Preventive Health Benefits and Coding Guidelines

For Migrated Members

The Preventive Health Benefits and Coding Guidelines (Guidelines) provide additional information related to specific types of preventive services, as defined as services with an A or B rating in the current recommendations of the United States Preventive Service Task Force (USPSTF), immunizations recommended from Advisory Committee on Immunization Practices (ACIP) and the Center for Disease Control (CDC), including those based upon reasonable scientific evidence and judgment from relevant expert organizations, and care included in guidelines from Health Resources and Services Administration (HRSA) including the Women's Preventive Services Initiative (WPSI) and the Bright Futures programs. These services may be covered under a Member's Benefit Plan depending on factors such as grandfathered status, product type and anniversary date, and plan-specific exemptions. The terms and conditions of the written Benefit Plan govern the benefits available to Members, and these Guidelines do not guarantee coverage or payment for a particular service. Members should contact Member Services at the telephone number and address on the back of their Identification Card for further preventive services information.

Guidelines within this document impact Migrated Commercial Members with anniversary dates on or after January 1, 2027.

Please use the links provided to access the full list of Preventive Reference materials:

- ACIP Immunizations
- HRSA Bright Futures
- HRSA WPSI
- USPSTF A and B Recommendations

Providers and members should reference the preauthorization list as some of the below services may require prior authorization to support medical necessity.

***Preventive Radiology Services –** Providers rendering preventive radiologic screenings are encouraged to use the same date of service for both the professional and technical components of the imaging. Practitioners completing the review, interpretation, and report should do so as soon as possible, and no later than 14 days from the date of the radiologic imaging.*

***Preventive Surgical Pathology Services-** Providers rendering a surgical pathology service as part of the preventive screenings (e.g., colonoscopy) are encouraged to use the same date of service for both the professional and technical components. Practitioners completing the review, interpretation, and report should do so as soon as possible, and no later than 14 days from the date of the preventive screening.*

Diagnosis codes listed below must be billed in the primary diagnosis position to be considered for preventive benefit coverage application, unless otherwise indicated. Coverage will be provided for the preventive service and for integral services necessary to complete the preventive service.

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10	
Immunizations	Immunizations recommended by the Centers for Disease Control and prevention for age, and sex/gender. https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html.	See CPT® for appropriate vaccine and administration codes.			
Infants and Children					
Pediatric Preventive Visits (Well-Child) ▪ Children age 0 to 11 months ▪ Children age 1 to 4 years ▪ Children age 5 to 10 years ▪ Children age 11 to 14 years ▪ Children age 15 to 17 years	Includes an age and gender appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.	99381 99382 99383 99384 99385 99391 99392 99393 99394 99395 99460 99461	99463 G0011 G0013 G0402 G0438 G0439 G0468 G0513 G0514 S0610 S0612 S0613	Diagnosis code requirements are not applicable.	
		96160		Z00.00 Z00.01	Z00.121 Z00.129
Anemia ▪ Through age 21	Risk assessment to be performed with appropriate action to follow, if positive for ages 4 months, 15 months, 18 months, 24 months, 30 months and 3 - 21 years.	85018 85025 85027 85045 85046 36415		Z00.110 Z00.111 Z00.121 Z00.129 Z13.0	
Behavioral Assessments and Developmental Screening for Children	Risk assessment to be performed from newborn through 21 years of age.	96110 96160		Z00.00 Z00.01 Z00.121 Z00.129	Z13.40 Z13.41 Z13.42 Z13.49
Developmental/Autism Screening	Screening to determine if the patient needs additional work-up for a developmental disorder. Requires use of a standardized, validated tool.	96110 96160		Z00.00 Z00.01 Z00.121 Z00.129	Z13.40 Z13.41 Z13.42 Z13.49
Hearing Screening	Requires use of calibrated electronic equipment; tests using other methods (e.g., whispered voice, tuning fork) are not reported separately.	92551 92552 92567 92587 92650 92651 V5008		Z00.110 – Z00.111 Z00.121 Z00.129 Z01.10 Z01.110 Z01.118 Z13.5 Z38.00 – Z38.01 Z38.1 – Z38.2	Z38.30 – Z38.31 Z38.4 – Z38.5 Z38.61 – Z38.66 Z38.68 – Z38.69 Z38.7 – Z38.8 P00.0 – P08.22 P35.4 P74.21 – P74.49
Vision Screening ▪ Age 3 through age 5	Graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g., Snellen chart). Does not include refractions.	99173 99174 99177		Diagnosis code requirements are not applicable.	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Cholesterol Screening	Screening test for high cholesterol if determined to be at high risk.	80061 82465 83718 83721 84478 36415	E08.00 – E13.9 E66.01 – E66.9 E88.810 – E88.819 F17.200 – F17.299 I10 I11.0 – I11.9 I12.0 – I12.9 I13.0 – I13.2 I15.0 – I15.9 I16.0 – I16.9 I25.10 – I25.119 I25.700 – I25.812 I25.82 – I25.84 I70.0 – I70.799 I70.90 – I70.92 N26.2 O10.011 – O11.9 O13.1 – O13.9 O16.1 – O16.9	O24.410 – O24.439 O99.210 – O99.215 O99.330 – O99.335 O99.810 – O99.815 R73.01 R73.03 Z00.00 – Z00.01 Z00.121 – Z00.129 Z01.411 – Z01.419 Z13.220 Z13.6 Z68.25 – Z68.45 Z72.0 Z71.6 Z82.49 Z83.42 – Z83.438 Z86.2 – Z86.39 Z87.891
Lead Screening ▪ through age 21	For children at risk for lead exposure.	83655 36415	Z00.00 – Z00.01 Z00.121 – Z00.129 Z01.411 – Z01.419 Z77.011 Z77.29 – Z77.9	
Prevention of Dental Caries in Children ▪ Birth through age 5	Primary care clinicians may prescribe oral fluoride supplementation starting at age 6 months through age 16 for children whose water supply is deficient in fluoride. Over-the-counter fluoride tablets will be non-covered. Primary Care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption through age 6. Prescription required for oral fluoride supplementation. Handled through the pharmacy benefit manager.	99188 0792T	Diagnosis code requirements are not applicable.	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Newborn Screenings				
Newborn Bilirubin Screening ▪ Newborn (up to 62 days of age)	Federally mandated newborn test. Generally provided prior to newborn discharge.	82247 88720	Z00.110 – Z00.111 Z00.121 Z00.129 Z38.00 – Z38.01 Z38.1 – Z38.2 Z38.30 – Z38.31 Z38.4 – Z38.5	Z38.61 – Z38.66 Z38.68 – Z38.69 Z38.7 – Z38.8 P00.0 – P08.22 P35.4 P74.21 – P74.49
Newborn Blood Screening ▪ Newborn (up to 62 days of age)	Federally mandated newborn test. Generally provided prior to newborn discharge. Includes: - Newborn Metabolic Screening - Congenital Hypothyroidism Screening (Newborns) - Phenylketonuria (PKU) Screening (Newborn) - Sickle Cell Disease Screening (Newborns)	**Newborn Blood Panel** S3620 36415 36416	Diagnosis code requirements are not applicable.	
		Congenital Hypothyroidism Screening 80050 84436 84437 84439 84443 85025 85027 36415	Z00.00 Z00.01 Z13.29	
		PKU Screening 84030 36415	Z13.228	
		Sickle Cell Anemia 83020 – 83021 S3850 36415	Z00.00 – Z00.01 Z13.0 D57.818 – D57.819	
Gonorrhea, Prophylactic Eye Medication	Generally provided prior to newborn discharge	Inherent component of the delivery services		
Adult/Adolescent Preventive Services				
Adult Aortic Aneurysm Screening ▪ ages 65 and older ▪ 1 Per lifetime	Once per lifetime screen for abdominal aortic aneurysm by ultrasonography for members ages 65 and older who have ever smoked.	76706 76775	F17.210 – F17.219 Z87.891	
Anxiety Screening	Recommend screening for anxiety disorders in adults, including pregnant and postpartum persons.	96127	Diagnosis code requirements are not applicable.	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Annual Visit	Includes an age and gender appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.	99385 – 99387 99395 – 99397 99460 – 99461 99463 99459 G0011 G0013 S0610 S0612 – S0613	Diagnosis code requirements are not applicable.
		98000 – 98015 99202 – 99205 99211 – 99215 99459	Z01.411 Z01.419 Z01.42 Z12.39 Z12.4 Z31.69
		96160	Z00.00 Z00.01 Z00.121 Z00.129
Alcohol and Drug Use Assessment ▪ ages 18 and older	Annual Screening in primary care settings can identify patients whose levels or patterns of alcohol consumption place them at risk for increased morbidity and mortality and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	96110 96160 99408	Z00.00 – Z00.01 Z00.121 – Z00.129 Z13.40 – Z13.49
		G0396 – G0397 G0442 – G0443 G2011 98000 – 98015 98960 99401 – 99404 99408 – 99409	F10.10 F10.120 F10.130 – F10.14 F10.180 – F10.19 F10.21 F10.90 F10.96 – F10.99 Z13.89
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment (BRCA)	Discussion on breast and ovarian cancer susceptibility includes genetic risk assessment and BRCA mutation testing based on family risk factors.	81162 81163 81164 81165 81166 81167 81215 81216 81217	QA1.790 QA1.791 Z15.01 Z15.02 Z80.3 Z80.41 Z80.44 Z80.49 Z85.3 Z85.43
BRCA Genetic Counseling	Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	96040 – 96041 98000 – 98015 99202 – 99205 99211 – 99215 99401 – 99404 99417 S0265	QA1.790 QA1.791 Z15.01 Z15.02 Z80.3 Z80.41 Z80.44 Z80.49 Z85.3 Z85.43
Depression Screening	Screening of adolescents and adults when adequate systems are in place to ensure accurate diagnosis, effective treatment and follow-up.	96127 G0444	Diagnosis code requirements are no applicable.

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Breast Cancer Screening	Screening Mammogram	G0279 77061 - 77067	Allowed as preventive when below diagnosis are not listed C50.011 - C50.A2 C79.81 D05.10 - D05.12 D05.80 - D05.82 D05.90 - D05.92
	Additional Breast Imaging	C8903 C8905 - C8906 C8908 G0279 0422T 0633T - 0638T 0857T 76641 - 76642 77046 - 77049 77061 - 77067	
	Subsequent Breast Imaging and Biopsy	19000 - 19001 19081 - 19086 19100 - 19101 19120 19281 19283 - 19288 19301 C7501 - C7502 10004 - 10012 10021 76380	D24.1 - D24.9 D05.00 - D05.02 N60.01 - N60.09 N60.11 - N60.19 N60.21 - N60.29 N60.31 - N60.39 N60.41 - N60.49 N60.81 - N60.89 N60.91 - N60.99 N61.1 N61.20 - N61.23 N63.0 N63.10 - N63.15 N63.20 - N63.25 N63.31 - N63.32 N63.41 - N63.42 N64.1 N64.52 - N64.53 R92.0 - R92.1 Z12.31 - Z12.39 Z86.000
Fall Prevention ▪ ages 65 and older	Exercise or physical therapy to prevent falls in community dwelling adults aged 65 years or older who are at risk for falls	97161 97162 97163 97164 97110 97112 97113	97116 97530 G0151 G0157 G0159 S9131
Osteoporosis Screening	Screening to measure bone mass for risk of osteoporosis once every 2 years. Services will not be considered preventive if billed with a cancer diagnosis.	77080	Z13.820 Z78.0
Contraception Counseling	Contraceptive counseling should be between an individual and clinician or appropriately trained professional, emphasizing patient-centered decision making and allowing for discussion of the benefits, risks, and preferences of the full range of contraceptive options. Although less effective as a standalone approach, it is reasonable to provide counseling in fertility awareness-based methods, including the lactation amenorrhea method, for individuals for whom other methods are not acceptable.	99384 – 99836 99394 – 99396	Diagnosis code requirements are not applicable.
		98000 – 98015 99202 – 99205 99211 – 99215 99401 – 99404	Z30.011 – Z30.019 Z30.02 Z30.09 Z30.2 Z30.40 – Z30.41 Z30.430 – Z30.431 Z30.44 – Z30.46 Z30.8 – Z30.9 Z31.7

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Contraception	Access to all Food and Drug Administration (FDA)-approved contraceptive methods requiring a prescription (formulary and generic medications), and patient education and counseling for reproductive capacity. No coverage for brochures or educational materials.	A4261 A4264 A4266 – A4269 J1050 (96372) J7294 – J7301 J7304 J7306 – J7307 S4981 S4989 11976 57170 58300 – 58301 58565 58600 58605 58611 58615 58661 58670 – 58671 58700	Diagnosis code requirements are not applicable.	
		A9293	Z30.09 Z30.18 – Z30.19	Z30.2 Z30.8 – Z30.9
		11981 – 11983	Z30.013 – Z30.014 Z30.017 Z30.09	Z30.46 Z30.49 Z30.8 – Z30.9
		58661	Z30.2 Z30.8 Z30.9	
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors ▪ ages 18 and older	Recommends offering or referring adults who are overweight or have a high Body Mass Index and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	96150 – 96151 97802 – 97804 99401 – 99404 98960 – 98962 99411 – 99412 G0270 – G0271 G0446 – G0447 G0473 G9871 G9886 – G9887 S9452 S9140 – S9141 S9455 S9460 S9465 0403T 0488T	E08.00 – E13.9 E66.01 – E66.9 E78.00 – E78.5 E88.81 E88.810 E88.818 – E88.819 F17.200 – F17.299 I10 I11.0 – I11.9 I12.0 – I12.9 I13.0 – I13.2 I15.0 – I15.9 I16.0 – I16.9 I25.10 – I25.119 I25.700 – I25.812 I25.82 – I25.84 I70.0 – I70.799 I70.90 – I70.92 N26.2	O10.011 – O11.9 O13.1 – O13.9 O16.1 – O16.9 O24.410 – O24.43 O99.210 – O99.21 O99.330 – O99.33 O99.810 – O99.81 R73.01 R73.03 Z13.220 Z33.3 Z68.25 – Z68.45 Z71.3 Z71.6 Z72.0 Z86.2 – Z86.39 Z87.891 Z87.898

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Cervical Cancer Screening ▪ Age 21 and older	Screening for cervical cancer	88141 – 88143 88147 – 88148 88150 88152 – 88153 88164 – 88167 88174 – 88175 G0101 G0123 – G0124 G0141 G0143 – G0145 G0147 – G0148 G0476 P3000 – P3001 Q0091	N87.0 - N87.9 R87.610 - R87.618 R87.620 - R87.628 R87.7 R87.810 - R87.811 R87.820 - R87.821 Z00.00 - Z00.01 Z01.411 Z01.419 Z01.42 Z08 Z11.51 Z12.4 Z12.72 Z12.79 Z86.001 Z87.410 - Z87.412	
	Follow-up to a screening service	00940 0502U 57410 57420 – 57421 57452 57454 – 57456 57460 – 57461 57465 57500 57520 57522 87624 – 87626 88160 – 88162 98000 – 98015 99202 – 99205 99211 – 99215 G0476		
Medications for the Risk Reduction of Primary Breast Cancer in Women (For asymptomatic women aged 35 years or older without a prior diagnosis of breast cancer, ductal carcinoma in situ, (DCIS) or lobular carcinoma in situ)	Clinicians should engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	99401 - 99404	Z15.01 Z15.02 Z80.3 Z80.41 QA1.790 QA1.791	
Hepatitis B Virus (HBV) Screening	Screen for hepatitis B virus (HBV) infection in persons at increased risk for infection.	G0499 36415 80055 80081 86704 – 86706 87340 – 87341	Z00.00 Z00.01 Z00.121 Z00.129 Z01.411 Z01.419 Z11.3 Z11.4 Z11.59 Z11.9	Z20.2 Z20.5 - Z20.6 Z20.828 Z20.9 Z71.7 Z72.51 - Z72.53 Z72.89 Z91.85 Z91.89

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10	
Hepatitis C Virus (HCV) Screening ▪ ages 18 through 79	Screen for hepatitis C virus (HCV) infection.	G0472 G0567 86803 86804	87520 87521 87522 87902	Diagnosis code requirements are not applicable.	
		36415		Z00.00 Z00.01 Z00.121 Z00.129 Z01.411 Z01.419 Z11.3 Z11.4 Z11.59 Z20.2 Z20.5	Z20.6 Z20.818 Z20.828 Z20.89 Z20.9 Z72.51 Z72.52 Z72.53 Z72.89 Z91.85 Z91.89
High Blood Pressure Screening ▪ ages 18 and older	Hypertension is a condition that contributes to significant adverse health outcomes, including premature deaths, heart attacks, renal insufficiency and stroke. Screening for hypertension can identify adults at increased risk for cardiovascular disease due to high blood pressure. For ages 6-17 and 18 and older, standard blood pressure screening is included as part of the annual preventive examination. If it is determined that ambulatory blood pressure monitoring or home blood pressure monitoring is needed this will be allowed for members ages 18 and older.	93784 93786 93788 93790 99090 99091		R03.0	
Intensive Behavioral Interventions for High Body Mass Index and Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults ▪ ages 6 and older	Calculating Body Mass Index identifies adults at increased risk for mortality and morbidity due to overweight and high Body Mass Index. High intensity counseling about diet, exercise or both together with behavioral interventions aimed at skill development, motivation and support strategies produce modest, sustained weight loss in adults who have a high Body Mass Index.	96156 96158 - 96159 96164 - 96165 96167 - 96168 97802 - 97804 98960 - 98962 99241 - 99245 99401 - 99404 99411 - 99412 G0446 - G0447 G0473 S9449 S9451 - S9452 S9470		E66.01 E66.09 E66.1 - E66.3 E66.9 E88.81 E88.810 E88.818 - E88.819 R63.5 R73.03 Z13.89 Z33.3 Z68.30 – Z68.39 Z68.41 – Z68.45 Z68.53 - Z68.56 Z71.3	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Lipid Disorders (Cholesterol Screening)	High levels of total cholesterol and low-density lipoprotein cholesterol (LDL-C) and low levels of high-density lipoprotein cholesterol (HDL-C) are risk factors for coronary heart disease. Lipid measurement can identify asymptomatic men and women who are eligible for preventive therapy.	80061 82465 83718 83721 84478 36415	E08.00 - E13.9 E66.01 – E66.9 E88.810 E88.818 – E88.819 F17.200 – F17.299 I10 I11.0 – I11.9 I12.0 – I12.9 I13.0 - I13.2 I15.0 - I15.9 I16.0 - I16.9 I25.10 - I25.119 I25.700 - I25.812 I25.82 – I25.84 I70.0 – I70.799 I70.90 – I70.92 N26.2 O10.011 - O11.9 O13.1 - O13.9 O16.1 - O16.9 O24.410 – O24.439 O99.210 – O99.215 O99.330 – O99.335 O99.810 – O99.815 R73.01 R73.03 Z00.00 – Z00.01 Z00.121 Z00.129 Z01.419 Z13.220 Z13.6 Z68.25 – Z68.45 Z72.0 Z71.6 Z82.49 Z83.42 Z83.430 Z83.438 Z86.2 – Z86.39 Z87.891
Preventing Obesity in Midlife members ▪ ages 40 - 60	The Women's Preventive Services Initiative (WPSI) recommends counseling midlife members aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5–29.9 kg/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.	96150 - 96154 97802 - 97804 98960 - 98962 99241 - 99245 99401 - 99404 99411 - 99412 G0446 - G0447 G0473 S9449 S9451 - S9452 S9470	Z68.1 Z68.18 - Z68.29 E66.01 E66.09 E66.1 - E66.9 E88.81 E88.810 E88.818 - E88.819
Prostate Cancer Screening	Annual digital rectal examination and an annual prostate-specific antigen test for members age 40 and older.	G0102 G0103 84152 84153 84154 36415	Z00.00 Z00.01 Z12.5
Screening for Lung Cancer 50 – 80 years of age	Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.	G0296 71250 71271 76497	Diagnosis code requirements are no applicable. Z12.2 Z87.891

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Prediabetes and Type 2 Diabetes ▪ ages 35 - 70	Recommends screening for asymptomatic, overweight or high Body Mass Index patients.	G0270 - G0271 G0447 G0473 G9871 G9886 - G9887 S9449 S9451 - S9452 S9470 0403T 0488T 36415 82947 82950 83036 96150 - 96151 96156 97802 - 97804 98960 - 98962 99401 - 99404 99411 - 99412	E66.01 – E66.9 E88.810 – E88.819 R63.5 R73.01 – R73.09 Z00.00 Z13.1 Z33.3 Z68.25 – Z68.45 Z86.32
Sexually Transmitted Infections (STI) Counseling	Screening and counseling involve elicitation of information from men, woman, non-binary individuals and adolescents about current and past sexual encounters in a culturally sensitive and supportive manner	G0445	Diagnosis code requirements are no applicable.
		99401 – 99404 G0011 G0013	Z00.00 - Z00.01 Z00.121 Z00.129 Z01.411 Z01.419 Z11.3 Z11.59 Z71.7 Z72.51 - Z72.53
Screening for Chlamydia	Chlamydial infection is the most common sexually transmitted bacterial infection in the United States. In women, genital chlamydial infection may result in urethritis, cervicitis, pelvic inflammatory disease, infertility, ectopic pregnancy and chronic pelvic pain. Chlamydial infection during pregnancy is related to adverse pregnancy outcomes, including miscarriage, premature rupture of membranes, preterm labor, low birth weight and infant mortality.	87625 87626 87110 87270 87320 87494 87490 87491 87800 87801 87810 86631 86632 0402U 36415	A74.9 Z00.00 - Z00.01 Z01.411 Z01.419 Z11.3 Z71.7 Z72.51- Z72.53 Z11.8 Maternity Diagnoses
Screening for Gonorrhea	Women with asymptomatic gonorrhea infection have high morbidity due to pelvic inflammatory disease, ectopic pregnancy and chronic pelvic pain. Pregnant women with gonorrhea infection are at risk for preterm rupture of membranes, preterm labor and chorioamnionitis.	87590 87591 87800 87801 87850	Z00.00 Z00.01 Z01.411 Z01.419 Z11.3 Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Screening for Syphilis	Screening tests can accurately detect syphilis infection and prescription antibiotics can cure syphilis.	80055 80081 86592 86593 86780 0064U 0065U 0210U 36415	Z00.00 Z00.01 Z01.411 Z01.419 Z11.3 Z11.59 Z72.51 Z72.52 Z72.53 Maternity Diagnoses
Screening for Human Immunodeficiency Virus (HIV) Infection ▪ ages 11 and older	Screening for HIV recommended for all pregnant women, adolescents and adults at increased risk for HIV infection	G0432 G0433 G0435 G0475 36415 80081 82565 86689 86701 86703 87389 87390 87391 87534 87535 87537 87806	Z00.00 Z00.01 Z00.121 Z00.129 Z11.3 Z11.4 Z11.59 Z11.9 Z20.6 Z22.6 Z22.8 Z22.9 Z72.51 Z72.52 Z72.89 Z73.53 Maternity Diagnoses
Counseling for Human Immunodeficiency Virus (HIV) Infection	Counseling for HIV recommended for all pregnant women, adolescents and adults at increased risk for HIV infection.	99401 – 99404 G0011 G0013 G0445	Z11.4 Z11.59 Z11.9 Z20.6 Z22.6 Z22.8 Z22.9 Z71.7 Z72.51 Z72.52 Z72.53 Z72.810 Z72.811 Z72.821 Z72.89 Z73.0 Z73.1 Z73.2 Z73.3 Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10	
Prevention of Acquisition of HIV: Preexposure Prophylaxis (PrEP) ▪ For persons at high risk of HIV acquisition	Recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.	G0012 J0738 – J0739 J0750 – J0752 J0799		Diagnosis code requirements are not applicable	
		G0011 G0013 G0445 99202 – 99205 99211 – 99215 99401 – 99404		Z11.3 Z11.4 Z11.59 Z11.9 Z13.9 Z20.2 Z20.6 Z20.9 Z22.4	Z22.6 Z22.8 - Z22.9 Z29.81 Z51.81 Z72.51 - Z72.53 Z72.89 Z79.899 Z72.9
		G0432 G0433 G0435 G0472 G0475 G0499 0527U 36415 80048 80053 80055 80061 80081 81025 82565 82570 82575 84702 84703 86592 86593 86631 86632 86689 86694 86695 86696 86701 86702 86703 86704 86705 86706 86780 86803	86804 87110 87270 87273 87274 87320 87340 87341 87389 87390 87391 87467 87490 87491 87494 87528 87529 87530 87534 87535 87536 87537 87538 87539 87590 87591 87592 87806 87810 87850 87900 87903 87904 96372	Z11.3 - Z11.4 Z11.59 Z11.9 Z13.9 Z20.2 Z20.6 Z20.9 Z22.4 Z22.6 Z22.8 - Z22.9 Z29.81 Z72.51 - Z72.53 Z72.89 Z72.9 Primary diagnosis Z79.899 or Z51.81 must include one or more diagnosis codes below in any subsequent position: Z20.6 Z29.81 Z72.51 Z72.52 Z72.53	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Screening and Counseling for Interpersonal and Domestic Violence	Screening and counseling involve elicitation of information from men, women, non-binary individuals and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner.	98000 - 98007 99202 - 99205 99211 - 99215 99401 - 99404 99411 - 99412 99417	O9A.311 - O9A.319 O9A.411 - O9A.419 O9A.511 - O9A.519 O9A.52 - O9A.53 T74.01XA - T74.92XS T76.01XA - T76.92XS Z04.41 Z04.71 Z62.810 - Z62.819 Z69.11 - Z69.12 Z69.81 - Z69.82 Z91.410 - Z91.419
Skin Cancer Behavioral Counseling	Clinicians should counsel young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	99401 - 99404	Z12.83
Tobacco Screening and Counseling	Clinicians should ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. A quit attempt cycle includes 4 counseling visits and/or a 3-month supply of nicotine or non-nicotine replacement therapy.	99406 99407	Diagnosis code requirements are not applicable.
		99401 – 99404 99411 – 99412 98960 – 98962	F17.200 – F17.299 O99.330 – O99.335 Z71.6 Z72.0 Z87.891
Tuberculin (TB) Test ▪ All ages	Screen for latent tuberculosis infection in populations at increased risk. Office visits will only be allowed for test result assessment as the provider needs to visualize and feel the area for warmth, redness and edema. These services will be allowed if the primary diagnosis is listed for the E/M.	86480 86481 86580	Z00.00 Z00.01 Z00.121 Z00.129 Z00.8 Z01.411 Z01.419 Z04.9 Z11.1 Z11.7 Z11.9 Z13.9 Z20.89 R76.11
		99211 – 99215 99417	Z11.1 R76.11

Colorectal Cancer Screening Preventive Services

Colonoscopy ▪ Ages 45 and older ▪ Under age 45 if at risk	Screening for colorectal cancer using fecal occult blood testing or FIT on an annual basis, FIT-DNA every 3 years or proctosigmoidoscopy / sigmoidoscopy / CT colonography every 5 years or colonoscopy every 10 years	S0285 44388 – 44392 44394 44401 – 44408 45378 – 45382 45384 – 45386	**Age 45 and over** Z12.11 Z12.12

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
	recommended in adults beginning at age 45 and continuing until age 75. Includes related pathology, anesthesia, prescription bowel prep meds, and integral services. A follow-up colonoscopy for screening is allowed within 12 months when positive or abnormal results are found on a stool-based test (fecal occult blood test, Fit DNA, etc.), or if there are abnormal findings identified by flexible sigmoidoscopy, proctosigmoidoscopy, or CT colonography screening.	45388 – 45393 45398 74270 74280 G0105 G0121 G2204	**Any Age if at risk** Z80.0 Z83.710 Z83.711 Z83.718 Z83.719 Z83.72
Sigmoidoscopy ▪ Ages 45 and older ▪ Under age 45 if at risk		G0104 45330 – 45334 45338 45346 45349	**Age 45 and over** Z12.11 - Z12.12 **Any Age if at risk** Z80.0 Z83.710 - Z83.711 Z83.718 - Z83.719 Z83.72
CT Colonography ▪ Ages 45 and older ▪ Under age 45 if at risk		74263	**Age 45 and over** Z12.11 - Z12.12 **Any Age if at risk** Z80.0 Z83.710 - Z83.711 Z83.718 - Z83.719 Z83.72
Fit DNA ▪ Ages 45 and older ▪ Under age 45 if at risk		81528 0464U	**Age 45 and over** Z00.00 – Z00.01 Z01.411 Z01.419 Z12.11 - Z12.12 **Any Age if at risk** Z80.0 Z83.710 - Z83.711 Z83.718 - Z83.719 Z83.72
Fecal Occult ▪ Ages 45 and older ▪ Under age 45 if at risk		82270 82274 G0327 G0328 G0464	**Age 45 and over** Z00.00 – Z00.01 Z01.411 Z01.419 Z12.11 - Z12.12 **Any Age if at risk** Z80.0 Z83.710 - Z83.711 Z83.718 - Z83.719 Z83.72

Maternity Preventive Services

Asymptomatic Bacteriuria	For pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, or later to reduce the incidence of symptomatic maternal urinary tract infections and low birth weight.	81000 81001 81002 81003 81007 87086	87081 87084 87088 36415 0504U	N28.9 Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Breast Feeding Support	Lactation support and counseling visits are provided by a trained provider to ensure the successful initiation and duration of breast feeding.	S9443	Diagnosis code requirements are not applicable.	
		G0463 98000 – 98015 98960 – 98962 99202 – 99205 99211 – 99215 99417	Z39.1 N61.1 O92.011 – O92.019 O92.02 – O92.03 O92.111 – O92.119 O92.12 – O92.13 O92.20 O92.29	O92.4 – O92.6 O92.70 O92.79 O91.23 O91.211 – O91.22 P92.2 – P92.3 P92.5 P92.8 – P92.9
Breast Pump ▪ 1 pump per year	1 breast feeding pump (manual or electric) allowed per year purchased through a participating Home Medical Equipment Supplier. No limit on supplies.	E0602 – E0603 A4281 – A4288	Maternity Diagnoses N63.0 N63.10 – N63.15 N63.20 – N63.25 N63.31 – N63.32 N63.41 – N63.42 N64.4 N64.51 – N64.59 P07.00 – P07.39 P08.0 – P08.22 P70.0 – P70.9	P71.0 – P71.9 P72.1 P74.0 – P74.9 P84 P92.01 – P92.9 P94.0 – P94.9 R62.0 – R62.59 R63.30 – R63.32 R63.39 R63.4 – R63.5 R63.6
		A9999	N61.1 N63.0 N63.10 – N63.14 N63.20 – N63.24 N63.31 – N63.32 N63.41 – N63.42 N64.4 N64.51 N64.52 – N64.53 N64.59 N64.89 N64.9 O91.23	O92.019 O92.02 - O92.03 O92.111 - O92.113 O92.119 O92.12 – O92.13 O92.20 O92.29 O92.4 - O92.6 O92.70 O92.79 P92.3 –P92.2 P92.5 P92.8 – P92.9

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10	
				O92.011 – O92.013	
Hepatitis B Virus (HBV) Screening ▪ Pregnant individuals	Screen at the first prenatal visit to reduce perinatal transmission of HBV and the subsequent development of chronic HBV infection.	80055 80081 86704 86705 86706	87340 87341 G0499 36415	Maternity Diagnoses	
Gestational Diabetes Screening and Screening for Diabetes Mellitus After Pregnancy	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk or diabetes.	82947 82950 82951 82952 83036		Maternity Diagnoses Z01.411 Z01.419 Z13.1 Z86.32	
Healthy Weight and Weight Gain in Pregnancy	Recommendation that clinicians offer pregnant individuals effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	G0446 – G0447 G0473 S9449 S9451 – S9452 S9470 99241 – 99245 96150 – 96154 97802 – 97804 98960 – 98962 99401 – 99404 99411 – 99412		O26.00 O26.01 O26.02 O26.03 O26.10 O26.11 O26.12 O99.214	O99.215 O99.210 O99.211 O99.212 O99.213 Z71.3 Z71.82
Rh Incompatibility	Screen for Rh(D) blood-typing and antibody testing for pregnant women during their first visit for pregnancy-related care.	80050 80055 80081 85013 85014	85018 85025 85027 86901 36415	Maternity Diagnoses	

Pharmacy Preventive Services		
Folic Acid	For women planning or capable of pregnancy to prevent neural tube defects. Does not include over-the counter prenatal or multivitamins with folic acid.	Prescription required. Handled through the pharmacy benefit manager.
Low Dose Aspirin 81 mg	Use of low-dose aspirin (81 mg) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. Use of aspirin for men ages 45-79 or women ages 55-79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	
Medications for the Risk Reduction of Primary Breast Cancer in Women	Clinicians should engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Statin Use ▪ 40 – 75 years of age	Adults aged 40-75 years without a history of cardiovascular disease (CVD) who have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year CVD event risk of 10% or greater.		
Medications for Pre-Exposure Prophylaxis (PrEP) for the Prevention of Human Immunodeficiency Virus (HIV) Infection ▪ For persons at high risk of HIV acquisition	Clinicians should engage in informed decision making with persons at high risk of Human Immunodeficiency Virus (HIV) acquisition about medications to reduce their risk. For persons who are at high risk of acquiring HIV, clinicians may offer to prescribe recommended risk reducing antiretroviral medications, such as Truvada (emtricitabine and tenofovir disoproxil fumarate), Descovy (emtricitabine and tenofovir alafenamide) and Apretude (cabotegravir).		Prescription required. e.g.,Truvada (emtricitabine and tenofovir disoproxil fumarate) and Descovy (emtricitabine and tenofovir alafenamide) are handled through the pharmacy benefit manager.