

The Preventive Health Benefits and Coding Guidelines (Guidelines) provide additional information related to specific types of preventive services, as defined under the Patient Protection and Affordable Care Act, which may be covered under a Member's Benefit Plan depending on factors such as grandfathered status, product type and anniversary date, and contraception exemptions. The terms and conditions of the written Benefit Plan govern the benefits available to Members, and the 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.

Preventive care services are for patients without recognized signs or symptoms of the target condition. Screening is the testing for disease in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease.

If a screening service results in a diagnosis of a condition, the patient will be followed by a surveillance regimen and recommendations for screening are no longer applicable.

The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening.

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

## Guidelines

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Immunizations</b>	Immunizations recommended by the Centers for Disease Control and prevention for age, and sex/gender <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a> .	See CPT® for appropriate vaccine and administration codes.	
<b>Infants and Children</b>			
<b>Pediatric Preventive Visits</b>	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 99386 99387 99391 99392 99393 99394 99395 99396 99397 S0610 S0612 S0613 G0101	Diagnosis code requirements are not applicable.
<ul style="list-style-type: none"> <li>• 11 visits from birth through 35 months</li> <li>• Annual visit after 36 months</li> </ul>			

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Infants and Children (Continued)</b>			
<b>Pediatric Preventive Visits</b> <ul style="list-style-type: none"> <li>• 11 visits from birth through 35 months</li> <li>• Annual visit after 36 months</li> </ul>	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.	99202 99203 99204 99205 99211 99212 99213 99214 99215	Z00.110 Z00.111 Z00.121 Z00.129 Z00.3 Z01.411 Z01.419
<b>Cholesterol Screening</b> <ul style="list-style-type: none"> <li>• 1 every 5 years</li> </ul>	Screening test for high cholesterol if determined to be at high risk.	80061 82465 83718 84478	Z00.00 Z00.01 Z00.121 Z00.129 Z13.220
<b>Developmental/Autism Screening</b> <ul style="list-style-type: none"> <li>• through age 2</li> </ul>	Screening to determine if the patient needs additional work-up for a developmental disorder. Requires use of a Standardized, validated tool.	96110	Z00.110 Z00.111 Z00.121 Z00.129 Z13.40 Z13.41 Z13.42 Z13.49
<b>Hearing Screening</b> <ul style="list-style-type: none"> <li>• per calendar year through age 21</li> </ul>	Requires use of calibrated electronic equipment; tests using other methods (e.g., whispered voice, tuning fork) are not reported separately.	92551 92552 92558 92567 92587 92588 92650 92651 V5008	Z00.00 Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.3 Z01.10 Z01.118
<b>Lead Screening</b> <ul style="list-style-type: none"> <li>• through age 6</li> </ul>	For children at risk for lead exposure.	83655	Diagnosis code requirements are not applicable.
<b>Oral Health</b>	Oral health screenings by a primary care provider and referral to a dentist at the appropriate age.	Assessment Included in Well Child Care preventive visit.	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Infants and Children (Continued)</b>			
<b>Prevention of Dental Caries in Children</b> • through age 6	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 D1206	Diagnosis code requirements are not applicable.
<b>Tuberculin Test</b>	Screening test for tuberculosis if determined to be at high-risk.	86480 86481 86580	Z00.00 Z00.01 Z00.121 Z00.129 Z11.1 Z11.7
<b>Vision Screening</b> • per calendar year through age 21	Graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g., Snellen chart). Does not include refractions.	99173 99174 99177	Z00.00 Z00.01 Z00.110 Z00.121 Z00.129 Z00.111
<b>Newborn Screenings</b>			
<b>Congenital Hypothyroidism</b> • through age 1	Federally mandated newborn test. Generally provided prior to newborn discharge.	84436 84437 84439 84443	Z00.110 Z00.111 Z00.121 Z00.129 Z13.29
<b>Gonorrhea, Prophylactic Eye Medication</b>	Generally provided prior to newborn discharge.	Included in Newborn Hospital Claim	
<b>Iron Deficiency Anemia</b> • through age 2	Federally mandated newborn test. Generally provided prior to newborn discharge.	85013 85014 85018	Z00.110 Z00.111 Z00.121 Z00.129 Z13.0

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10
<b>Newborn Screenings (Continued)</b>				
<b>Newborn Blood/PKU</b> • through age 1	Federally mandated newborn test. Generally provided prior to newborn discharge.	S3620		Z00.110 Z00.111 Z00.121 Z00.129 Z13.228
<b>Sickle Cell Anemia</b> • through age 1	Federally mandated newborn test. Generally provided prior to newborn discharge.	83020 83021 83030 83033 83051 S3850		Z00.110 Z00.111 Z00.121 Z00.129 Z13.0
<b>Adult/Adolescent Preventive Services</b>				
<b>Annual Visit</b> • 2 visits for Females • 1 visit for Males	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	99393	Diagnosis code requirements are not applicable.
		99382	99394	
		99383	99395	
		99384	99396	
		99385	99397	
		99386	S0610	
		99387	S0612	
		99391	S0613	
		99392	G0101	
		99202		Z00.00
		99203		Z00.01
		99204		Z00.110
		99205		Z00.111
		99211		Z00.121
		99212		Z00.129
		99213		Z00.3
		99214		Z01.411
		99215		Z01.419
<b>Alcohol and Drug Use Assessment</b> • greater than age 5	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.	99408 99409 G0396 G0397 G0442 G0443 G2011		Diagnosis code requirements are not applicable.
<b>Aspirin 81 mg</b> • when prescribed	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.	Prescription required. Handled through the pharmacy benefit manager.		

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors</b> <ul style="list-style-type: none"> <li>Licensed Registered Dietician visits are available up to 4 visits per year for hyperlipidemia and 2 visits per year for hypertension</li> </ul>	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.	99401	E66.01	Z68.36
		99402	E66.09	Z68.37
		99403	E66.1	Z68.38
		99404	E66.2	Z68.39
		99411	E66.8	Z68.41
		99412	E66.9	Z68.42
		97802	Z68.30	Z68.43
		97803	Z68.31	Z68.44
		97804	Z68.32	Z68.45
		G0447	Z68.33	Z68.52
		G0473	Z68.34	Z68.53
		S9470	Z68.35	Z68.54
<b>Medications for the Preexposure Prophylaxis (PrEP) for Prevention of Human Immunodeficiency Virus (HIV) Infection</b> <ul style="list-style-type: none"> <li>For persons at high risk of HIV acquisition</li> </ul>	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.	Prescription required. Handled through the pharmacy benefit manager.		
<b>Screening and Counseling for Interpersonal and Domestic Violence</b> <ul style="list-style-type: none"> <li>greater than 6 years of age</li> </ul>	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.	99401 99402 99403 99404	Z00.00 Z00.01 Z00.121 Z00.129 Z00.3 Z01.41 Z01.419	
<b>Anxiety Screening</b>	Recommend screening for anxiety disorders in adults, including pregnant and postpartum persons.	99401 99402 99403 99404	Z13.30 Z13.39	
<b>Genetic Counseling</b>	Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	S0265 96040 99401 99402 99403 99404	Z80.3 Z80.41	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Counseling and Screening for Human Immuno-deficiency Virus (HIV)</b>	Screening for HIV recommended for all pregnant women, adolescents and adults at increased risk for HIV infection.	G0432 G0433 G0435 G0475 S3645	Diagnosis code requirements are not applicable.	
		99401 99402 99403 99404	Z11.3 Z11.4 Z11.8 Z20.6 Z36.89 Z36.9 Z71.7 Z72.51	Z72.52 Z72.53 Z00.00 Z00.01 Z00.121 Z00.129 Maternity Diagnoses
		86689 86701 86702 86703 87389 87390 87391 87534 87535 87806	Z11.3 Z11.4 Z11.8 Z11.59 Z20.2 Z20.6 Z22.6 Z22.8 Z22.9 Z36.89	Z36.9 Z72.51 Z72.52 Z72.53 Z00.00 Z00.01 Z00.3 Z00.121 Z00.129 Maternity Diagnoses
<b>Depression Screening</b> • greater than 6 years of age	Screening of adolescents and adults when adequate systems in place to ensure accurate diagnosis, effective treatment and follow-up.	99401 99402 99403 99404 96127 G0444	Z13.31 Z13.32	
<b>Statin Use</b> • 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.	Prescription required. Handled through the pharmacy benefit manager.		
<b>High Blood Pressure Screening</b>	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.	93784 93786 93788 93790 99473 99474	R03.0 Z00.00 Z00.01 Z13.6	

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Tuberculin (TB) Test</b>	Screen for latent tuberculosis infection in populations at increased risk.	86480 86481 86580		Z11.1 Z11.7 Z00.00 Z00.01 Z00.121 Z00.129
<b>Colorectal Cancer Screening</b> Colonoscopy • 45 – 75 years of age • 1 every 10 years	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 recommended in adults beginning at age 45 and continuing until age 75. Includes related pathology and prescription bowel prep meds.	G0105 G0120 G0121		Diagnosis code requirements are not applicable.
		45378 45380 45381 45382 45384 45385 45388 45389 45390 45391 45392 45393 45398		Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z83.71 Z83.79
Sigmoidoscopy • 45 – 75 years of age • 1 every 5 years	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 recommended in adults beginning at age 45 and continuing until age 75. Includes related pathology and prescription bowel prep meds.	G0104		Diagnosis code requirements are not applicable.
		45330 45331 45333 45338 45341	45342 45346 45347 45349 45350	Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z80.0 Z83.71 Z83.79
Proctosigmoidoscopy • 45 – 75 years of age • 1 every 5 years	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 recommended in adults beginning at age 45 and continuing until age 75. Includes related pathology and prescription bowel prep meds.	45300 45303 45305 45308 45309 45315 45320		Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z80.0 Z83.71 Z83.79

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>				
CT Colonography • 45 – 75 years of age • 1 every 5 years	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 recommended in adults beginning at age 45 and continuing until age 75. Includes related pathology and prescription bowel prep meds.	74261 74262 74263		
Fit DNA • 45 – 75 years of age • 1 every 3 years	Screening for colorectal cancer using fecal occult blood testing or FIT on an annual basis, FIT-DNA every 3 years or proctosigmoidoscopy / sigmoidoscopy every 5 years or colonoscopy every 10 years recommended in adults beginning at age 45 and continuing until age 75.	81528		Diagnosis code requirements are not applicable.
Colon Pathology • 45 – 75 years of age	Colon pathology will process as preventive when related to a preventive colonoscopy, sigmoidoscopy or proctosigmoidoscopy.	88300 88302 88304 88305 88307	88309 88311 88312 88313 88314	Z12.10 Z12.11 Z12.12 Z12.13 Z83.71 Z83.79 Z80.0 Z00.00 Z00.01
Fecal Occult • 45 – 75 years of age • 1 Per Calendar year	Screening for colorectal cancer using fecal occult blood testing or FIT on an annual basis, FIT-DNA every 3 years or proctosigmoidoscopy / sigmoidoscopy every 5 years or colonoscopy every 10 years recommended in adults beginning at age 45 and continuing until age 75.	G0327 G0328		Diagnosis code requirements are not applicable.
		82270 82272 82274		Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z80.0 Z83.71 Z83.79



Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Fall Prevention</b> <ul style="list-style-type: none"> <li>65 years of age and older</li> </ul>	Exercise or physical therapy to prevent falls in community-dwelling adults aged 65 years or older who are at risk for falls.	97110	Z91.81	
		97112		
		97116		
		97161		
		97162		
		97163		
		97530		
		97750		
		G0151		
		G0157		
		G0159		
		G2168		
		G2169		
		S9131		
		S9746		
<b>Intensive Behavioral Interventions for Obesity</b> <ul style="list-style-type: none"> <li>26 visits per Member per Benefit Period</li> </ul>	Calculating Body Mass Index identifies adults at increased risk for mortality and morbidity due to overweight and obesity. Highintensity 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 are obese.	99202	E03	I11
		99203	E03.9	I11.9
		99204	E07	I15
		99205	E07.8	I15.8
		99211	E08	I15.9
		99212	E08.0	O24
		99213	E08.6	O24.4
		99214	E08.64	O24.41
		99215	E08.649	O24.414
		99401	E08.65	R73.0
		99402	E08.69	R73.01
		99403	E08.8	Z68.30
		99404	E08.9	Z68.31
		99411	E11.6	Z68.32
		99412	E11.69	Z68.33
		97802	E66.01	Z68.34
		97803	E66.09	Z68.35
		97804	E66.1	Z68.36
		G0447	E66.2	Z68.37
		G0473	E66.3	Z68.38
		S9470	E66.8	Z68.39
			E66.9	Z68.41
			E78.1	Z68.42
			E78.5	Z68.43
			E88.8	Z68.44
			E88.81	Z68.45
			I10	Z86.3

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Lipid Disorders (Cholesterol Screening)</b> • 1 every 5 years	High levels of total cholesterol and low-density lipoprotein-cholesterol (LDL-C) and low levels of highdensity 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	Z13.220	
		82465	Z00.00	
		83718	Z00.01	
		84478	Z00.121	
			Z00.129	
<b>Adult Aortic Aneurysm Screening</b> • 1 per lifetime between ages 65 and older	Once per lifetime screen for abdominal aortic aneurysm by ultrasonography in men ages 65 and older who have ever smoked.	76706	Diagnosis code requirements are not applicable.	
<b>Prostate Cancer Screening</b> • Per calendar year 40 years of age and older	Annual digital rectal examination and an annual prostate-specific antigen test for members age 40 and older.	G0102	Diagnosis code requirements are not applicable.	
		G0103		
		84152	Z125	
		84153	Z8042	
		84154	Z0000	
			Z0001	
<b>Screening for Lung Cancer</b> • Per Calendar year 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	Diagnosis code requirements are not applicable.	
		71271	F17.200	F17.290
			F17.201	F17.291
			F17.203	F17.293
			F17.208	F17.298
			F17.209	F17.299
			F17.210	O99.330
			F17.211	O99.331
			F17.213	O99.332
			F17.218	O99.333
			F17.219	O99.334
			F17.220	O99.335
			F17.221	Z12.2
			F17.223	Z72.0
			F17.228	Z71.6
			F17.229	Z87.891

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10	
<b>Adult/Adolescent Preventive Services (Continued)</b>					
<b>Tobacco Counseling</b> <ul style="list-style-type: none"> <li>• 2 quit attempt cycles per year.</li> <li>• A quit attempt cycle includes 4 counseling visits and/or a 3-month supply of nicotine or nonnicotine replacement therapy.</li> </ul>	Clinicians should ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	99406 99407		F17.200 F17.201 F17.203 F17.208 F17.209 F17.210 F17.211 F17.213 F17.218 F17.219 F17.220 F17.221	F17.223 F17.228 F17.229 F17.290 F17.291 F17.293 F17.298 F17.299 Z12.2 Z72.0 Z71.6 Z87.891
<b>Pap Smear</b> <ul style="list-style-type: none"> <li>• 1 per Calendar year</li> </ul>	Screening for cervical cancer.	88141 88142 88143 88147 88148 88150 88152 88153 88155 88164 88165 88166 88167	88174 88175 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 P3000 P3001 Q0091		
<b>Osteoporosis Screening</b> <ul style="list-style-type: none"> <li>• 1 every 2 years</li> </ul>	Screening to measure bone mass for risk of osteoporosis for females once every 2 years.	77080 77081 77085 G0130		Z00.00 Z00.01 Z13.820 Z78.0 Z82.62	
<b>Adult Aortic Aneurysm Screening</b> <ul style="list-style-type: none"> <li>• 1 per lifetime between ages 65 and older</li> </ul>	Once per lifetime screen for abdominal aortic aneurysm by ultrasonography in men ages 65 and older who have ever smoked.	76706			Diagnosis code requirements are not applicable.

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>			
<b><i>Sexually Transmitted Disease Testing Chlamydial Infection</i></b>	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.	86631 86632 87110 87270 87320 87490 87491 87810 0353U 0354U	Z00.00 Z00.01 Z00.121 Z00.129 Z11.2 Z11.3 Z11.8 Z11.9 Z20.2 Z72.51 Z72.52 Z72.53 Maternity Diagnoses
<b><i>Gonorrhea</i></b>	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 87850	
<b><i>Syphilis</i></b>	Screening tests can accurately detect syphilis infection and prescription antibiotics can cure syphilis.	80055 86592 86780	
<b><i>Counseling for Sexually Transmitted Infections (STI)</i></b>	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 99401 99402 99403 99404	Z00.00 Z00.01 Z00.121 Z00.129 Z11.2 Z11.3 Z11.51 Z11.59 Z11.8 Z11.9 Z20.8 Z72.51 Z72.52 Z72.53 Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Human Papillomavirus (HPV) Testing</b>	Screening for HPV infection that may be associated with cervical cancer. Perform screening every 5 years beginning at age 30.	G0476		Diagnosis code requirements are not applicable.
		87624 87625 0500T 0354U		Z00.00 Z00.01 Z01.411 Z01.419 Z01.42 Z11.51 Z12.4 Z12.72 Z29.8 Z29.9
<b>Breast Cancer Screening</b> • 1 between ages 35 – 39 • 1 per Calendar year 40 years of age and older	1 Screening mammography between ages 35 and 40 and then annually with or without clinical breast examination.	G0279 77061 77062 77063 77065 77066 77067		Diagnosis code requirements are not applicable.
<b>Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment (BRCA)</b>	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	81212 81215 81216 81217 81432 81433 96040	Z15.01 Z15.02 Z80.3 Z80.41 Z85.3 Z85.43
<b>Asymptomatic Bacteriuria</b> • 12 – 16 weeks pregnant	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.	81007 87086 87088		Maternity Diagnoses
<b>Gestational Diabetes Screening</b> • 24 – 48 weeks pregnant	In pregnant women between 24 and 48 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk or diabetes.	82950 82951 82952 83036		Maternity Diagnoses
<b>Hepatitis B Screening (HBV)</b>	Screen at the first prenatal visit to reduce perinatal transmission of HBV and the subsequent development of chronic HBV infection.	80055 80081 87340 87341		Maternity Diagnoses
<b>Iron Deficiency Anemia Screening</b>	Iron deficiency anemia during pregnancy has been associated with increased risk for low birth weight, preterm delivery and perinatal mortality.	80055 85013 85014 85018 80081		Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>			
<b>Rh Incompatibility</b>	Screen for Rh(D) blood typing and antibody testing for pregnant women during their first visit for pregnancy-related care.	80055 80081 86850 86901	Maternity Diagnoses
<b>Breast Feeding Support</b>	Lactation support and counseling visits are provided by a trained provider to ensure the successful initiation and duration of breast feeding.	98960 98970 98971 98972 99211 99401 99402 99403 99404 99411 99412 S9443	Z39.1
<b>Breast Pump</b> • 1 pump per pregnancy	1 breast feeding pump (manual or electric) allowed per pregnancy purchased through a participating Home Medical Equipment Supplier.	E0602 E0603	Z39.1 Maternity Diagnoses
<b>Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions</b>	Recommendation that clinicians offer pregnant individuals effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	99401 99402 99403 99404 99411 99412 G0447 G0473	Z71.3 Maternity Diagnoses

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>			
<b>Folic Acid</b>	For women planning or capable of pregnancy to prevent neural tube defects. Does not include over-the-counter prenatal or multi-vitamins with folic acid.	Prescription required. Handled through the pharmacy benefit manager.	
<b>Low Dose Aspirin 81 mg</b> • when prescribed	Use of low-dose aspirin (81 mg) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.		
<b>Medications for the Risk Reduction of Primary Breast Cancer in Women</b> • (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 inc 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.		
<b>Hepatitis B Virus</b> • Infection in Non-pregnant Adolescents and Adults	Screen for hepatitis B virus (HBV) infection in persons at high risk for infection.	G0499	Diagnosis code requirements are not applicable.
		86704	Z00.00
		86706	Z00.01
		86707	Z11.3
		87340	Z11.4
		87341	Z11.59
		87350	Z20.2 Z20.6 Z72.51 Z72.52 Z72.53 Z57.8
<b>Hepatitis C Virus (HCV)</b>	Screen for hepatitis C virus (HCV) infection in persons age 18 to 79.	86803 86804 G0472	Diagnosis code requirements are not applicable.

Preventive Service	Description	CPT®/HCPCS Code		Diagnosis Code - ICD 10
<b>Adult/Adolescent Preventive Services (Continued)</b>				
<b>Contraception</b>	Access to all Food and Drug Administration approved contraceptive methods requiring a prescription (formulary and generic medications), outpatient tubal ligation procedures, and patient education and counseling for reproductive capacity. No coverage for brochures or educational materials.	11976	A4266	Z00.00
		11980	G0516	Z00.01
		11981	G0517	Z01.411
		11982	G0518	Z01.419
		11983	J1050	Z29.8
		57170	J7296	Z29.9
		58300	J7297	Z30.011
		58301	J7298	Z30.012
		58565	J7300	Z30.013
		58600	J7301	Z30.014
		58605	J7302	Z30.015
		58611	J7303	Z30.016
		58615	J7304	Z30.017
		58670	J7306	Z30.018
		58671	J7307	Z30.019
		96372	S4981	Z30.02
		A4261	S4989	Z30.09
		A4264		Z30.2
				Z30.40
				Z30.41
			Z30.42	
			Z30.430	
			Z30.431	
			Z30.432	
			Z30.433	
			Z30.44	
			Z30.45	
			Z30.46	
			Z30.49	
			Z30.8	
			Z30.9	
<b>Prediabetes and Type 2 Diabetes</b>	Recommends screening for asymptomatic, overweight or obese patients.	82947		Z00.00
		82950		Z00.01
		82951		Z00.3
		82952		Z13.1
		83036		Z86.632