</u></p>	<p>Procedure Code(s): <i>Syphilis Screening:</i></p> <ul style="list-style-type: none"> • 86592, 86593 	<p><i>Syphilis Screening:</i></p> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) OR

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Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. (Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection)</p> <p><u>USPSTF Rating (May 2009): A</u> The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.</p>	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section) OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.00, Z00.01, Z00.121, Z00.129, Z11.2, Z11.3, Z11.9, Z20.2 	<ul style="list-style-type: none"> • One of the Screening Diagnosis Code listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed Syphilis Screening procedure codes listed in this row AND 2. With one of the following: <ul style="list-style-type: none"> ○ one of the listed Screening diagnosis codes in this row OR ○ with a Pregnancy Diagnosis Code(see list at end of section)
<p>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</p> <p><u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (<i>BRCA1</i> or <i>BRCA2</i>). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p> <p>Please see Medical Policy: Genetic Testing for Hereditary Breast Ovarian Cancer Syndrome (HBOC)</p>	<p>Genetic Counseling and Evaluation:</p> <p>Procedure Code(s): <i>Medical genetics and genetic counseling services:</i></p> <ul style="list-style-type: none"> • 96040, S0265 <p><i>Evaluation and Management (Office Visits):</i></p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 <hr/> <p>BRCA Lab Screening: Procedure Code(s):</p> <ul style="list-style-type: none"> • 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): Family History or Personal History of breast cancer and/or ovarian cancer:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 	<p>Genetic Counseling and Evaluation: <i>*Medical Necessity plans require genetic counseling before BRCA Lab Screening.</i></p> <p>Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position.</p> <p>-----</p> <p>BRCA Lab Screening: <i>*Prior authorization requirements apply to BRCA lab screening.</i></p> <p>Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row.</p> <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with both of the following: <ol style="list-style-type: none"> 1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab Screening diagnosis codes listed in this row.
<p>Diabetes Screening</p> <p><u>USPSTF Rating (Oct. 2015): B</u></p>	<p>Procedure Code(s): <i>Diabetes Screening:</i></p> <ul style="list-style-type: none"> • 82947, 82948, 82950, 82951, 	<p>Limited to age 40-70years (ends on 71st birthday).</p>

Preventive Care Services

*Also see the **Expanded Women's Preventive Health** table below.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p> <p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</p>	<p>82952, 83036 <i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): REQUIRED DIAGNOSIS CODES (requires at least one):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.00, Z00.01, Z13.1 <p>AND one of the following Additional Diagnosis Codes as follows:</p> <p>ADDITIONAL DIAGNOSIS CODES (requires at least one):</p> <p><u>OVERWEIGHT:</u></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <p><u>OBESITY :</u></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p><u>BODY MASS INDEX 30.0 – 39.9:</u></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <p><u>BODY MASS INDEX 40.0 AND OVER:</u></p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I10 <p>HYPERTENSIVE HEART DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I11.0, I11.9 <p>HYPERTENSIVE CHRONIC KIDNEY DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I12.0, I12.9 <p>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I13.0, I13.10, I13.11, I13.2 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 	<p><i>Diabetes Screening:</i></p> <ul style="list-style-type: none"> • Payable with one of the Required Diagnosis Codes listed in this row AND • With one of the listed Additional Diagnosis Codes in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with ALL of the following: <ol style="list-style-type: none"> 1. With one of the listed Diabetes Screening procedure codes listed in this row AND 2. With one of the listed Required Diagnosis Codes AND 3. With one of the listed Additional Diagnosis Codes. <p><u>Preventive Benefit Does Not Apply:</u> If a Diabetes Diagnosis Code is present in any position, the preventive benefit does not apply. See Diabetes Diagnosis Codes table below.</p>

Preventive Care Services

**Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.**

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: 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>URGENT/EMERGENCY/CRISIS HYPERTENSION</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I16.0, I16.1, I16.9 <p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</p>	
<p>Gestational Diabetes Mellitus Screening</p> <p><u>USPSTF Rating (January 2014):</u> B</p> <p>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</p> <p>Also see the Diabetes Screening row above for additional diabetes screening benefits.</p>	<p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening codes.</p>	<p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening preventive benefit instructions.</p> <p>Note: This benefit applies regardless of the gestational week.</p>
<p>Rubella Screening By History of Vaccination or by Serology</p>	<p>Procedure Code(s):</p> <p><i>Rubella Screening by History of</i></p>	<p><i>Rubella Screening by Serology:</i></p> <ul style="list-style-type: none"> • Payable with one of the listed diagnosis codes in this row.

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>USPSTF Rating (1996): B</u> Screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter.</p>	<p><i>Vaccination:</i></p> <ul style="list-style-type: none"> No codes (included in exam) <p><i>Rubella Screening by Serology:</i></p> <ul style="list-style-type: none"> 86762 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10:</u> Z00.00, Z00.01, Z11.59, Z20.4 	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Payable when billed with 86762 AND one of the listed diagnosis codes in this row
<p>Screening Mammography</p> <p><u>USPSTF Rating: B</u> (2002 Recommendation) 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, see Medical Policy: Breast Imaging for Screening and Diagnosing Cancer</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> G0202, 77063, 77067 Revenue code: 0403 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Payable regardless of age. Does not have diagnosis code requirements for preventive benefit to apply. <p><u>Note the following:</u></p> <ul style="list-style-type: none"> This benefit only applies to screening mammography.
<p>Cervical Cancer Screening, Pap Smear</p> <p><u>USPSTF Rating (March 2012): A</u> Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. <u>Bright Futures, March 2014:</u> Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p>	<p>Procedure Code(s): Code Group 1:</p> <ul style="list-style-type: none"> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 Does not have diagnosis code requirements for preventive benefit to apply. <p>Code Group 2:</p> <ul style="list-style-type: none"> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175 <p>Code Group 2 Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10:</u> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4 	<ul style="list-style-type: none"> Limited to age 21 years – 65 years (ends on 66th birthday) <p>Code Group 1:</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply. <p>Code Group 2:</p> <ul style="list-style-type: none"> Payable with one of the Diagnosis Codes listed in this row.
<p>Cholesterol Screening (Lipid Disorders Screening)</p> <p>USPSTF Rating (Nov. 2016): B</p>	<p>Procedure Code(s): <i>Cholesterol Screening:</i></p> <ul style="list-style-type: none"> 80061, 82465, 83718, 83719, 83721, 84478 	<p><u>Age 40 – 75 years (ends on 76th birthday)</u></p> <ul style="list-style-type: none"> Preventive with one of the Required Diagnosis Codes listed in this row.

Preventive Care Services

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For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults</u> – The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p> <p>Note: for statin medications benefits refer to pharmacy plan administrator.</p> <p><u>Screening Men (June 2008)*:</u></p> <ul style="list-style-type: none"> • Screening men aged 35 and older for lipid disorders. USPSTF Rating: A • Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B <p><u>Screening Women at Increased Risk (June 2008)*:</u></p> <ul style="list-style-type: none"> • Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: A • Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B <p>*Preventive coverage for the</p>	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p><u>Diagnosis Code(s):</u></p> <p>Required Diagnosis Codes: (at least one):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.00, Z00.01, Z13.220 <p>Additional Diagnosis Codes: <i>See Preventive Benefit Instructions Column For When Required:</i></p> <p>FAMILY or PERSONAL HISTORY:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z72.0, Z82.49, Z83.42, Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219 <p>OBESITY:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9 <p>BODY MASS INDEX 40 AND OVER, ADULT:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I10 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> 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, 	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable for age 40 – 75 years when billed with one of the listed Cholesterol Screening procedure codes AND with one of the Required Diagnosis Codes listed in this row. <hr/> <p><u>Age 35 – 39 years, and age 76 years and older:</u></p> <ul style="list-style-type: none"> • Preventive with one of the Required Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable for age 35 – 39 years and age 76 years and older when billed with one of the listed Cholesterol Screening procedure codes AND with one of the Required Diagnosis Codes listed in this row. <p><u>Age 20 to 34 (ends on 35th birthday):</u></p> <ul style="list-style-type: none"> • Preventive with one of the Required Diagnosis Codes listed in this row AND with one of the listed Additional Diagnosis Codes listed in this row <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Preventive for age 20 to 34 (ends on 35th birthday) when billed with ALL of the following: <ol style="list-style-type: none"> 1. with one of the listed Cholesterol Screening procedure codes AND 2. with one of the Required Diagnosis Codes listed in this row AND 3. with one of the Additional Diagnosis Codes listed in this row <p><u>Preventive Benefit Does Not Apply:</u> For all ages above, if any of the following lipid disorders diagnosis codes are present in any position the preventive benefit does not apply:</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.4, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89

Preventive Care Services

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Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
2008 ratings expire Nov. 30, 2017	<p>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>URGENT/EMERGENCY/CRISIS HYPERTENSION</p> <ul style="list-style-type: none"> • <u>ICD-10: I16.0, I16.1, I16.9</u> <p>DIABETES:</p> <ul style="list-style-type: none"> • See Diabetes Diagnosis Code List table below. <p>ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • See Atherosclerosis Diagnosis Code List table below <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • <u>ICD-10: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812</u> 	
<p>Colorectal Cancer Screening</p> <p><u>USPSTF Rating (June 2016): A</u> The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.</p>	<p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</p> <p>Procedure Code(s): <u>Code Group 1:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: G0104, G0106 • Colonoscopy: G0105, G0120, G0121, G0122 • FOBT and FIT: G0328 • Colonoscopy Pre-op Consultation: S0285 <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 • Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 	<p>Age Limits for Colorectal Cancer Screenings:</p> <ul style="list-style-type: none"> • 50 years – 75 years (ends on 76th birthday) <p>Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy:</p> <p><u>Code Group 1:</u> Does not have diagnosis code requirements for preventive benefits to apply.</p> <p><u>Code Group 2:</u> Paid as preventive if:</p> <ul style="list-style-type: none"> • billed with one of the Diagnosis Codes listed in this row OR • billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.

Preventive Care Services

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 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<ul style="list-style-type: none"> • FOBT and FIT: 82270, 82274 <p><u>Code Group 3:</u></p> <ul style="list-style-type: none"> • Pathology: 88304, 88305 <p><u>Code Group 4:</u></p> <ul style="list-style-type: none"> • Anesthesia: 00810, 99152, 99153, 99156, 99157, G0500 <p><u>Code Group 5:</u> Pre-op/Consultation:</p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205 • 99211, 99212, 99213, 99214, 99215 • 99241, 99242, 99243, 99244, 99245 <p><u>Code Group 6:</u> Fecal DNA: 81528</p> <p>Diagnosis Code(s) (for Code Group 2, 3, and 4):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 <p>(for Code Group 5):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 <p>Computed Tomographic Colonography (Virtual Colonoscopy): Procedure Code(s):</p> <ul style="list-style-type: none"> • 74263 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<p><u>Code Group 3 (pathology) AND Code Group 4 (anesthesia):</u> Paid as preventive if:</p> <ul style="list-style-type: none"> • billed with one of the Diagnosis Codes listed in this row AND • billed with one of the Procedure Codes from Code Group 1 or Code Group 2. <p><u>Code Group 3 and 4:</u> Note the following:</p> <ul style="list-style-type: none"> • Preventive when performed for a colorectal cancer screening. • Preventive benefits only apply when the surgeon's claim is preventive. <p><u>Code Group 5 :</u> Paid as Preventive if billed with one of the Code Group 5 diagnosis codes.</p> <p><u>Code Group 6 (Fecal DNA):</u></p> <ul style="list-style-type: none"> • Benefit is limited to once every 3 years. • Does not have diagnosis code requirements for preventive benefits to apply. <p>Computed Tomographic Colonography (Virtual Colonoscopy):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. • Prior authorization requirements may apply, depending on plan.
<p>Wellness Examinations (well baby, well child, well adult)</p> <p><u>USPSTF Rating:</u> None UHC supports AAP and AAFP age and frequency guidelines.</p> <p>HHS Requirements: These codes also include the following HHS requirements for Women:</p> <ul style="list-style-type: none"> • Breastfeeding support and counseling 	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • G0402, G0438, G0439 • G0445, S0610, S0612, S0613 • 99381, 99382, 99383, 99384, 99385, 99386, 99387 • 99391, 99392, 99393, 99394, 99395, 99396, 99397 • 99401, 99402, 99403, 99404 • 99411, 99412 • 99461 <p><i>Counseling Visit (to Discuss the Need for Lung Cancer Screening</i></p>	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. • G0445 is limited to twice per year. • G0296 is limited to age 55 to 80 years (ends on 81st birthday)

Preventive Care Services

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<ul style="list-style-type: none"> • Contraceptive methods counseling • Domestic violence screening • Annual HIV counseling • Sexually Transmitted Infections counseling • Well-woman visits 	<p><i>(LDCT) Using Low Dose CT Scan):</i></p> <ul style="list-style-type: none"> • G0296 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Also see Expanded Women's Preventive Health table below.</i></p>	
<p>Immunizations</p> <p><u>USPSTF Rating: None</u></p> <p>An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR.</p>	<p>See Preventive Immunizations table below.</p>	<p>See Preventive Immunizations table below.</p>
<p>Newborn Screenings All newborns</p> <p><u>USPSTF Rating (July 2008): B</u> Hearing Screening - screening for hearing loss in all newborn infants</p> <p><u>USPSTF Rating (March 2008): A</u> Hypothyroidism Screening - screening for congenital hypothyroidism in newborns</p> <p><u>USPSTF Rating (March 2008): A</u> Phenylketonuria Screening - screening for phenylketonuria (PKU) in newborns</p> <p><u>USPSTF Rating (Sept. 2007): A</u> Sickle Cell Screening - screening for sickle cell disease in</p>	<p>Procedure Code(s): Hearing Screening:</p> <ul style="list-style-type: none"> • V5008, 92551, 92558, 92585, 92586, 92587, 92588 <p>Hypothyroidism Screening:</p> <ul style="list-style-type: none"> • 84437, 84443 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Phenylketonuria Screening:</p> <ul style="list-style-type: none"> • S3620, 84030 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Sickle Cell Screening:</p> <ul style="list-style-type: none"> • S3850, 83020, 83021, 83030, 83033, 83051 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p>	<p><i>Newborn Screenings:</i></p> <ul style="list-style-type: none"> • Age 0 – 90 days • Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.

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Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
newborns	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	
Metabolic Screening Panel (newborns)	<p>Procedure Code(s): <i>Metabolic Screening Panel:</i></p> <ul style="list-style-type: none"> S3620, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<p><i>Metabolic Screening Panel:</i></p> <ul style="list-style-type: none"> Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Age 0-90 days, payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.
<p>Osteoporosis Screening</p> <p><u>USPSTF Rating (Jan. 2011): B</u> The USPSTF recommends screening for osteoporosis in women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 76977, 77078, 77080, 77081 G0130 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <i>ICD-10:</i> Z00.00, Z00.01, Z13.820, Z82.62 	<ul style="list-style-type: none"> Preventive with one of the Diagnosis Codes listed in this row.
<p>Prostate Cancer Screening</p> <p><u>USPSTF Rating (2008): I</u> At the time PPACA was implemented the USPSTF concluded that the current evidence was insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.</p> <p><u>USPSTF Rating (May 2012): D</u> The USPSTF recommends against prostate specific antigen (PSA) based screening for prostate cancer.</p> <p>NOTE: While this screening is not recommended by the USPSTF, the American Urological Association recommends PSA screening, together with digital rectal examination, only after explanation of the possible</p>	<p>Procedure Code(s):</p> <p><u>Code Group 1:</u></p> <ul style="list-style-type: none"> G0102, G0103 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p><u>Code Group 2:</u> <i>(requires diagnosis code)</i></p> <ul style="list-style-type: none"> 84152, 84153, 84154 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s):</p> <p><u>Code Group 1:</u></p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply. <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> <i>ICD-10:</i> Z00.00, Z00.01, Z12.5, Z80.42 	<p><u>Code Group 1:</u></p> <ul style="list-style-type: none"> Age 40 or older. Does not have diagnosis code requirements for preventive benefits to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Payable when billed with G0103 <p><u>Code Group 2:</u> Age 40 or older when billed with one of the Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Payable when billed: <ul style="list-style-type: none"> with 84152, 84153 or 84154 AND with one of the Diagnosis Codes listed in this row

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
advantages and harms of such screening.		
<p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</p> <p><u>USPSTF Rating (May 2013): B</u> The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</p> <p>Note: The Bright Futures Periodicity Schedule recommends alcohol use assessment begin at age 11.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 99408, 99409, G0442, G0443 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply.
<p>High Blood Pressure in Adults – Screening: USPSTF Rating (Oct. 2015):A</p> <ul style="list-style-type: none"> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. 	<p>Blood Pressure Measurement in a Clinical Setting:</p> <ul style="list-style-type: none"> n/a <p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):</p> <p>Procedure Code(s): Ambulatory Blood Pressure Measurement:</p> <ul style="list-style-type: none"> 93784, 93786, 93788 or 93790 <p>Diagnosis Code: Abnormal blood-pressure reading without diagnosis of hypertension:</p> <ul style="list-style-type: none"> <u>ICD-10</u>: R03.0 	<p>Blood Pressure Measurement in a Clinical Setting:</p> <ul style="list-style-type: none"> This service is included in a preventive care wellness examination. <p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting):</p> <ul style="list-style-type: none"> Age 18 years and up. Payable as preventive when billed with the Diagnosis Code listed in this row
<p>Chemoprevention of Breast Cancer (Counseling)</p> <p><u>USPSTF Rating (July 2002): B</u> The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the</p>	<p>Procedure Code(s): <i>Evaluation and Management (Office Visits):</i></p> <ul style="list-style-type: none"> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z80.3, Z80.41, 	<ul style="list-style-type: none"> Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
potential benefits and harms of chemoprevention.	Z15.01, Z15.02	
Primary Care Interventions to Promote Breastfeeding <u>USPSTF Rating (Oct. 2016): B</u> The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	<ul style="list-style-type: none"> • n/a Also see Expanded Women's Preventive Health table below.	<ul style="list-style-type: none"> • Included in primary care or OB/GYN office visits.
Screening for Depression in Adults <u>USPSTF Rating (Jan. 2016): B</u> Recommendation: 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. (B recommendation)	Procedure Code(s): <ul style="list-style-type: none"> • 96127, G0444 Diagnosis Code(s): <i>Required for 96127 only:</i> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z13.89 	One of the Diagnosis Codes listed in this row is required for 96127. The Diagnosis Codes listed in this row are not required for G0444.
Depression in Children and Adolescents (Screening) <u>USPSTF Rating (Feb. 2016): B</u> The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	Procedure Code(s): <ul style="list-style-type: none"> • 96127, G0444 Diagnosis Code(s): <i>Required for 96127 only:</i> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z13.89 	One of the Diagnosis Codes listed in this row is required for 96127. The Diagnosis Codes listed in this row are not required for G0444.
Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12.		
Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults	Procedure Code(s): <i>Medical Nutrition Therapy or Counseling:</i> <ul style="list-style-type: none"> • 97802, 97803, 97804, G0270, G0271, S9470 	<ul style="list-style-type: none"> • G0446 is limited to once per year. <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> • Required for 97802-97804, 99401-99404,

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>with Cardiovascular Risk Factors</p> <p><u>USPSTF Rating (Aug. 2014): B</u> The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p>	<p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> • G0446, G0447, G0473, 0403T <p>Diagnosis Code(s):</p> <p>SCREENING:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z13.220 <p>HISTORY:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219 <p>OVERWEIGHT:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <p>BODY MASS INDEX 30.0 – 39.9:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <p>BODY MASS INDEX 40.0 AND OVER:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>IMPAIRED FASTING GLUCOSE:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: R73.01 <p>METABOLIC SYNDROME:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E88.81 <p>HYPERLIPIDEMIA / DYSLIPIDEMIA:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E78.00, E78.01, E78.1, E78.2, E78.3, E78.4, E78.5 <p>OBESITY:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I10 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND</p>	<p>G0270, G0271, S9470 and 0403T</p> <ul style="list-style-type: none"> • <u>NOT</u> required for G0446, G0447 and G0473

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: 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>URGENT/EMERGENCY/CRISIS HYPERTENSION</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I16.0, I16.1, I16.9 <p>DIABETES:</p> <ul style="list-style-type: none"> • See Diabetes Diagnosis Code List table below. <p>ATHEROSCLEROSIS:</p> <ul style="list-style-type: none"> • See Atherosclerosis Diagnosis Code List table below. <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812 	
<p>Screening for Obesity in Adults</p> <p><u>USPSTF Rating (June 2012): B</u> The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i></p> <ul style="list-style-type: none"> • 97802, 97803, 97804 <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p>	<ul style="list-style-type: none"> • G0446 is limited to once per year. <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> • Required for 97802-97804 and 99401-99404. • NOT required for G0446, G0447 and

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	<ul style="list-style-type: none"> G0446, G0447, G0473 <p>Also see codes in the "Wellness Examinations" row above.</p> <p>Diagnosis Code(s): <i>Body Mass Index 30.0 – 39.9:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <p><i>Body Mass Index 40.0 and over:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p><i>Obesity:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	G0473.
<p>Screening for Obesity in Children and Adolescents</p> <p><u>USPSTF Rating (Jan. 2010): B</u> The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>	<p>Procedure Code(s): <i>Medical Nutrition Therapy:</i></p> <ul style="list-style-type: none"> 97802, 97803, 97804 <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> 99401, 99402, 99403, 99404 <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> G0446, G0447, G0473 <p>Also see codes in the "Wellness Examinations" row above.</p> <p>Diagnosis Code(s): <i>Obesity:</i></p> <ul style="list-style-type: none"> <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	<ul style="list-style-type: none"> G0446 is limited to once per year. <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473.
<p>Behavioral Counseling to Prevent Sexually Transmitted Infections</p> <p><u>USPSTF Rating (Sept. 2014): B</u> The USPSTF recommends intensive 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):</p> <ul style="list-style-type: none"> 99401, 99402, 99403, 99404 G0445 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> G0445 is limited to twice per year. Does not have diagnosis code requirements for preventive benefit to apply.
<p>Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions</p> <p><u>USPSTF Rating (Sept. 2015): A</u></p>	<p>Procedure Code(s): <i>Behavioral Interventions:</i></p> <ul style="list-style-type: none"> 99406, 99407 99401, 99402, 99403, 99404 <p>Also see codes in the "Wellness Examinations" row above.</p>	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply.

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<ul style="list-style-type: none"> The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. 	<p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	
<p>Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents</p> <p><u>USPSTF Rating (Aug. 2013): B</u> 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>Procedure Code(s):</p> <ul style="list-style-type: none"> 99406, 99407 99401, 99402, 99403, 99404 Also see codes in the "Wellness Examinations" row above. <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply.
<p>Screening for Visual Impairment in Children</p> <p><u>USPSTF Rating (Jan. 2011): B</u> The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 99173, 99174, 99177 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See Preventive Benefit Instructions column. 	<p>Age Limit (99173, 99174 and 99177):</p> <ul style="list-style-type: none"> Less than age 6 years (ends on 6th birthday). <p>Code 99173:</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply. <p>Code 99174 and 99177:</p> <ul style="list-style-type: none"> See the Omnibus Codes Medical Policy for allowable diagnoses.
<p>Behavioral Counseling to Prevent Skin Cancer</p> <p><u>USPSTF Rating (May 2012): B</u> The USPSTF recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> n/a <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> This service is included in a preventive care wellness examination or focused E&M visit.

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Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
ultraviolet radiation to reduce risk for skin cancer.		
Prevention of Falls in Community-Dwelling Older Adults <u>USPSTF Rating (May 2012): B</u> The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.	Procedure Code(s): <ul style="list-style-type: none"> • n/a Diagnosis Code(s): <ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • This service is included in a preventive care wellness examination or focused E&M visit.
Screening for Intimate Partner Violence <u>USPSTF Rating (Jan. 2013): B</u> The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.	Procedure Code(s): <ul style="list-style-type: none"> • n/a Diagnosis Code(s): <ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • This service is included in a preventive care wellness examination.
Screening for Lung Cancer with Low-Dose Computed Tomography <u>USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 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.	Procedure Code(s): <ul style="list-style-type: none"> • G0297 Diagnosis Code(s): <ul style="list-style-type: none"> • <u>ICD-10</u>: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 Codes for Reporting Purposes: <ul style="list-style-type: none"> • G9275, G9276, G9458, G9459, G9460 <p><u>Note</u>: codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	Requires one of the listed diagnosis codes in this row. <u>Limitations:</u> <ul style="list-style-type: none"> • Limited to one per year, and • All of the following criteria: <ol style="list-style-type: none"> 1. Age 55 to 80 years (ends on 81st birthday), and 2. At least 30 pack-years* of smoking history, and 3. Either a current smoker, or, have 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. http://www.cancer.gov/dictionary?CdrID=306510</p>

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
Certain codes may not be payable in all circumstances due to other policies or guidelines.
For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Fluoride Application in Primary Care</p> <p><u>USPSTF Rating (May 2014): B</u> 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><u>Bright Futures (March 2014):</u> For those at high risk, consider application of fluoride varnish for caries prevention. Recommended at 6 months, 9 months, 12 months, 18 months, 24 months, 30 months, 3 years and 6 years.</p>	<p>Procedure Code(s): <i>Application of topical fluoride by physician or other qualified health care professional:</i></p> <ul style="list-style-type: none"> • 99188 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> • Age 0 – 6 years (ends on 7th birthday) • Does not have diagnosis code requirements for preventive benefit to apply.
<p>Latent Tuberculosis Infection: Screening, Adults</p> <p><u>USPSTF Rating (Sept. 2016): B</u> The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p> <p>This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.</p>	<p>Procedure Code(s):</p> <p><i>Screening:</i></p> <ul style="list-style-type: none"> • 86480, 86481, 86580 • 99211 (<i>for followup visit to check skin results</i>) <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> <ul style="list-style-type: none"> ○ R76.11, R76.12 ○ Z00.00, Z00.01, Z11.1, Z20.1 <p>Note: For age 18 – 20 years (ends on 21st birthday): in addition to the codes in this row, the preventive benefit also applies to the ICD-10 diagnosis codes listed in the Bright Futures row below, "Tuberculosis TB Testing"</p>	<p><i>Screening:</i></p> <ul style="list-style-type: none"> • Ages 18 years and up. • CPT code 86480, 86481, and 86580 are payable as preventive with any of the Diagnosis Codes listed in this row. • CPT code 99211 is only payable as preventive with diagnosis code R76.11, or R76.12 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Ages 18 years and up. Payable as preventive when billed with 86480 or 86481, AND one of the Diagnosis codes listed in this row.
<p>Bright Futures:</p>		
<p>Anemia Screening in Children (Bright Futures)</p>	<p>Procedure Code(s): <i>Anemia Screening in Children:</i></p> <ul style="list-style-type: none"> • 85014, 85018 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p>	<p><i>Anemia Screening in Children:</i></p> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday). No frequency limit. CPT codes 85014 and 85018 payable as preventive with one of the Diagnosis Codes listed in this row.

Preventive Care Services

*Also see the [Expanded Women's Preventive Health](#) table below.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0 	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday) payable when billed with 85014 or 85018, AND with one of the Diagnosis Codes listed in this row.
<p>Hearing Tests (Bright Futures)</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 92551, 92552, 92553 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.121, Z00.129, Z01.10 	<ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday). Limit of once per year. Payable as preventive with one of the Diagnosis Codes listed in this row.
<p>Formal Developmental / Autism Screening (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):</p> <ul style="list-style-type: none"> • 96110 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.121, Z00.129, Z13.4 	<ul style="list-style-type: none"> • Ages prenatal to 2 years (ends on 3rd birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row.
<p>Lead Screening (Bright Futures)</p>	<p>Procedure Code(s):</p> <p><i>Lead Screening:</i></p> <ul style="list-style-type: none"> • 83655 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.121, Z00.129, Z77.011 	<p><i>Lead Screening:</i></p> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday) payable when billed with 83655 AND one of the Diagnosis Codes listed in this row.
<p>Tuberculosis - TB Testing (Bright Futures)</p> <p><i>For age 18 years and older, please also refer to the USPSTF row above "Latent Tuberculosis Infection: Screening, Adults"</i></p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 86580 • 99211 (for followup visit to check skin results) <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1 	<ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday). <i>For age 18 years and older, please also refer to the USPSTF row above "Latent Tuberculosis Infection: Screening, Adults"</i> • No frequency limit. • CPT code 86580 is payable as preventive with one of the Diagnosis Codes listed in this row. • CPT code 99211 is only payable as

Preventive Care Services

*Also see the Expanded Women's Preventive Health table below.
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator.*

Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>Note: For age 18 years and up: in addition to the codes in this row, the preventive benefit also applies to <u>all</u> codes listed in the USPSTF row above, "Latent Tuberculosis Infection: Screening, Adults".</p>	preventive with diagnosis code ICD-10: R76.11, R76.12 and Z11.1
<p>Dyslipidemia Screening (Bright Futures)</p>	<p>Procedure Code(s): <i>Dyslipidemia Screening:</i></p> <ul style="list-style-type: none"> • 80061, 82465, 83718, 83719, 83721, 84478 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: Z00.121, Z00.129, Z13.220 	<p><i>Dyslipidemia Screening:</i></p> <ul style="list-style-type: none"> • Ages 24 months to 21 years (ends on 21st birthday). • Payable as preventive with one of the Diagnosis Codes listed in this row. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Ages 24 months to 21 years (ends on 21st birthday) payable when billed with one of the listed Dyslipidemia Screening Procedure Codes listed in this row, AND with one of the Diagnosis Codes listed in this row.

PREVENTIVE IMMUNIZATIONS

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR. 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.

NOTE:

- **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.

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • 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.
	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	n/a	Both	-

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		for primary procedure)			
	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 (revenue code)	Vaccine administration	n/a	Both	-
Meningococcal (MenB-4C; MenB-Fhbp; Hib-MenCY; MPSV4; MCV4; MenACWY)	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	• Bexsero®	Both	Benefit Limit: Age 10 and up.
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	• Trumenba®	Both	Benefit Limit: Age 10 and up.
	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.
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	• Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), 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.

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	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 9-26yrs. Ends on 27th birthday.
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	• -	Both	Benefit Limit: Ages 9-26yrs. Ends on 27th 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 9-26yrs. Ends on 27th birthday.
Seasonal Influenza ('flu')	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	• Fluzone® Intradermal Quadrivalent	Both	-
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	-	Both	-
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	• Fluzone® Intradermal Trivalent	Adult	Benefit Limit: 18 years – 64 years. Ends on 65th birthday.

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.

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	• Fluzone® No Preservative Pediatric	Pediatric	Benefit Limit: 6 – 35 months old.
	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: 3 years and up.
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	• Fluzone®	Pediatric	Benefit Limit: 6 – 35 months old.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	• Afluria® • Flulaval® • Fluvirin® • Fluzone®	Both	Benefit Limit: 3 years and up.
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th 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 up
	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 up
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	-	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	-	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	-	Both	-

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	• Flumist® (LAIV4)	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th 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: Age 18 years and up.
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	• FLUCELVAX® QUADRIVALENT	Both	Benefit Limit: Age 4 years and up.
	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: Age 18 years and up.
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	• Fluzone®	Pediatric	Benefit Limit: 6 – 35 months old.
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	• Fluarix® • FluLaval Quadrivalent® • Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and up.
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	• Fluzone Quadrivalent®	Pediatric	Benefit Limit: 6 – 35 months old.
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	• FluLaval Quadrivalent® • Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and up.
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	• Agriflu®	Adult	Benefit Limit: Ages 18 years and up

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	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.
	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	-	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	-
Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	• ROTATEQ®	Both	-
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	• Rotarix®	Both	-
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® • Quadracel®	Pediatric	For applicable age see code description.

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • 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®	Both	-
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	-	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®	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	• ProQuad®	Both	-
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 0-6yrs. Ends on 7th birthday.

PREVENTIVE 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: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	• Zostavax	Adult	Benefit Limit: Age 60 years and up.
Hepatitis B	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 (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage , 3 dose schedule, for intramuscular use	• Recombivax HB® • Energix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), adult dosage , 3 dose schedule, for intramuscular use	• Recombivax HB® • Energix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	• Energix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	• -	Both	-

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

ICD-10 Codes:
O00.00, O00.01, O00.10, O00.11, O00.20, O00.21, O00.80, O00.81, O00.90, O00.91, O09.A0, O09.A1, O09.A2, O09.A3, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, 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, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O12.04, O12.05, O12.14, O12.15, O12.24, O12.25, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O14.00, O14.02, O14.03, O14.04, O14.05, O14.10,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O14.12, O14.13, O14.14, O14.15, O14.20, O14.22, O14.23, O14.24, O14.25, O14.90, O14.92, O14.93, O14.94, O14.95, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93, O25.10, O25.11, O25.12, O25.13, O25.2, O25.3, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.62, O26.63, O26.711, O26.712, O26.713, O26.719, O26.72, O26.73, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0, O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.211, O34.212, O34.219, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O35.2XX9, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0194, O36.0195, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924, O36.0925, O36.0929, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.0990, O36.0991, O36.0992, O36.0993, O36.0994, O36.0995, O36.0999, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124, O36.1125, O36.1129, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1190, O36.1191, O36.1192, O36.1193, O36.1194, O36.1195, O36.1199, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924, O36.1925, O36.1929, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.1990, O36.1991, O36.1992, O36.1993, O36.1994, O36.1995, O36.1999, O36.20X0, O36.20X1, O36.20X2, O36.20X3, O36.20X4, O36.20X5, O36.20X9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5190, O36.5191, O36.5192, O36.5193, O36.5194, O36.5195, O36.5199, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.70X0, O36.70X1, O36.70X2, O36.70X3, O36.70X4, O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.411, O98.412, O98.413, O98.419, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.310, O99.311, O99.312, O99.313, O99.314, O99.315, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.711, O99.712, O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, O9A.111, O9A.112, O9A.113, O9A.119, O9A.12, O9A.13, O9A.211, O9A.212, O9A.213, O9A.219, O9A.22, O9A.23, O9A.311, O9A.312, O9A.313, O9A.319, O9A.32, O9A.33, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, O9A.511, O9A.512, O9A.513, O9A.519, O9A.52, O9A.53, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z29.13, Z32.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49

Hepatitis C Virus Infection Screening Diagnosis Code List:

The following codes are required for the Hepatitis C Virus Infection Screening benefit. For details see the Preventive Care Services table (above).

ICD-10 Codes:

A50.01,A50.02,A50.03,A50.04,A50.05,A50.06,A50.07,A50.08,A50.09,A50.1,A50.2,A50.30,A50.31,A50.32,A50.39,A50.40,A50.41,A50.42,A50.43,A50.44,A50.45,A50.49,A50.51,A50.52,A50.53,A50.54,A50.55,A50.56,A50.57,A50.59,A50.6,A50.7,A50.9,A51.0,A51.1,A51.2,A51.31,A51.32,A51.39,A51.41,A51.42,A51.43,A51.44,A51.46,A51.49,A51.5,A51.9,A52.00,A52.01,A52.02,A52.03,A52.04,A52.05,A52.06,A52.09,A52.10,A52.11,A52.12,A52.13,A52.14,A52.15,A52.16,A52.17,A52.19,A52.2,A52.3,A52.71,A52.72,A52.73,A52.74,A52.75,A52.76,A52.77,A52.78,A52.79,A52.8,A52.9,A53.0,A53.9,A54.00,A54.01,A54.02,A54.03,A54.09,A54.1,A54.21,A54.22,A54.23,A54.24,A54.29,A54.30,A54.31,A54.32,A54.33,A54.39,A54.40,A54.41,A54.42,A54.43,A54.49,A54.5,A54.6,A54.81,A54.82,A54.83,A54.84,A54.85,A54.86,A54.89,A54.9,A55,A56.00,A56.01,A56.02,A56.09,A56.11,A56.19,A56.2,A56.3,A56.4,A56.8,A57,A58,A59.00,A59.01,A59.02,A59.03,A59.09,A59.8,A59.9,A60.00,A60.01,A60.02,A60.03,A60.04,A60.09,A60.1,A60.9,A63.0,A63.8,A64,A74.81,A74.89,A74.9,B07.8,B07.9,B20.,B97.35,B97.7,D65,D66,D67.,D68.0,D68.1,D68.2,D68.311,D68.312,D68.318,D68.32,D68.4,D68.8,D68.9,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F12.20,F12.21,F12.220,F12.221,F12.222,F12.229,F12.250,F12.251,F12.259,F12.280,F12.288,F12.29,F13.20,F13.21,F13.220,F13.221,F13.229,F13.230,F13.231,F13.232,F13.239,F13.24,F13.250,F13.251,F13.259,F13.26,F13.27,F13.280,F13.281,F13.282,F13.288,F13.29,F14.20,F14.21,F14.220,F14.221,F14.222,F14.229,F14.23,F14.24,F14.250,F14.251,F14.259,F14.280,F14.281,F14.282,F14.288,F14.29,F15.20,F15.21,F15.220,F15.221,F15.222,F15.229,F15.23,F15.24,F15.250,F15.251,F15.259,F15.280,F15.281,F15.282,F15.28

Hepatitis C Virus Infection Screening Diagnosis Code List:

The following codes are required for the Hepatitis C Virus Infection Screening benefit. For details see the Preventive Care Services table (above).

ICD-10 Codes:

8,F15.29,F16.20,F16.21,F16.220,F16.221,F16.229,F16.24,F16.250,F16.251,F16.259,F16.280,F16.283,F16.288,F16.29,F18.20,F18.21,F18.220,F18.221,F18.229,F18.24,F18.250,F18.251,F18.259,F18.27,F18.280,F18.288,F18.29,F19.20,F19.21,F19.220,F19.221,F19.222,F19.229,F19.230,F19.231,F19.232,F19.239,F19.24,F19.250,F19.251,F19.259,F19.26,F19.27,F19.280,F19.281,F19.282,F19.288,F19.29,K50.00,K50.011,K50.012,K50.013,K50.014,K50.018,K50.019,K50.10,K50.111,K50.112,K50.113,K50.114,K50.118,K50.119,K50.80,K50.811,K50.812,K50.813,K50.814,K50.818,K50.819,K50.90,K50.911,K50.912,K50.913,K50.914,K50.918,K50.919,K51.20,K51.211,K51.212,K51.213,K51.214,K51.218,K51.219,K51.30,K51.311,K51.312,K51.313,K51.314,K51.318,K51.319,K51.40,K51.411,K51.412,K51.413,K51.414,K51.418,K51.419,K51.50,K51.511,K51.512,K51.513,K51.514,K51.518,K51.519,K51.80,K51.811,K51.812,K51.813,K51.814,K51.818,K51.819,K51.90,K51.911,K51.912,K51.913,K51.914,K51.918,K51.919,M02.30,M02.311,M02.312,M02.319,M02.321,M02.322,M02.329,M02.331,M02.332,M02.339,M02.341,M02.342,M02.349,M02.351,M02.352,M02.359,M02.361,M02.362,M02.369,M02.371,M02.372,M02.379,M02.38,M02.39,N18.3,N18.4,N18.5,N18.6,N34.1,N49.1,N49.2,N49.3,N49.8,N49.9,N73.5,N73.9,N76.0,N76.1,N76.2,N76.3,N77.1,O35.3XX0,O35.3XX1,O35.3XX2,O35.3XX3,O35.3XX4,O35.3XX5,O35.3XX9,O35.5XX0,O35.5XX1,O35.5XX2,O35.5XX3,O35.5XX4,O35.5XX5,O35.5XX9,O90.4,O98.011,O98.012,O98.013,O98.019,O98.02,O98.03,O98.111,O98.112,O98.113,O98.119,O98.12,O98.13,O98.211,O98.212,O98.213,O98.219,O98.22,O98.23,O98.311,O98.312,O98.313,O98.319,O98.32,O98.33,O99.320,O99.321,O99.322,O99.323,O99.324,O99.325,P00.2,Z00.00,Z00.01,Z04.41,Z04.42,Z05.1,Z11.3,Z11.4,Z11.59,Z11.9,Z14.01,Z14.02,Z20.2,Z20.5,Z20.6,Z20.828,Z21,Z22.4,Z41.8,Z48.21,Z48.22,Z48.24,Z48.280,Z48.288,Z48.290,Z48.298,Z49.31,Z49.32,Z51.89,Z52.000,Z52.001,Z52.008,Z52.010,Z52.011,Z52.018,Z52.090,Z52.091,Z52.098,Z52.10,Z52.11,Z52.19,Z52.20,Z52.21,Z52.29,Z52.3,Z52.4,Z52.5,Z52.6,Z52.89,Z52.9,Z57.8,Z71.7,Z72.51,Z72.52,Z72.53,Z79.899,Z86.2,Z92.25,Z94.0,Z94.1,Z94.2,Z94.3,Z94.5,Z94.6,Z94.7,Z94.81,Z94.82,Z94.83,Z94.84,Z94.89,Z94.9,Z95.3,Z95.4,Z99.2

Diabetes Diagnosis Code List:

Refer to the Preventive Care Services table (above), and the Expanded Women's Preventive Health table (below) regarding the following Diabetes Diagnosis Codes.

ICD-10 Codes:

Diabetes mellitus due to underlying condition: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.36, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9

Drug or chemical induced diabetes mellitus: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9

Type 1 diabetes mellitus: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9

Diabetes Diagnosis Code List:

Refer to the Preventive Care Services table (above), and the Expanded Women's Preventive Health table (below) regarding the following Diabetes Diagnosis Codes.

Type 2 diabetes mellitus: E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9

Other specified diabetes mellitus: E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)
- Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD-10 Codes:

I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Preventive Benefit Instructions:
Well-Woman Visits	Procedure Code(s): Well-woman visits:	Well-woman visits:

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

*For additional services covered for women, see the Preventive Care Services table above.
Certain codes may not be payable in all circumstances due to other policies or guidelines.*

Service:	Code(s):	Preventive Benefit Instructions:
<p>HHS Requirement: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.</p> <p>Also see "Wellness Examinations" section in the Preventive Care Services table above.</p>	<ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p><u>Prenatal Office Visits: Evaluation and Management (Office Visits):</u></p> <ul style="list-style-type: none"> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463 <p><i>Physician prenatal education, group setting:</i></p> <ul style="list-style-type: none"> 99078 <p><u>Prenatal Care Visits:</u></p> <ul style="list-style-type: none"> 59425, 59426 <p><u>Global Obstetrical Codes:</u></p> <ul style="list-style-type: none"> 59400, 59510, 59610, 59618 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See Pregnancy Diagnosis Code list above. 	<ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p><u>Prenatal Office Visits:</u></p> <ul style="list-style-type: none"> Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above). <p><u>Prenatal Care Visits:</u></p> <ul style="list-style-type: none"> Pregnancy Diagnosis Codes are not required. <p><u>Global Obstetrical Codes:</u></p> <ul style="list-style-type: none"> The routine, low-risk, prenatal visits portion of the code is covered as preventive. Pregnancy Diagnosis Codes are not required.
<p>Screening for Gestational Diabetes</p> <p>HHS Requirement: Women who are 24 to 28 weeks pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.</p> <p>Also see Diabetes Screening and the Gestational Diabetes Mellitus Screening sections in the Preventive Care Services table above.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 82947, 82948, 82950, 82951, 82952, 83036 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code. (See Pregnancy Diagnosis Code list above.) 	<ul style="list-style-type: none"> Payable with Pregnancy Diagnosis Code (regardless of gestational week) <p><u>Criteria for 36415 and 36416:</u> Payable when billed with ALL of the following:</p> <ul style="list-style-type: none"> With one of the Diabetes Screening Procedure codes listed in this row <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> With a Pregnancy Diagnosis Code <p>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes table above.</p>
<p>Human Papillomavirus DNA Testing (HPV)</p> <p>HHS Requirement: High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 87624, 87625 G0476 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10:</u> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4 	<ul style="list-style-type: none"> Age 30 and up. Payable as a preventive screening with one of the Diagnosis Codes listed in this row.
<p>Counseling for Sexually Transmitted Infections</p> <p>HHS Requirement:</p>	<ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above.

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

*For additional services covered for women, see the Preventive Care Services table above.
Certain codes may not be payable in all circumstances due to other policies or guidelines.*

Service:	Code(s):	Preventive Benefit Instructions:
<p>Counseling on sexually transmitted infections for all sexually active women.</p>		
<p>Counseling and Screening for Human Immune-deficiency Virus</p> <p>HHS Requirement: Counseling and screening for human immune-deficiency virus infection for all sexually active women.</p>	<p>Counseling:</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above. 	<p>Counseling:</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above.
<p>Contraceptive Methods (Including Sterilizations)</p> <p>HHS Requirement: For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed).</p> <p>For patient education and counseling:</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p>NOTES: <i>Certain employers may qualify for an exemption from covering contraceptive methods and sterilizations on account of religious objections.</i></p> <p><i>Refer to the Outpatient Prescription Drug Rider, or SPD for self funded plans, for specific prescription drug product coverage and exclusion terms, and myuhc.com for information regarding coverage for contraceptive drugs.</i></p>	<p>Code Group 1: <u>Sterilizations:</u></p> <ul style="list-style-type: none"> <i>Tubal Ligation, oviduct occlusion:</i> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 <p>(See Code Group 4 below for tubal ligation followup.)</p> <p><u>Contraceptive Methods:</u></p> <ul style="list-style-type: none"> <i>Diaphragm or cervical cap:</i> 57170, A4261, A4266 <i>IUD (copper):</i> J7300 <i>IUD (Skyla®):</i> J7301 <i>IUD (Liletta®):</i> J7297 <i>IUD (Kyleena®):</i> Q9984 <p><i>See Code Group 2 for additional IUD codes.</i></p> <p>Code Group 2: Contraceptive Methods:</p> <ul style="list-style-type: none"> <i>Implantable devices:</i> <ul style="list-style-type: none"> ○ J7306, J7307 ○ 11976 (capsule removal) ○ 11981 (implant insertion) ○ 11982 (implant removal) ○ 11983 (removal with reinsertion) <i>IUDs:</i> <ul style="list-style-type: none"> ○ J7298 (Mirena®), ○ S4989 ○ 58300, S4981 (insertion) ○ 58301 (removal) <p><i>See Code Group 1 for additional IUD codes.</i></p> <ul style="list-style-type: none"> <i>Injections:</i> <ul style="list-style-type: none"> ○ J1050 (injection) 	<p>Code Group 1 :</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply. <hr/> <p>Code Group 2:</p> <ul style="list-style-type: none"> Preventive when billed with one of the Code Group 2 Diagnosis Codes, listed in this row. <hr/> <p>Code Group 3:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 3 Diagnosis Code listed in this row. <hr/> <p>Code Group 4:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 4 Diagnosis Code listed in this row. <hr/> <p>Code Group 5:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 5 Diagnosis code listed in this row.

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Preventive Benefit Instructions:
	<p>o 96372 (administration)</p> <p><u>Code Group 2 Diagnosis Code(s)</u> These are required for Code Group 2:</p> <p><i>Contraceptive Management:</i> <u>ICD-10:</u>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> <hr/> <p>Code Group 3: Anesthesia for Sterilization: <ul style="list-style-type: none"> • 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968 Code Group 3 Diagnosis Code: <i>Sterilization:</i> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z30.2 </p> <hr/> <p>Code Group 4: <i>Tubal ligation followup hysterosalpingogram:</i></p> <p><i>Catheterization and introduction of saline or contrast material:</i> 58340</p> <p><i>Hysterosalpingography:</i> 74740 <i>Contrast material:</i> Q9967</p> <p>Code Group 4 Diagnosis Code: <i>Tubal ligation status:</i> <ul style="list-style-type: none"> • <u>ICD-10:</u> Z98.51 </p> <hr/> <p>Code Group 5: IUD Followup Visit: <ul style="list-style-type: none"> • 99211, 99212 Code Group 5 Diagnosis Code: <ul style="list-style-type: none"> • <u>ICD-10:</u> Z30.431 </p>	
<p>Breastfeeding Support, Supplies, and Counseling</p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive</p>	<p><u>Support and Counseling:</u> Procedure Code(s):</p> <ul style="list-style-type: none"> • S9443 • 99241, 99242, 99243, 99244, 99245 • 99341, 99342, 99343, 	<p><u>Support and Counseling:</u></p> <ul style="list-style-type: none"> • The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350 • The Diagnosis Code listed in this row is not required for S9443

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Preventive Benefit Instructions:
<p>lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p>	<p>99344, 99345</p> <ul style="list-style-type: none"> 99347, 99348, 99349, 99350 <p><i>Also see the codes in the Wellness Examinations section of the Preventive Care Services table above.</i></p> <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> <u>ICD-10</u>: Z39.1 <p><u>Breast Pump Equipment & Supplies:</u></p> <p>Procedure Code(s): <i>Personal Use Electric:</i></p> <ul style="list-style-type: none"> E0603 <p><i>Breast Pump Supplies:</i></p> <ul style="list-style-type: none"> A4281, A4282, A4283, A4284, A4285, A4286 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above), OR <u>ICD-10</u>: Z39.1 	<p><u>Breast Pump Equipment & Supplies:</u></p> <ul style="list-style-type: none"> E0603 is limited to one purchase per birth. E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.
<p>Screening and Counseling for Interpersonal and Domestic Violence</p> <p>HHS Requirement: Screening and counseling for interpersonal and domestic violence.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> n/a

Revenue Code

See Mammography and Immunizations sections above for the applicable revenue codes.

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U.S. Food and Drug Administration (FDA), Vaccines Licensed for Use in the United States:
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>. Accessed May 8, 2017.

Women's Preventive Services: Required Health Plan Coverage Guidelines: <http://www.hrsa.gov/womensguidelines/>. Accessed May 8, 2017.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
09/23/10	<ul style="list-style-type: none">Original Effective Date.
10/12/10	<ul style="list-style-type: none">Added immunization code 90670.90660 added note that coverage is limited to ages 2 – 4990662 added note that coverage is limited to ages 65+
11/17/10 V12G	<p>Codes. Made the following coding updates:</p> <p>New Codes effective on 1/1/2011:</p> <ul style="list-style-type: none">Smoking Cessation counseling: G0436, G0437Immunizations: 90460, 90461, Q2035, Q2036, Q2037, Q2038, Q2039Wellness Examinations: G0438, G0439 <p>Terminated (Deleted) Codes as of 12/31/10:</p> <ul style="list-style-type: none">Immunization (Admin.): 90465, 90466, 90467, 90468 <p>Other Updates:</p> <ul style="list-style-type: none"><u>Cholesterol Screening:</u> Clarified the Claims Edit Criteria column to be "Men 20 through 34 with the listed dx codes (ends on 35th birthday)". <i>Previous copy said 20 to 35.</i>Added 2011 COC references to pg. 1 and 6
06/01/11 V12I	<p>Updated links to Medical Policies (deleted links to retired policies and replaced with new policies, etc...)</p> <p>Indications for Coverage Section:</p> <ul style="list-style-type: none">Summary of Preventive Care Services Benefit under the All Members paragraph, deleted "or substance"Osteoporosis Screening: deleted references to "age 60 or older"Several minor wording updates. <p>Definitions Section: Added definition of Modifier 33.</p> <p>Coding Section:</p> <ul style="list-style-type: none">Added Modifier 33 statement.<u>Osteoporosis Screening:</u><ul style="list-style-type: none">Updated USPSTF 'B' rating description to align with January 2011 USPSTF Recommendation Statement.Deleted the "C" rating that was part of the previous USPSTF Recommendation Statement.<u>Screening for Visual Impairment in Children:</u><ul style="list-style-type: none">updated USPSTF 'B' rating description to align with January 2011 USPSTF Recommendation Statement.Code Descriptions Updated:<ul style="list-style-type: none">82952 and G0437 (Updated descriptions are effective 1/1/11.)Codes Added:<ul style="list-style-type: none">Abdominal Aortic Screening: 76700, 76705Cervical Cancer Screening: P3000, P3001Hepatitis B Screening: 87340, 87341HIV Screening: ICD9 diagnosis code V73.89

Date	Action/Description
	<ul style="list-style-type: none"> ○ Wellness Examinations: 99461, S0610, S0612, S0613 ○ Behavior Counseling/Healthy Diet: S9470 • Codes Deleted: <ul style="list-style-type: none"> ○ Immunizations: 90470 (Code was retro terminated back to 12/31/10.) ○ Hepatitis B Screening: 87515, 87516, 87517 ○ HIV Screening: 87534, 87535, 87536, 87537, 87538, 87539
<p>8/16/11</p> <p>V12J</p>	<p>Coding Changes:</p> <ul style="list-style-type: none"> ○ Bright Futures Services Section: <ol style="list-style-type: none"> 1. 'Anemia Screening in Children' is a new section. In this section included CPT codes 85014, 85018, and diagnosis code V78.0 2. TB Testing section: <ul style="list-style-type: none"> ○ Added codes 99211 and diagnosis code 795.5 ○ Deleted Instructions: " Payable as preventive with at least one of the listed dx codes." And replaced that with, "CPT code 86580 is payable as preventive with at least one of the listed dx codes. CPT code 99211 is only payable as preventive with either dx code 795.5 or V74.1"
<p>10/01/11</p> <p>V12K and V12L</p>	<p>Coding Changes:</p> <ul style="list-style-type: none"> ○ Pregnancy ICD9 Codes Section: <ul style="list-style-type: none"> ▪ Added V23.42 and V23.87. (These are new codes as of 10/1/11.) ○ TB Testing: <ul style="list-style-type: none"> ▪ Deleted ICD9 Code 795.5. (Incomplete code as of 10/1/11.) ▪ Added ICD9 Codes 795.51 and 795.52 (new codes as of 10/1/11) ○ Immunizations: <ul style="list-style-type: none"> ▪ Added 90654 (benefits for 90654 are effective 10/1/11).
<p>11/13/11</p> <p>V12J</p>	<p>Coding Section - Updated the codes and the Claims Edit Criteria column for each of the following:</p> <p>Anemia, Iron Deficiency Anemia Screening:</p> <ul style="list-style-type: none"> ○ Added CPT code 85013 <p>Chlamydia Infection Screening:</p> <ul style="list-style-type: none"> ○ Added ICD9 codes V74.5 & V75.9 <p>Gonorrhea Screening:</p> <ul style="list-style-type: none"> ○ Added ICD9 code V75.9 ○ Updated the description of V74.5 <p>HIV – Human Immunodeficiency Virus – Screening:</p> <ul style="list-style-type: none"> ○ Added ICD9 codes V74.5 & V75.9 ○ Updated the description of V02.9 <p>Syphilis Screening:</p> <ul style="list-style-type: none"> ○ Added ICD9 code V75.9 <p>Genetic Counseling and Evaluation for BRCA testing:</p> <ul style="list-style-type: none"> ○ Updated name of section. ○ Removed "Counseling codes" wording from Claims Edit Criteria column. ○ Updated the descriptions of V10.3 and V10.43 <p>Cholesterol Screening:</p> <ul style="list-style-type: none"> ○ Updated the Claims Edit Criteria Column to reflect the V77.91 dx code requirement. <p>Colorectal Cancer Screening:</p> <ul style="list-style-type: none"> ○ Added clarification at the top of the Claims Edit Criteria Column that the benefit is reimbursable as preventive based on the criteria, regardless of age. ○ For 74263, in Claims Edit Criteria column added "regardless of diagnosis" ○ Added code 45381 <p>Bright Futures Section:</p> <ul style="list-style-type: none"> ○ Added the clarification, "(ends on 21st birthday)" to the following sections: <ul style="list-style-type: none"> ○ Bright Futures Services (section header) ○ Anemia Screening in Children ○ Hearing Tests ○ Developmental/Autism Screening

Date	Action/Description
	<ul style="list-style-type: none"> ○ Lead Screening ○ TB Testing ○ Dyslipidemia Screening
<p>1/1/12</p> <p>V12M: 1/1/12 items</p>	<p>Updated Instructions for Use section, pg. 1.</p> <p><u>Coding Section:</u></p> <ul style="list-style-type: none"> ▪ Added G0450 to the following sections (new code effective 1/1/12): <ul style="list-style-type: none"> ○ Chlamydia Infection Screening ○ Gonorrhea Screening ○ Hepatitis B Virus Infection Screening ○ Syphilis Screening ▪ Wellness Examinations (well baby, well child, well adult): <ul style="list-style-type: none"> ○ Added G0445 (new code effective 1/1/12) ○ Added codes 99411 and 99412 ▪ Immunizations: <ul style="list-style-type: none"> ○ Updated descriptions on 90460 and 90461. ▪ Newborn / Hearing Screening: <ul style="list-style-type: none"> ○ Added code 92558 (new code effective 1/1/12) ○ Updated descriptions on 92587 and 92588 ▪ Osteoporosis Screening: <ul style="list-style-type: none"> ○ Deleted 77079 and 77083. (These two codes are expired as of 12/31/11). ▪ Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: <ul style="list-style-type: none"> ○ Added codes G0442 and G0443 (new codes effective 1/1/12) ▪ Screening for Depression in Adults: <ul style="list-style-type: none"> ○ Added code G0444 (new code effective 1/1/12) ▪ Major Depressive Disorder in Children and Adolescents: <ul style="list-style-type: none"> ○ Added code G0444 (new code effective 1/1/12) ▪ Behavioral Counseling in Primary Care to Promote a Health Diet: <ul style="list-style-type: none"> ○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12) ▪ Screening for Obesity in Adults: <ul style="list-style-type: none"> ○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12) ▪ Screening for Obesity in Children and Adolescents: <ul style="list-style-type: none"> ○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12) ▪ Behavioral Counseling to Prevent Sexually Transmitted Infections: <ul style="list-style-type: none"> ○ Added code G0445 (new code effective 1/1/12) ▪ Screening for Visual Impairment in Children: <ul style="list-style-type: none"> ○ Deleted statement, "Payable with E&M and modifier 25." ▪ Developmental/Autism Screening (Bright Futures section): <ul style="list-style-type: none"> ○ Updated description on 96110. ○ Made the following correction to Claims Edit Criteria column: <ul style="list-style-type: none"> ▪ Previously: "Payable separately with a preventive benefit." ▪ Correction: "Payable separately with a preventive visit."
<p>2/1/12</p> <p>V12M: 2/1/12 items and V12N</p>	<p>Added blood draw codes 36415 and 36416, and specific Claims Edit Criteria, to the following categories:</p> <ul style="list-style-type: none"> ▪ Anemia, Iron Deficiency Anemia Screening ▪ Chlamydia ▪ Hepatitis B Screening ▪ HIV Screening ▪ Rh Incompatibility Screening ▪ Syphilis Screening ▪ Diabetes Screening ▪ Rubella Screening ▪ Cholesterol Screening ▪ Hypothyroidism Screening (newborn) ▪ Phenylketonuria Screening (newborn) ▪ Sickle Cell Screening (newborn) ▪ Prostate Cancer Screening ▪ Bright Futures - Anemia Screening in Children ▪ Bright Futures - Lead Screening ▪ Bright Futures - Dyslipidemia Screening

Date	Action/Description
	<ul style="list-style-type: none"> ▪ Metabolic Screening Panel <p><u>Code 90649 (HPV quadrivalent)</u>: Removed female gender benefit limitation. Effective 2/1/12, coverage for 90649 is no longer limited to females due to updated ACIP recommendation and MMWR publication which now includes definitive recommendation for males.</p>
<p>4/1/12</p> <p>V12P 4/1/12 items</p>	<p>Due to CMS HCPCS coding update, the following changes were made:</p> <ul style="list-style-type: none"> ▪ Code G0446: revised code description and Claims Edit Criteria. (Previously was bi-annual, now is annual.) This affects the following sections: <ul style="list-style-type: none"> ○ Behavioral Counseling in Primary Care to Promote a Healthy Diet ○ Screening for Obesity in Adults ○ Screening for Obesity in Children and Adolescents ▪ Deleted code G0449. This affects the following sections: <ul style="list-style-type: none"> ○ Behavioral Counseling in Primary Care to Promote a Healthy Diet ○ Screening for Obesity in Adults ○ Screening for Obesity in Children and Adolescents ▪ Deleted code G0450. This affects the following sections: <ul style="list-style-type: none"> ○ Chlamydia Screening ○ Gonorrhea Screening ○ Hepatitis B Virus Screening ○ Syphilis Screening <p>Prostate Cancer Screening (Claims Edit Criteria Column Only):</p> <ul style="list-style-type: none"> ▪ Corrected typo in the "Criteria for 36415 and 36416" (Previously listed 85152, 85153 and 85154. Corrected to: 84152, 84153 or 84154).
<p>8/1/12</p> <p>V12P 8/1/12 items</p>	<p><u>Indications for Coverage Section:</u></p> <ul style="list-style-type: none"> ○ Introduction: Added paragraph regarding 8/1/12 HHS Womens benefits. ○ Summary of Preventive Care Services Benefit: <ul style="list-style-type: none"> ▪ Women's Health: Added paragraph regarding 8/1/12 HHS Womens benefits. ▪ Men's Health: Added clarifications regarding USPSTF recommendations. ○ Related Services: <ul style="list-style-type: none"> ▪ Added clarification that preventive benefits do not include pre- or post-operative examination. ▪ Added #2 example, for Women's outpatient sterilizations. <p><u>Coverage Limitations and Exclusions Section:</u></p> <ul style="list-style-type: none"> ○ #2, added "or over the counter contraceptive barrier methods" ○ #2e, added "Male or Female condoms" ○ #2 subparagraph, added reference to myuhc.com ○ #5 added, "or not medically necessary" <p><u>References Section:</u></p> <ul style="list-style-type: none"> ○ Added reference #14 <p><u>Coding Section:</u></p> <ul style="list-style-type: none"> ○ <u>Added separate coding table for Expanded Women's Preventive Health: These are effective for plan years that begin on or after August 1, 2012:</u> <ul style="list-style-type: none"> ▪ Well-Woman Visits ▪ Screening for Gestational Diabetes ▪ Human Papillomavirus DNA Testing ▪ Counseling for Sexually Transmitted Infections ▪ Counseling and Screening for Human Immunodeficiency Virus ▪ Contraceptive Methods (Including Sterilizations) ▪ Breastfeeding Support, Supplies and Counseling ▪ Screening and Counseling for Interpersonal and Domestic Violence ○ <u>Coding Section - Other Updates:</u> <ul style="list-style-type: none"> ▪ Due to May 2012 USPSTF announcement: Added a row for Behavioral Counseling to Preventive Skin Cancer (no coding). <p>The following is effective July 1, 2012, date of service point in time (<u>not at renewal</u>):</p> <p>Coding Section:</p> <ul style="list-style-type: none"> ▪ Added flu immunization code Q2034 (new HCPCS code effective 7/1/12)

Date	Action/Description
	<p>The following are effective August 1, 2012, date of service point in time (<u>not</u> at renewal):</p> <ul style="list-style-type: none"> ▪ Code V70.0: Added ICD-9 diagnosis code V70.0 to the following sections: <ul style="list-style-type: none"> - Chlamydia Infection Screening - Gonorrhea Screening - HIV Screening (Also added 86689 and S3645, see below) - Syphilis Screening - Diabetes Screening - Rubella Screening - Cervical Cancer Screening, Pap Smear - Cholesterol Screening - Colorectal Cancer Screening - Osteoporosis Screening - Prostate Cancer Screening <p>NOTE: The new section for Human Papillomavirus DNA Testing (above) also includes V70.0</p> <ul style="list-style-type: none"> ▪ Chlamydia Screening: Added 87801 ▪ Gonorrhea Screening: Added 87801 ▪ Bright Futures, Anemia Screening in Children: Added ICD-9 diagnosis codes: V20.2, V20.31 and V20.32 ▪ HIV Screening: Added 86689 and S3645; Added V70.0 (see above) ▪ Screening Mammography: <ul style="list-style-type: none"> - Removed 2009 USPSTF age 50-74 B rating for mammography. - Added the 2002 USPSTF age 40+, B rating for mammography.
1/1/13	<p>New template format. Updated the Applicable Products section, pg.1. Deleted Appendix A (list of USPSTF Grade Definitions). Coding Section: <i>The following are effective January 1, 2013, date of service point in time (<u>not</u> at renewal):</i></p> <ul style="list-style-type: none"> • Minor wording changes. • Added statement to table headers, "Certain codes, when billed in addition to other codes, may not be payable due to Reimbursement Policy." • Deleted Modifier 25 denial instructions (several rows) and replaced with statement, "These codes may be subject to our Reimbursement Policies and may not be payable when billed in addition to another code or service." • Added Month/Year for each USPSTF Rating. • In several USPSTF ratings, updated with full descriptions. • Added descriptions above codes in several rows • Removed code ranges and replaced with individual codes. • Added row for Prevention of Falls in Community-Dwelling Older Adults (no coding / no impact) • Immunizations: <ul style="list-style-type: none"> ○ Added name brands for certain immunizations (for convenience). Also added disclaimer. ○ Deleted 90701 and 90718 (codes expire 12/31/12) ○ Added 90672. New code effective 1/1/13. ○ Claims Edit Criteria: Added following <u>clarifications</u>: <ul style="list-style-type: none"> ▪ 90649 ends on 27th birthday ▪ 90650 ends on 27th birthday and not covered for males ▪ 90660 ends on 50th birthday • Prostate Cancer Screening: Added sentence, "NOTE: While this screening is not recommended by the USPSTF, the American Urological Association recommends PSA screening, together with digital rectal examination, only after explanation of the possible advantages and harms of such screening." • Contraceptive Methods: <ul style="list-style-type: none"> ○ Deleted J1051, J1055 and J1056 (codes expire 12/31/12) ○ Added J1050 (new code effective 1/1/13) ○ Added Code Group 2A (Administration for Contraceptives Injections), code 96372.
04/01/2013	<p>Coding Section: <i>The following are effective April 1, 2013, date of service point in time (<u>not</u> at</i></p>

Date	Action/Description
	<p><i>renewal</i>):</p> <ul style="list-style-type: none"> • Cervical Cancer Screening, Pap Smear: <ul style="list-style-type: none"> ○ Removed 2003 USPSTF rating for sexually active women (no age limits). ○ Added March 2012 USPSTF rating for all women age 21 to 65 years. And updated Claims Edit criteria to reflect age limits of 21 to 65 years, (no frequency limit.) • Colorectal Cancer Screening: <ul style="list-style-type: none"> ○ Moved 88304 and 88305 into a separate group (Code Group 3.) ○ Added Claims Edit Criteria for Code Group 3 (with a requirement that these 2 codes be billed with one of the listed diagnosis codes AND with one of the procedure codes from Code Group 1 or Code Group 2.) • Immunizations: Deleted G9141 (code expired 12/31/12) • Screening for Obesity in Adults: <ul style="list-style-type: none"> ○ Removed 2003 USPSTF rating. ○ Added June 2012 USPSTF rating, including BMI of 30+ ○ In response to the June 2012 USPSTF updated rating, added diagnosis codes for BMI of 30.0 – 39.0 (V85.30 – V85.39) • Expanded Women’s Preventive, Breast Pump Equipment & Supplies: <ul style="list-style-type: none"> ○ Added V24.1 to diagnosis coding. ○ Added to Claims Edit Criteria: “Diagnosis code V24.1 is required for E0603, E0604 and A4281 – A4286” • Reference section, added links to USPSTF rating description information web pages. • Appendix A, USPSTF Grade Definitions page added back to this policy.
<p>04/23/2013</p> <p>(Note: this update is retro-active to 4/1/13)</p>	<p>Coding Section: <i>The following is effective April 1, 2013, date of service point in time (not at renewal):</i></p> <ul style="list-style-type: none"> • Cervical Cancer Screening, Pap Smear, <ul style="list-style-type: none"> ○ Claims Edit Criteria column revised: <ul style="list-style-type: none"> ▪ Removed the age limitations (deleted statements regarding age limits of 21 to 65 years) ▪ Added statement “Females, no age limits.” <p>Updated Instructions for Use Paragraph (pg. 1): MCG™ Care Guidelines Annual Review.</p>
<p>06/01/2013</p>	<p>Coding Section: <i>The following changes are effective June 1, 2013, date of service point in time (not at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> • Reworded the table header statement regarding other policies (for clarity) • Deleted several duplicate Reimbursement Policy disclaimers. • Reworded several items in the Claims Edit Criteria column (for clarity) • Added ICD-10 Diagnosis Codes. Added note that ICD-10 codes are effective 10/1/14. • Immunizations: Added notation at end of the “regardless of diagnosis code” bullet that it is for covered preventive immunizations. • Prostate Cancer Screening: Code Group 2, deleted diagnosis code V84.03 (due to Inappropriate Diagnosis Code Reimbursement Policy effective 6/1/13.) • Screening for Intimate Partner Violence: new section (no coding, no impact) • Moved diagnosis codes for Atherosclerosis and for Diabetes into separate tables. <p><u>Expanded Women’s Preventive Health Table:</u></p> <ul style="list-style-type: none"> • Reworded the table header statement regarding other policies (for clarity). • Added ICD-10 Diagnosis Codes. Added note that ICD-10 codes are effective 10/1/14. • Contraceptive Methods, Code Group 3 (anesthesia), added code 00851
<p>07/01/2013</p>	<p>Coding Section: <i>The following changes are effective July 1, 2013, date of service point in time (not at</i></p>

Date	Action/Description
	<p><i>renewal</i>):</p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> • Immunizations: Influenza Virus, added code Q2033 (new code effective 7/1/13). <p><u>Expanded Women’s Preventive Health Table:</u></p> <ul style="list-style-type: none"> • Contraceptive Methods, Code Group 1, Contraceptive Methods, IUDs, added code Q0090 (new code effective 7/1/13)
08/01/2013	<p>Coding Section: <i>The following change is effective August 1, 2013, date of service point in time (not at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> • Immunizations: Influenza Virus, added code 90686 <p>Appendix A and References sections: Updated the links to USPSTF Grade Recommendations information pages.</p>
10/01/2013	<p>Indications for Coverage, Summary of Preventive Care Services Benefit: <u>Women’s Health sub-section:</u></p> <ul style="list-style-type: none"> • #1. Added, “BRCA lab screening (effective October 1, 2013)” <p>Coding Section: <i>The following are covered as Preventive, effective October 1, 2013, date of service point in time (not at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> • Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening. Added USPSTF “B” draft rating (dated April 2013) and coding for BRCA lab screening. <ul style="list-style-type: none"> ○ <u>Preventive BRCA lab benefit:</u> <ul style="list-style-type: none"> ▪ Procedure Codes: 81211, 81212, 81213, 81214, 81215, 81216, 81217, 36415, 36416 ▪ Diagnosis Codes: Family History of Breast or ovarian cancer: ICD-9: V16.3, V16.41; ICD-10: Z80.3, Z80.41 ○ <u>Codes that will Not have the Preventive benefit applied:</u> Added a diagnosis code table for BRCA lab codes that will not allow preventive benefit (See Cancer Diagnosis Code List table for itemized list of codes): <ul style="list-style-type: none"> ▪ Current breast or ovarian cancer (including uterine adnexa). ▪ Personal history of breast or ovarian cancer (including uterine adnexa) • Immunizations: Added flu vaccine code 90685. Added Meningococcal vaccine code 90644. <p><u>Expanded Women’s Preventive Health Table:</u></p> <ul style="list-style-type: none"> • Contraceptive Methods: Fixed typo on Code Group 3 ICD-10 Diagnosis Code for sterilization (corrected to be Z30.2, previously listed as Z73.02 in error.)
01/01/2014	<p><i>The following changes are effective as of January 1, 2014, date of service point in time (not at renewal):</i></p> <p>Related Policies, pg. 1:</p> <ul style="list-style-type: none"> • Removed link to Breast Pump policy (retired) <p>Pg. 2, added EHB paragraph.</p> <p>Indications for Coverage Section:</p> <ul style="list-style-type: none"> • Summary of Preventive Care Services: <ul style="list-style-type: none"> ○ Women’s Health: <ol style="list-style-type: none"> 1. Paragraph #1: For clarification added statement. “Prior authorization requirements apply to BRCA lab screening.” 2. Paragraph #2: Removed the word “rental” from breastfeeding equipment. • For clarification of breast pump purchase benefit, added section Covered Breastfeeding Equipment, including: <ul style="list-style-type: none"> ○ Personal-use electric breast pump purchase (one pump per birth)

Date	Action/Description
	<ul style="list-style-type: none"> ○ Replacement breast pump supplies necessary to operate covered pump. <p>Coverage Limitations and Exclusions Section:</p> <ul style="list-style-type: none"> • For clarification added #6, Breastfeeding equipment and supplies not covered including: Manual breast pumps; Hospital-grade pumps; and Equipment and supplies not listed in the Covered Breastfeeding Equipment section. Included a list of items not covered. • Travel Immunizations – Additional Information paragraph clarified. <p>Coding Section:</p> <ul style="list-style-type: none"> ○ <u>Preventive Care Services Table:</u> <ul style="list-style-type: none"> ○ Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening <ul style="list-style-type: none"> ▪ For clarification added statement, "Prior authorization requirements apply to BRCA lab screening." ○ Immunizations: <ul style="list-style-type: none"> ▪ Added flu vaccine code 90673 (new CPT code effective 1/1/14) ▪ Added flu vaccine code 90688 (due to recent FDA approval) ▪ Added notation: Note: <i>Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed below, may be eligible for preventive benefits as of the FDA approval date.</i> ○ Screening for Alcohol: <ul style="list-style-type: none"> ▪ Removed April 2004 USPSTF rating. ▪ Added May 2013 USPSTF 'B' rating for age 18 and up. (No impact.) ▪ Added a notation about Bright Futures age 11 and up. (No impact.) ○ Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women <ul style="list-style-type: none"> ○ Counseling and Interventions (Adults): <ul style="list-style-type: none"> ▪ For clarification, added statement, "Also see codes in the Wellness Examinations row above." ▪ Claims edit criteria: removed words "Payable as" ○ Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: <ul style="list-style-type: none"> ▪ This is a new section added in response to the August 2013 USPSTF "B" rating. Codes are the same as the adult tobacco counseling and interventions benefit row. <i>(This new section has no impact since age limits were not part of claims edit criteria instruction in the adult row.)</i> ○ Screening for Visual Impairment in Children <ul style="list-style-type: none"> ▪ Added code 99174. ○ <u>Pregnancy Diagnosis Code List Table:</u> <ul style="list-style-type: none"> ○ Added weeks gestation ICD-10 codes: Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 • <u>Expanded Women's Preventive Health Table:</u> <ul style="list-style-type: none"> ○ Breast Pump Equipment & Supplies <ul style="list-style-type: none"> ▪ Deleted Code E0604 (hospital grade breast pump) and deleted the associated claims edit criteria. ▪ Added claims edit criteria that E0603 (personal use electric breast pump) is limited to one purchase per birth. ▪ Diagnosis Codes: Added Pregnancy Diagnosis codes as eligible for breast pump equipment and supplies. ○ Contraceptive Methods: minor editing to descriptions. For clarity, separated codes for implantable devices vs. IUDs ○ <u>Code Group 1:</u> <ul style="list-style-type: none"> ▪ Deleted code Q0090 (expired 12/31/13) ▪ Added code J7301 (new code effective 1/1/14) • <u>References section:</u>

Date	Action/Description
04/01/2014	<ul style="list-style-type: none"> ○ Updated links on #4, #6, #7, and #8. <p><i>The following are effective as of April 1, 2014, date of service point in time (not at renewal):</i></p> <p>Indications for Coverage / Related Services / Women’s outpatient sterilization procedures: added the following bullet:</p> <ul style="list-style-type: none"> c. “For hysteroscopic fallopian tube occlusion sterilization procedures, the preventive benefit includes an outpatient, followup hysterosalpingogram to confirm that the fallopian tubes are completely blocked.” <p>Coverage Limitations and Exclusions / NOTES: added the following bullet:</p> <ul style="list-style-type: none"> • “Certain outpatient prescription medications and/or over the counter items, as required by PPACA, may be eligible under the preventive benefit. Refer to the enrollee-specific pharmacy plan administrator for benefit details.” <p>Coding Section:</p> <ul style="list-style-type: none"> ○ <u>Preventive Care Services Table:</u> <p>Added ICD-10 Diagnosis Code Z00.01 and Z01.411 to the following sections:</p> <ul style="list-style-type: none"> ○ Cervical Cancer Screening, Pap Smear <p>Added ICD-10 Diagnosis Code Z00.01 to the following sections:</p> <ul style="list-style-type: none"> ○ Chlamydia Infection Screening ○ Gonorrhea Screening ○ HIV – Human Immunodeficiency Virus Screening for Adolescents & Adults ○ Syphilis Screening ○ Diabetes Screening ○ Rubella Screening By History of Vaccination or by Serology ○ Cholesterol Screening (Lipid Disorders Screening) ○ Colorectal Cancer Screening ○ Osteoporosis Screening ○ Prostate Cancer Screening <p>Added ICD-10 Diagnosis Code Z00.121 to the following sections:</p> <ul style="list-style-type: none"> ○ Anemia Screening in Children (Bright Futures) ○ Hearing Tests (Bright Futures) ○ Developmental/Autism Screening (Bright Futures) ○ Lead Screening (Bright Futures) ○ TB Testing (Bright Futures) ○ Dyslipidemia Screening (Bright Futures) <p>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults:</p> <ul style="list-style-type: none"> ○ Replaced the 2005 USPSTF rating with the April 2013 rating. (<i>This new rating has no impact to existing HIV screening benefit.</i>) ○ Claims Edit Criteria column: added statement, “No age limits” as a clarification only. (<i>This is not a change in the benefit.</i>) <p>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening:</p> <ul style="list-style-type: none"> ○ Replaced the USPSTF 2005 rating and 2013 draft rating with the December 2013 final rating. ○ Cancer Diagnosis Code List (for BRCA lab screening): <ul style="list-style-type: none"> ▪ Added sentence as a clarification only, “<i>The following are for personal history or current diagnosis of breast and/or ovarian cancer. These are NOT included in the Preventive benefit.</i>” ▪ Ovarian Cancer Codes: <ul style="list-style-type: none"> • Added clarification that ovarian cancer includes fallopian tube cancers and primary peritoneal carcinoma. • Added codes: 158.8 (ICD-9) and C48.1 (ICD-10)

Date	Action/Description
	<p>Gestational Diabetes Mellitus Screening:</p> <ul style="list-style-type: none"> This is a new section added per January 2014 USPSTF "B" rating. <i>(This new section has no impact due to already existing benefits for Screening for Gestational Diabetes in the Expanded Women's Preventive Health requirement)</i> <p>Immunizations:</p> <ul style="list-style-type: none"> Seasonal Influenza virus ('flu'): Deleted Q2033 (code expired 12/31/13). <ul style="list-style-type: none"> <u>Expanded Women's Preventive Health Table:</u> <p>Contraceptive Methods (Including Sterilizations):</p> <ul style="list-style-type: none"> Code Group 1, added notation, "(See Code Group 4 below for tubal ligation followup.)" Code Group 4, Tubal ligation followup hysterosalpingogram: This is a new code group. Includes codes 58340 and 74740 when billed with V26.51 (ICD-9) / Z98.51 (ICD-10) <p>Human Papillomavirus DNA Testing (HPV):</p> <ul style="list-style-type: none"> Added ICD-10 Diagnosis Code Z00.01 and Z01.411
06/01/2014	<p><i>The following are effective as of June 1, 2014, date of service point in time (not at renewal):</i></p> <p>Annual Review.</p> <p>Coverage Limitations and Exclusions:</p> <ul style="list-style-type: none"> Bullet #6 added wording, "breastfeeding related symptoms or conditions of the" <p>Coding Section:</p> <ul style="list-style-type: none"> <u>Preventive Care Services Table:</u> <p>Hepatitis C Virus Infection Screening *NEW*: Added benefit due to USPSTF 'B' rating in June 2013:</p> <ul style="list-style-type: none"> <u>Procedure codes:</u> 86803, 86804, 36415 and 36416. <u>Diagnosis codes:</u> Added a table for Hepatitis C Virus Screening ICD-9 and ICD-10 diagnosis codes. <u>Claims Edit Criteria:</u> No frequency limits or age limits. Requires combination of procedure code and diagnosis code. <p>Genetic Counseling and Evaluation for BRCA Testing</p> <ul style="list-style-type: none"> Added procedure code G0463 <p>Chemoprevention of Breast Cancer Counseling</p> <ul style="list-style-type: none"> Added procedure code G0463 <p>Immunizations:</p> <ul style="list-style-type: none"> Claims Edit Criteria: re-worded for clarity, added underlining and clarifications on age limits for certain immunizations. (For clarification only, not a change in benefits.) <p>Behavioral Counseling in Primary Care to Promote a Healthy Diet:</p> <ul style="list-style-type: none"> Added Hyperlipidemia diagnosis codes: ICD-9: 272.0, 272.1, 272.2, 272.3, 272.3*, 272.4; ICD-10: E78.0, E78.1, E78.2, E78.3, E78.4, E78.5 <p>Pregnancy Diagnosis Codes Table: Added the Additional Codes ICD-10 section with the following:</p> <ul style="list-style-type: none"> O00.0 – O08.9 O09.00 – O09.93 O10.011 – O16.9 O20.0 – O29.93

Date	Action/Description
	<ul style="list-style-type: none"> • O30.001 – O48.1 • O94 – O9A.53 • Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, and Z32.2 <ul style="list-style-type: none"> • <u>Expanded Women’s Preventive Health Table:</u> <p>Well-Woman Visits:</p> <ul style="list-style-type: none"> ○ Added procedure code G0463 ○ Archived previous policy version CDG.016.01 <p><i>*Please note: This code update was incorrectly listed in the summary of changes on the May 2014 edition of the Medical Policy Update Bulletin.</i></p>
01/01/2015	<p><i>The following are effective as of January 1, 2015, date of service point in time (not at renewal):</i></p> <p>Coverage Limitations and Exclusions Section:</p> <ul style="list-style-type: none"> • Bullet #2: Deleted examples of drugs, medications, vitamins and supplements and notations regarding the prescription drug rider. Added general statement that some may be covered and for details to refer to the enrollee-specific pharmacy plan administrator. <p>Coding Section:</p> <ul style="list-style-type: none"> • Updated all ICD-10 coding notations to reflect 10/1/15 effective date. • Replaced all Diagnosis coding instructions that said “n/a” or “regardless of diagnosis code” with statement, “Does not have diagnosis code requirements for preventive benefit to apply.” This was done for clarity, and is not a change in coding or benefits. • Added notation to table header: For preventive medications refer to pharmacy plan administrator. • Deleted topics that are for preventive medications: <ul style="list-style-type: none"> ○ Aspirin for the Prevention of Cardiovascular Disease ○ Prevention of Dental Caries in Preschool Children (oral fluoride supplements) <ul style="list-style-type: none"> • <u>Preventive Care Services Table:</u> <p>Abdominal Aortic Aneurysm Screening:</p> <ul style="list-style-type: none"> ○ Added June 2014 USPSTF ‘B’ rating. (This update has no impact to existing benefit.) <p>Hepatitis C Virus Infection Screening:</p> <ul style="list-style-type: none"> ○ Added new code G0472 (note: this code is retro-active to June 2, 2014 per the September CMS HCPCS coding release announcement.) <p>Cervical Cancer Screening, Pap Smear:</p> <ul style="list-style-type: none"> ○ Added benefit age limit of 21 years through 65 years (ends on 66th birthday), due to Bright Futures March 2014 update. <p>Colorectal Cancer Screening:</p> <ul style="list-style-type: none"> ○ Added benefit age limit of 50 years through 75 years (ends on 76th birthday), to align with USPSTF October 2008 rating. ○ Added USPSTF frequency recommendations. Note: these are not included in the benefit limitation or claims edit criteria. ○ Added Code Group 4 for anesthesia. Added code 00810. ○ Added note for Code Group 3 for Pathology and Code Group 4 for Anesthesia: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon’s claim is preventive. ○ Deleted codes that expire 12/31/14: 45339 (Sigmoidoscopy), 44393 and 45383 (Colonoscopy) ○ Computed Tomographic Colonography: added notation that prior authorization requirements may apply, depending on plan. ○ Added headers for Sigmoidoscopy, Colonoscopy, FOBT, and pathology. <p>Immunizations:</p>

Date	Action/Description
	<ul style="list-style-type: none"> ○ Seasonal Influenza virus ("flu"): Added codes 90630, 90653, 90687. <p>Screening for Obesity in Adults:</p> <ul style="list-style-type: none"> ○ For clarity, added statement, "Also see codes in the "Wellness Examinations" row above." ○ Added new code G0473 (new code effective 1/1/15) <p>Screening for Obesity in Children and Adolescents:</p> <ul style="list-style-type: none"> ○ For clarity, added statement, "Also see codes in the "Wellness Examinations" row above." ○ Added new code G0473 (new code effective 1/1/15) <p>Screening for Visual Impairment in Children:</p> <ul style="list-style-type: none"> ○ For clarity added statement that code 99173 does not have diagnosis code requirements. Also, added statement that for code 99174 to see the Omnibus Codes Medical Policy for allowable diagnoses. <p>Screening for Lung Cancer with Low-Dose Computed Tomography *NEW*:</p> <ul style="list-style-type: none"> ○ New section added in response to the December 31, 2013, USPSTF announcement. ○ Code: S8032 ○ ICD9 diagnosis codes: 305.1, 909.1, 989.84, or V15.82 ○ ICD10 diagnosis codes: F17.210, F17.211, F17.213, F17.218, F17.219, or Z87.891. ○ <u>Claims Edit Criteria:</u> Requires one of the listed diagnosis codes. Limits: One per year. Applies to age 55-80yr (ends 81st birthday); and at least 30 pack-years; and current smoker or quit within past 15 years. Prior authorization requirements may apply depending on plan. ○ <u>Codes for Reporting Purposes:</u> G9275, G9276, G9458, G9459, G9460. These codes are for reporting purposes only, not separately reimbursable. <p>Fluoride Application in Primary Care *NEW*:</p> <ul style="list-style-type: none"> ○ New section added in response to May 2014 USPSTF 'B' rating and March 2014 Bright Futures Recommendations. ○ <u>Code:</u> 99188, no diagnosis code requirement. ○ <u>Claims Edit Criteria:</u> Age 0-6 years (ends on 7th birthday). <p>Bright Futures - Formal Developmental/Autism Screening:</p> <ul style="list-style-type: none"> ○ Revised the benefit limit to apply to age 0 – 2 years (ends on 3rd birthday). This was revised to align with Bright Futures recommendations for formal standardized developmental/autism screening. (Previously allowed 0 to 21 years (ends on 21st birthday.)) ○ Added listing of Bright Futures months for formal autism and/or developmental screenings: 9mo, 18mo, 24mo, and 30mo. <p>Pregnancy Diagnosis Code List</p> <ul style="list-style-type: none"> ○ For clarity: reformatted table, removed ranges, and itemized all diagnosis codes. (No coding changes.) <p>Hepatitis C Diagnosis Code List:</p> <ul style="list-style-type: none"> ○ Corrected typographical error (previously Z2, corrected to Z21) <ul style="list-style-type: none"> • <u>Expanded Women's Preventive Health Table:</u> <p>Human Papillomavirus DNA Testing (HPV):</p> <ul style="list-style-type: none"> ○ Added new codes effective 1/1/15: 87624 and 87625 ○ Deleted expired codes 12/31/14: 87620, 87621, 87622 ○ Re-worded the HHS Requirement description, for clarity. <p>Contraceptive Methods (Including Sterilizations):</p> <ul style="list-style-type: none"> ○ Deleted Code Group 2A and moved code 96372 into Code Group 2. ○ Deleted the requirement for 96372 to be billed with injection.

Date	Action/Description
	<p>References Section:</p> <ul style="list-style-type: none"> Updated link to 2014 Bright Futures Periodicity Schedule Archived previous policy version CDG.016.02
02/15/2015	<p><i>The following changes are effective as of February 15, 2015, date of service point in time (not at renewal):</i></p> <ul style="list-style-type: none"> Preventive Care Services Table: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening: added clarification, “ends on 76th birthday.” (This is not a change to benefits or coding). Hepatitis C Virus Infection Screening: <ul style="list-style-type: none"> Claims edit criteria column reworded for clarity. (This is not a change to benefits or coding.) Behavioral Counseling in Primary Care to Promote a Healthy Diet: Added code G0473. Prostate Cancer Screening: Code Group 1: changed instructions from “N/A” to “Does not have diagnosis code requirements for preventive benefits to apply.” (This is not a change to coding or benefits.) Pregnancy Diagnosis Code List: Added decimals to the ICD-10 codes (this is not a change in coding). Archived previous policy version CDG.016.03
04/01/2015	<p><i>The following changes are effective as of April 1, 2015, date of service point in time (not at renewal):</i></p> <ul style="list-style-type: none"> Preventive Care Services Table: <ul style="list-style-type: none"> TB Testing (Bright Futures): Fixed typographical error on Z11.1 (fixed decimal point) Hepatitis B Virus Infection Screening: <ul style="list-style-type: none"> Added USPSTF ‘B’ Rating for Persons at High Risk (from May 2014). Added Persons at High Risk diagnosis codes: ICD9 codes V15.85, V70.0, V73.89, V73.99, V75.9 / ICD10 codes: Z57.8, Z00.00, Z00.01, Z11.59 Archived previous policy version CDG.016.04
05/01/2015	<p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> Immunizations: Due to recent FDA and ACIP approvals: <ul style="list-style-type: none"> Added HPV Gardasil9[®] code 90651. Limited to ages 9-26yrs. Ends on 27th birthday. Added meningococcal codes 90620 and 90621. Limited to age 10 years and up. Archived previous policy version CDG.016.05
07/01/2015	<p><i>The following changes are effective as of July 1, 2015, date of service point in time (not at renewal):</i></p> <p>Annual review.</p> <p>Indications for Coverage, added clarification, “Depending on the plan, Eligible Expenses for services from non-network providers may not equal the provider’s billed charges (refer to plan’s schedule of benefits).”</p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> Chlamydia Infection Screening: <ul style="list-style-type: none"> Removed June 2007 A and B ratings, and replaced with September 2014 B rating. This update has no impact to coding. Small wording clarifications and reformatting. Gonorrhea Screening:

Date	Action/Description
	<ul style="list-style-type: none"> ○ Removed May 2005 B rating, and replaced with September 2014 B rating. This update has no impact to coding. ○ Small wording clarifications and reformatting. • Hepatitis B Virus Infection Screening: Small wording clarifications and reformatting. • HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults: Small wording clarifications and reformatting. • Syphilis Screening: Small wording clarifications and reformatting. • BRCA Lab Screening: Codes: <ul style="list-style-type: none"> ○ Added personal history of breast or ovarian cancer ICD-9 diagnosis codes V10.3, V10.43, Z85.3 and Z85.43. ○ Added family history of breast or ovarian cancer ICD-10 diagnosis codes Z15.01 and Z15.02. Claims Edit Criteria: <ul style="list-style-type: none"> ○ Deleted exclusion for current diagnosis of breast and/or ovarian cancer (instructions and entire list of breast and ovarian cancer diagnosis codes removed.) ○ Blood draw: added small clarification to bullet #2. • Screening Mammography: Added link to medical policy. Added clarifications, “This benefit only applies to screening mammography. This benefit does not apply to other screening methods, including but not limited to, digital breast tomosynthesis (3-D mammography).” • Cholesterol Screening: code range V85.41 – V85.45 updated to an itemized list. (This is not a change in coding.) • Immunizations: <ul style="list-style-type: none"> ○ Moved all coding into separate ‘Preventive Immunizations’ table at end of coding section. Added several trade names. Added clarification on codes limited to ages due to code description. (These updates are not a change in coding.) ○ Added notation for 90723: Benefit Limit, Ages 0-6yrs. Ends on 7th birthday. (This is not a new code, but a clarification on benefit limit.) • Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: <ul style="list-style-type: none"> ○ Removed January 2003 B rating, and replaced with August 2014 B rating. ○ In response to August 2014 B rating, added the following diagnosis codes: <ul style="list-style-type: none"> ▪ OVERWEIGHT: ICD-9: 278.02, V85.21, V85.22, V85.23, V85.24, V85.25; ICD-10: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 ▪ BODY MASS INDEX 30.0 – 39.9: ICD-9: V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38, V85.39 ; ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 ▪ BODY MASS INDEX 40.0 AND OVER: ICD-9: V85.41, V85.42, V85.43, V85.44, V85.45 ; ICD-10: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 ▪ IMPAIRED FASTING GLUCOSE: ICD-9: 790.21 ; ICD-10: R73.01 ▪ METABOLIC SYNDROME: ICD-9: 277.7; ICD-10: E88.81 ○ Added ‘Dyslipidemia’ to title of subsection Hyperlipidemia. • Behavioral Counseling to Prevent Sexually Transmitted Infections: <ul style="list-style-type: none"> ○ Deleted October 2008 B rating, replaced with September 2014 B rating. (This update has no impact to coding.) • Atherosclerosis Diagnosis Code List: no coding changes. Updated wording in header, 2nd bullet. <p>Appendix A – USPSTF Grade Definitions:</p> <ul style="list-style-type: none"> • Added table for “Grade Definitions for USPSTF Recommendations After July 2012”. • Updated table for “Grade Definitions for USPSTF Recommendation Dated After May 2007, updated Definition ‘C’. • Archived previous policy version CDG.016.06
09/01/2015	<p><i>The following changes are effective as of September 1, 2015, date of service point in time (not at renewal):</i></p>

Date	Action/Description
	<p>Updated coding disclaimers for ICD-9 and ICD-10.</p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • Claims Edit Criteria Column: Removed all male and female gender instructions, several rows. • Colorectal Cancer Screening, Code Group 2: Added code 45346 (sigmoidoscopy), and 45388 (colonoscopy), • Screening for Visual Impairment in Children: Updated age instructions to be less than age 6 years (ends on 6th birthday). <p>Expanded Women’s Preventive Health Table:</p> <ul style="list-style-type: none"> • Claims Edit Criteria Column: Removed female instructions from HPV DNA Testing, and Contraceptive Methods. • Archived previous policy version CDG.016.07
01/01/2016	<p><i>The following changes are effective as of January 1, 2016, date of service point in time (not at renewal):</i></p> <p>Indications for Coverage Section:</p> <ul style="list-style-type: none"> • Women’s Health: added the following information to the instructions for prior authorization for BRCA Testing (<i>italic text here for historical clarification</i>): <ul style="list-style-type: none"> ○ <i>For most benefit plans, prior authorization requirements apply to BRCA lab screening.</i> ○ <i>For medical necessity benefit plans: genetic counseling from an Independent Genetics Provider (see definition section) is required before UnitedHealthcare will approve prior authorization requests (effective January 1, 2016).</i> • Related Services: <ul style="list-style-type: none"> ○ Preventive colonoscopy: removed exclusion for pre-operative examinations. Added statement effective January 1, 2016, pre-operative consultations covered for preventive colonoscopy. <p>Definitions:</p> <ul style="list-style-type: none"> • Added definition, “Independent Genetics Provider (For Medical Necessity Benefit Plans)” <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults: <ul style="list-style-type: none"> ○ Added code G0475 (new code effective 1/1/16) • Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening: <ul style="list-style-type: none"> ○ Added the following to the Claims Edit Criteria Column, “*Medical Necessity plans require genetic counseling before BRCA Lab Screening.” ○ Added code 81162 to BRCA Lab Screening (new CPT code effective 1/1/16) • Colorectal Cancer Screening: <ul style="list-style-type: none"> ○ Added Code Group 5 for <u>Pre-op/Consultations</u>: <ul style="list-style-type: none"> ▪ Procedure Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245 ▪ Diagnosis Codes: Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 • Wellness Examinations: <ul style="list-style-type: none"> ○ Added code G0296 (new code effective 1/1/16). This code is specific to a counseling visit to discuss the need for lung cancer screening using low dose CT scan. To align with existing CT scan benefit, also added age limit 55-80years (ends on 81st birthday).

Date	Action/Description
	<ul style="list-style-type: none"> • Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: <ul style="list-style-type: none"> ○ Added code 0403T (new CPT code effective 1/1/16). ○ Claims Edit Criteria: Added 0403T to the list of codes that require one of the Diagnosis Codes listed in this row. • Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions <ul style="list-style-type: none"> ○ Removed April 2009 USPSTF 'A' rating. ○ Added September 2015 USPSTF 'A' ratings. The new ratings have no impact to the existing medical preventive benefit. ○ Code(s) column: inserted header "Behavioral Interventions" above the codes. • Screening for Visual Impairment in Children: <ul style="list-style-type: none"> ○ Added code 99177 (new CPT code effective 1/1/16) ○ Claims Edit Criteria column: added 99177 to the instructions for Omnibus Codes policy for allowable diagnoses. • TB Testing (Bright Futures): <ul style="list-style-type: none"> ○ Claims Edit Criteria Column: added ICD-10 code instructions to 3rd bullet regarding 99211. (This is not a change in benefits or coding.) • Screening for Lung Cancer with Low-Dose Computed Tomography: <ul style="list-style-type: none"> ○ Added code G0297 (new code effective 1/1/16). <p>Preventive Immunizations Table:</p> <ul style="list-style-type: none"> • Code Descriptions updated: 90651 • Codes Deleted (expired 12/31/15): 90645, 90646, 90669, 90703, 90704, 90705, 90706, 90708, 90719, 90720, 90721 and S0195 • Other Updates: <ul style="list-style-type: none"> ○ 90673: Updated Benefit Limit on code 90673: Age 18 years and up. ○ 90696: Added trade name, Quadracel[®] <p>Diabetes Diagnosis Code List: small update to header for Type 2 diabetes. (No changes to codes)</p> <p>Expanded Women's Preventive Health Table:</p> <ul style="list-style-type: none"> • Human Papillomavirus DNA Testing (HPV): <ul style="list-style-type: none"> ○ Added code G0476 (new code effective 1/1/16) • Contraceptive Methods (Including Sterilizations): <ul style="list-style-type: none"> ○ Updated the note regarding religious exemptions. Note now says, "Certain employers may qualify for an exemption from covering contraceptive methods and sterilizations on account of religious objections." ○ Code Group 1: Added J7297, new code effective 1/1/16 ○ Code Group 2: Added J7298, new code effective 1/1/16; Deleted code J7302 expired 12/31/15.
04/01/2016	<ul style="list-style-type: none"> • Archived previous policy version CDG.016.08 <p><i>The following changes are effective as of April 1, 2016, date of service point in time (not at renewal):</i></p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • Renamed 3rd column header as, "Preventive Benefit Instructions" • Screening for Depression in Adults: Removed December 2009 USPSTF rating, and added January 2016 USPSTF rating. (This updated rating has no impact to existing benefit due to general screening code Z13.89 already allowed.) <p>Preventive Immunizations Table:</p> <ul style="list-style-type: none"> • Added code 90707. Code was previously deleted in error. <p>Expanded Women's Preventive Health Table:</p>

Date	Action/Description
	<ul style="list-style-type: none"> Renamed 3rd column header as, "Preventive Benefit Instructions" Contraceptive Methods: Added code group 5 for IUD followup visits, 99211 or 99212; dx Z30.431. <p>References section: updated links for #3 and #12. Appendix A: updated links to USPSTF Grade Definitions page</p> <ul style="list-style-type: none"> Archived previous policy version CDG.016.09
07/01/2016	<p>Annual Review. Policy reformatted. <i>The following changes are effective as of July 1, 2016, date of service point in time (not at renewal):</i></p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> Colorectal Cancer Screening: <ul style="list-style-type: none"> Code Group 1: added S0285 (new code effective 7/1/16) Depression in Children and Adolescents Screening: <ul style="list-style-type: none"> Updated name of section to align with new description from USPSTF. Removed March 2009 rating, and added February 2016 rating. (Note: this update has no impact to the existing benefit.) <p>Expanded Women's Preventive Health Table:</p> <ul style="list-style-type: none"> Contraceptive Methods, Code Group 4, Tubal Ligation Followup: added Q9967 <p>Appendix A: reformatted.</p> <ul style="list-style-type: none"> Archived previous policy version CDG.016.10
10/01/2016	<p><i>The following changes are effective as of October 1, 2016, date of service point in time (not at renewal):</i></p> <p>Indications for Coverage / Women's Health: removed anemia iron deficiency screening of pregnant women.</p> <p>Coding Section: Removed all ICD-9 diagnosis codes.</p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> Anemia, Iron Deficiency Anemia Screening: removed from preventive care services benefit due to October 2015 "I" rating from the USPSTF. Diabetes Screening: Removed June 2008 rating, added October 2015 rating, and <ul style="list-style-type: none"> Added age limit of 40-70 years (ends on 71st birthday). Added diagnosis codes for the following (due to USPSTF update): <ul style="list-style-type: none"> <u>OVERWEIGHT:</u> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 <u>OBESITY:</u> E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <u>BODY MASS INDEX 30.0 – 39.9:</u> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <u>BODY MASS INDEX 40.0 AND OVER:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Added new codes effective 10/1/16: <ul style="list-style-type: none"> <u>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</u> O11.4, O11.5, O13.4, O13.5, O16.4, O16.5 <u>URGENT/EMERGENCY/CRISIS HYPERTENSION:</u> I16.0, I16.1, I16.9 Cholesterol Screening (Lipid Disorders Screening): <ul style="list-style-type: none"> Added diagnosis codes for the following (new codes effective 10/1/16): <ul style="list-style-type: none"> <u>FAMILY OR PERSONAL HISTORY:</u> Z83.42 <u>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</u> O11.4, O11.5, O13.4, O13.5, O16.4, O16.5 <u>URGENT/EMERGENCY/CRISIS HYPERTENSION:</u> I16.0, I16.1, I16.9 <u>Cholesterol Screening Not preventive list</u> (code changes effective 10/1/16): <ul style="list-style-type: none"> <u>Deleted:</u> E78.0 <u>Added:</u> E78.00, E78.01 Behavioral Counseling in Primary Care to Promote a Healthful Diet: <ul style="list-style-type: none"> <u>Code changes effective 10/1/16:</u> <ul style="list-style-type: none"> <u>Deleted:</u> E78.0 <u>Added:</u> E78.00, E78.01

Date	Action/Description
	<ul style="list-style-type: none"> ○ Added diagnosis codes for the following (new codes effective 10/1/16): <ul style="list-style-type: none"> ▪ <u>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM</u>: O11.4, O11.5, O13.4, O13.5, O16.4, O16.5 ▪ <u>URGENT/EMERGENCY/CRISIS HYPERTENSION</u>: I16.0, I16.1, I16.9 • High Blood Pressure in Adults – Screening: <ul style="list-style-type: none"> ○ Updated name of section to align with new description from USPSTF. ○ Removed June 2008 rating, added October 2015 rating, and: <ul style="list-style-type: none"> ▪ Added Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting). ▪ <u>Added codes</u>: 93784, 93786, 93788, or 93790. Requires diagnosis code R03.0 • Tobacco Smoking Cessation in Adults, including Pregnant Women: <ul style="list-style-type: none"> ○ Deleted codes expired 10/1/16: G0436 and G0437 • Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: <ul style="list-style-type: none"> ○ Deleted codes expired 10/1/16: G0436 and G0437 • Screening for Lung Cancer with Low-Dose Computed Tomography: <ul style="list-style-type: none"> ○ Deleted code expired 10/1/16: S8032 • Preventive Immunizations Table, Seasonal Influenza: <ul style="list-style-type: none"> ○ 90661 – Updated age to 4 years and up. Fixed trademark symbol. ○ 90674 – New code added. • Pregnancy Diagnosis Code List: <ul style="list-style-type: none"> ○ <u>New Codes added, effective 10/1/16</u>: O00.00, O00.01, O00.10, O00.11, O00.20, O00.21, O00.80, O00.81, O00.90, O00.91, O09.A0, O09.A1, O09.A2, O09.A3, O11.4, O11.5, O12.04, O12.05, O12.14, O12.15, O12.24, O12.25, O13.4, O13.5, O14.04, O14.05, O14.14, O14.15, O14.24, O14.25, O14.94, O14.95, O16.4, O16.5, O24.415, O24.425, O24.435, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O34.211, O34.212, O34.219, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, Z29.13, ○ Deleted Codes expired 10/1/16: O00.0, O00.1, O00.2, O00.8, O00.9, O33.7, O34.21 • Hepatitis C Virus Infection Screening Diagnosis Code List: <ul style="list-style-type: none"> ○ <u>New Codes added, effective 10/1/16</u>: Z05.1 • Diabetes Diagnosis Code List: <ul style="list-style-type: none"> ○ <u>New Codes added, effective 10/1/16</u>: E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, , E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511,

Date	Action/Description
	<p>E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9</p> <ul style="list-style-type: none"> ○ Deleted Codes expired 10/1/16: E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359 <p>Expanded Women’s Preventive Health Table:</p> <ul style="list-style-type: none"> ○ <u>Contraceptive Methods: Code Group 2</u>, Contraceptive Management, added new diagnosis codes effective 10/1/16: Z30.017 and Z30.46 <ul style="list-style-type: none"> ● Archived previous policy version CDG.016.11
01/01/2017	<p><i>The following changes are effective as of January 1, 2017, date of service point in time (not at renewal):</i></p> <p>Indications for Coverage:</p> <ul style="list-style-type: none"> ● Diagnostic services examples list: Added example #4 <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> ● Abdominal Aortic Aneurysm Screening: <ul style="list-style-type: none"> ○ Added code 76706 (new code effective 1/1/17) ○ Deleted codes: G0389, 76700, 76705, 76770 and 76775 ● Chlamydia Infection Screening : <ul style="list-style-type: none"> ○ Added Screening Diagnosis Codes: Z00.121 and Z00.129 ● Gonorrhea Screening <ul style="list-style-type: none"> ○ Added Screening Diagnosis Codes: Z00.121 and Z00.129 ● Hepatitis B Virus Infection Screening: <ul style="list-style-type: none"> ○ Added code G0499 (new code) ● HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults <ul style="list-style-type: none"> ○ Added Screening Procedure Codes: 87389, 87390 ○ Added Screening Diagnosis Codes: Z00.121 and Z00.129 ● Syphilis Screening: <ul style="list-style-type: none"> ○ Added Screening Diagnosis Codes: Z00.121 and Z00.129 ○ Added June 2016 USPSTF Rating. No impact to existing benefits. ● Diabetes Screening: Preventive Benefit Does Not Apply (reworded for clarity) ● Screening Mammography:

Date	Action/Description
	<ul style="list-style-type: none"> ○ Added code 77067 (new code effective 1/1/17) ○ Deleted codes 77052, 77057 (codes expire 12/31/16) • Cholesterol Screening: <ul style="list-style-type: none"> ○ Preventive Benefit Does Not Apply (reworded for clarity) ○ Diagnosis Codes: Diabetes sub-header reworded for clarity • Screening for Depression in Adults: <ul style="list-style-type: none"> ○ Added code 96127 ○ Deleted code 99420 (expires 12/31/16) • Depression in Children and Adolescents (Screening) <ul style="list-style-type: none"> ○ Added code 96127 ○ Deleted code 99420 (expires 12/31/16) • Behavioral Counseling in Primary Care to Promote a Healthful Diet: <ul style="list-style-type: none"> ○ Diagnosis Codes: Diabetes sub-header reworded for clarity • Formal Developmental / Autism Screening: minor correction to Bright Futures 9-month visit. (This is not a change in benefits or coding.) • Preventive Immunizations: <ul style="list-style-type: none"> ○ Added Code: 90682 (new code effective 1/1/17) ○ Code Description Changes (these have no impact on benefits): 90734, 90655, 90656, 90657, 90658, 90661, 90685, 90687, 90698 ○ Code Description Change (with impact to benefits): <ul style="list-style-type: none"> ▪ Q2039 (note: Q2039 no longer limited to age 3yrs and up.) ▪ 90686 and 90688: These two vaccine codes have code description changes and Benefit Limit changes. New age range is 6 months and up (per recent FDA age update for FluLaval Quadrivalent.) <p>Expanded Women’s Preventive Health Table:</p> <ul style="list-style-type: none"> • Contraceptive Methods: <ul style="list-style-type: none"> ○ Code Group 2 Diagnosis Codes: Removed Z30.011 and Z30.41 (these are for pharmacy items) ○ Updated code descriptions for J7297 and J7298 <p>References: Removed numbering. Alphabetized. Added accessed dates.</p> <ul style="list-style-type: none"> • Removed language to indicate ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures) must be used to report diagnoses for services provided on or after 10/01/2015 • Archived previous policy version CDG.016.12
04/01/2017	<p><i>The following changes are effective as of April 1, 2017, date of service point in time (not at renewal):</i></p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults: <ul style="list-style-type: none"> ○ Added Screening Procedure Code: 87391, 87806 • Screening Mammography: <ul style="list-style-type: none"> ○ Added code 77063. ○ Removed note in Preventive Benefit Instructions column. • Primary Care Interventions to Promote Breastfeeding: <ul style="list-style-type: none"> ○ Added October 2016 USPSTF Rating. (No impact to existing benefits.) ○ Removed October 2008 USPSTF Rating. <ul style="list-style-type: none"> • References section: Updated accessed dates. • Archived previous policy version CDG.016.13

Date	Action/Description
06/01/2017	<p><i>The following changes are effective as of June 1, 2017, date of service point in time (not at renewal):</i></p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • Cholesterol Screening: <ul style="list-style-type: none"> ○ Added November 2016 USPSTF rating, with the following instructions: <ul style="list-style-type: none"> ▪ Age limit 40 – 75 years (ends on 76th birthday). Benefit is limited to screening diagnosis codes Z00.00, Z00.01, or Z13.220. ○ Added note: Preventive coverage for the 2008 ratings expire Nov. 30, 2017. • Colorectal Cancer Screening: <ul style="list-style-type: none"> ○ Code Group 4: Added moderate sedation codes 99152, 99153, 99156, 99157 and G0500 • Latent Tuberculosis Infection: Screening, Adults: *NEW* <ul style="list-style-type: none"> ○ New benefit per USPSTF B-rating Sept. 2016. ○ Limited to age 18 years and up. ○ Codes 86480, 86481, 86580 limited to R76.11, R76.12, Z00.00, Z00.01, Z11.1, or Z20.1 ○ Code 99211 limited to R76.11 or R76.12 ○ Codes 36415 or 36416 limited to being billed with 86480 or 86481 and R76.11, R76.12, Z00.00, Z00.01, Z11.1, or Z20.1 • Tuberculosis TB Testing (Bright Futures): <ul style="list-style-type: none"> ○ Added 'Tuberculosis' to header name. ○ Added clarifications that for age 18 years and older to also refer to the USPSTF row, "Latent Tuberculosis Infection: Screening, Adults". ○ Added diagnosis code Z20.1 • References section: Updated accessed dates. • Archived previous policy version CDG.016.14
07/01/2017	<p><i>The following changes are effective as of July 1, 2017, date of service point in time (not at renewal):</i></p> <p>Preventive Care Services Table:</p> <ul style="list-style-type: none"> • Colorectal Cancer Screening: <ul style="list-style-type: none"> ○ Removed 2008 A ratings and associated statements. ○ Added June 2016 A rating. ○ Added Code Group 6 for Fecal DNA 81528, limited to once every 3 years. No diagnosis code limit. ○ Added FIT to headers. (No impact since coding for FIT is the same as FOBT) • Depression in Children and Adolescents (Screening): <ul style="list-style-type: none"> ○ Added notation, "Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12." This has no impact to benefits. <p>Preventive Immunizations Table:</p> <ul style="list-style-type: none"> • Code Descriptions Updated for 7/1/17: 90620, 90621 and 90651. No impact to benefits. • Updated vaccine abbreviations in the first column, several rows. • 90650: removed the trade name Cervarix[®]. Code itself is not removed. • 90748: removed the trade name Comvax[®]. Code itself is not removed. <p>Expanded Women's Preventive Health Table:</p> <ul style="list-style-type: none"> • Contraceptive Methods: Code Group 1, IUD: Added code Q9984 (code effective 7/1/17) <ul style="list-style-type: none"> • References section: Updated accessed dates. Updated USPSTF reference. • Archived previous policy version CDG.016.15

Appendix A – USPSTF Grade Definitions

Grade Definitions for USPSTF Recommendations After July 2012:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions for USPSTF Recommendations Dated After May 2007:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

The U.S. Preventive Services Task Force (USPSTF) has updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	<i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions Prior to May 2007

The definitions below (of USPSTF grades and quality of evidence ratings) were in use prior to the update and apply to recommendations voted on by the USPSTF prior to May 2007.

A - Strongly Recommended: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that*

benefits substantially outweigh harms.

B - Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C - No Recommendation: The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

D - Not Recommended: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I - Insufficient Evidence to Make a Recommendation: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*