## **Preventive Health Benefits and Coding**



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diagnosis of a condition, the patient will be followed by a surveillance regimen and recommendations for screening are no longer applicable.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
Immunizations	Immunizations recommended by the Centers for Disease Control and prevention for age, and sex/gender www.cdc.gov/vaccines.	See CPT® for appropriate vaccine and administration codes.	
Infants and Children			
Pediatric Preventive Visits  11 visits from birth through 35 months  Annual visit after 36 months	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

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Infants and Children			
Preventive Visits  11 visits from birth through 35 months  Annual visit after 36 months	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 99459 S0610 S0612 S0613 G0101 98000 98001 98002 98003 98004 98005 98006 98007	Diagnosis code requirements are not applicable.
Cholesterol Screening 1 every 5 years	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
Developmental/Autism Screening • through age 2	Screening to determine if the patient needs additional work-upfor 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
Hearing Screening  per calendar year through age 21	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

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10	
Infants and Children				
Lead Screening through age 6	For children at risk for lead exposure.	83655	Diagnosis code requirements are not applicable.	
Oral Health	Oral health screenings by a primary care provider and referral to a dentist at the appropriate age.	Assessment Include preventive visit.	ed in Well Child Care	
Prevention of Dental Caries in Children • 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.	
Tuberculin Test	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	
Vision Screening  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	
Newborn Screenings	·	1		
Congenital Hypothyroidism 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	
Gonorrhea, Prophylactic Eye Medication	Generally provided prior to newborn discharge.	Included in Newborn Hospital Claim		

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Newborn Screenings			
Iron Deficiency Anemia 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
Newborn Blood/PKU  through age 1	Federally mandated newborn test. Generally provided prior to newborn discharge.	S3620	Z00.110 Z00.111 Z00.121 Z00.129 Z13.228
Sickle Cell Anemia 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
Adult/Adolescent Prever	and the second s		
Annual Visit 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 99382 99394 99383 99395 99384 99396 99385 99397 99386 99459 99387 S0610 99391 S0612 99392 S0613 G0101	Diagnosis code requirements are not applicable.
		98000 98001 98002 98003 98004 98005 98006 98007 99202 99203 99204 99205 99211 99212 99213 99214 99215	Z00.00 Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.3 Z01.411 Z01.419

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis C	ode - ICD 10		
Adult/Adolescent Prever	Adult/Adolescent Preventive Services					
Alcohol and Drug Use Assessment • 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 co requiremen not applicab	ts are ble.		
Aspirin 81 mg • 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 th pharmacy benefit manager.		hrough the		
Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors	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 99402 99403 99404 99411 99412 97802 97803 97804 G0447 G0473 S9470 98000 98001 98002 98003 98004 98005 98006 98007	E66.01 E66.09 E66.1 E66.2 E66.8 E66.9 Z68.30 Z68.31 Z68.32 Z68.33 Z68.34 Z68.35 E66.812 E66.89 Z86.55 Z86.56	Z68.36 Z68.37 Z68.38 Z68.39 Z68.41 Z68.42 Z68.43 Z68.44 Z68.45 Z68.52 Z68.53 Z68.54 E66.811 E66.813		

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Adult/Adolescent Prever	itive Services		
Medications for the Preexposure Prophylaxis (PrEP) for 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 riskreducing antiretroviral medications, such as Truvada (emtricitabine and tenofovir disoproxil fumarate), Descovy (emtricitabine and tenofovir alafenamide) and Apretude (cabotegravir).	Prescription required. Handled through the pharmacy benefit manager.  Truvada (emtricitabine and tenofovir disoproxil fumarate) and Descovy (emtricitabine and tenofovir alafenamide) are handled through pharmacy benefit manager. Apretude (cabotegravir) is handled through the medical benefit.	
Screening and Counseling for Interpersonal and Domestic Violence greater than 6 years of age	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
Anxiety Screening	Recommend screening for anxiety disorders in adults, including pregnant and postpartum persons.	99401 99402 99403 99404	Z13.30 Z13.39
Genetic Counseling	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 C	ode - ICD 10
Adult/Adolescent Prever		I	ı	
Counseling and Screening for Human Immuno-deficiency Virus (HIV)	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	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
<ul><li>Depression Screening</li><li>greater than 6 years of age</li></ul>	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	
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.	Prescription required. Handled through the pharmacy benefit manager.		hrough the
High Blood Pressure Screening	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
Adult/Adolescent Preven	ntive Services		
Tuberculin (TB) Test	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
Colorectal Cancer Screening Colonoscopy 45 - 75 years of age	Screening for colorectal cancer using fecal occult blood testing or FIT on an annual basis, FIT-DNA every 3 years	G0105 G0120 G0121	Diagnosis code requirements are not applicable.
1 every 10 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. 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.	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 Z15.09 Z15.89 Z80.8 Z80.9 Z86.0100 Z86.0101 Z86.0101 Z86.0109
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	G0104	Diagnosis code requirements are not applicable.
	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.	45330 45342 45331 45346 45333 45347 45338 45349 45341 45350	Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z80.0 Z83.71 Z83.72 Z83.79 Z86.0100 Z86.0101 Z86.0102 Z86.0109

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Adult/Adolescent Prever			
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 Z83.72 Z83.79 Z86.0100 Z86.0101 Z86.0102 Z86.0109
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 0421U	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 88309 88302 88311 88304 88312 88305 88313 88307 88314	Z12.10 Z12.11 Z12.12 Z12.13 Z83.71 Z83.79 Z80.0 Z00.00 Z00.01 Z83.72 Z86.0100 Z86.0101 Z86.0102 Z86.0109

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10		
Adult/Adolescent Preventive Services					
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 82270 82272 82274	Diagnosis code requirements are not applicable.  Z00.00 Z00.01 Z12.10 Z12.11 Z12.12 Z12.13 Z80.0 Z83.71 Z83.72 Z83.79 Z86.0100 Z86.0101 Z86.0102 Z86.0109		
Fall Prevention  65 years of age and older	Exercise or physical therapy to prevent falls in community-dwelling adults aged 65 years or older who are at risk for falls.	97110 97112 97116 97161 97162 97163 97530 97750 G0151 G0157 G0159 G2168 G2169 S9131 S9746	Z91.81		
Prediabetes and Type 2 Diabetes	Recommends screening for asymptomatic, overweight or obese patients.	82947 82950 82951 82952 83036	Z00.00 Z00.01 Z00.3 Z13.1 Z86.632		

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis C	Code - ICD 10
Adult/Adolescent Preven	tive Services			
Adult/Adolescent Preventions Interventions for Obesity  26 visits per Member per Benefit Period	Calculating Body Mass Index identifies adults at increased risk for mortality and morbidity due to overweight and obesity. 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 are obese.	98000 98001 98002 98003 98004 98005 98006 98007 99202 99203 99204 99205 99211 99212 99213 99214 99215 99401 99402 99403 99404 99401 99402 99403 99404 99411 99412 97802 97803 97804 G0447 G0473	E03 E03.9 E07 E07.8 E08.6 E08.6 E08.64 E08.64 E08.65 E08.69 E08.8 E08.9 E11.6 E11.69 E66.01 E66.01 E66.09 E66.1 E66.2 E66.3 E66.8 E66.8 E66.811 E66.812 E66.813 E66.813 E66.813 E66.813 E68.8	I11 I11.9 I15.8 I15.8 I15.9 O24.4 O24.41 O24.414 R73.0 R73.01 Z68.30 Z68.31 Z68.32 Z68.33 Z68.34 Z68.35 Z68.38 Z68.36 Z68.37 Z68.38 Z68.38 Z68.39 Z68.41 Z68.42 Z68.43 Z68.42 Z68.43 Z68.45 Z68.45 Z68.55 Z68.55
		S9470	E88.81 I10	Z86.3
Lipid Disorders (Cholesterol Screening)  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 82465 83718 84478	Z13.220 Z00.00 Z00.01 Z00.121 Z00.129	

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Adult/Adolescent Preven	ntive Services		
Adult Aortic Aneurysm Screening 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.
Prostate Cancer Screening Per calendar year 40 years of age	Annual digital rectal examination and an annual prostate-specific antigen test for members age 40 and older.	G0102 G0103	Diagnosis code requirements are not applicable.
and older		84152 84153 84154	Z125 Z8042 Z0000 Z0001
Screening for Lung Cancer Per Calendar year	Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults	G0296	Diagnosis code requirements are not applicable.
50 – 80 years of age	aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.	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		
Adult/Adolescent Preventive Services					
<ul> <li>Tobacco Counseling</li> <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 F17.223 F17.201 F17.228 F17.203 F17.229 F17.208 F17.290 F17.209 F17.291 F17.210 F17.293 F17.211 F17.298 F17.213 F17.299 F17.218 Z12.2 F17.219 Z72.0 F17.220 Z71.6 F17.221 Z87.891		
Pap Smear  1 per Calendar year	Screening for cervical cancer.	88141 88174 88142 88175 88143 G0123 88147 G0124 88148 G0141 88150 G0143 88152 G0144 88153 G0145 88155 G0147 88164 G0148 88165 P3000 88166 P3001 88167 Q0091			
Osteoporosis Screening 1 every 2 years	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		
Adult Aortic Aneurysm Screening 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.		

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Adult/Adolescent Prever	ntive Services		
Sexually Transmitted Disease Testing Chlamydial Infection	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
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 87850	
Syphilis	Screening tests can accurately detect syphilis infection and prescription antibiotics can cure syphilis.	80055 86592 86780	
Counseling for Sexually Transmitted Infections (STI)	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
Adult/Adolescent Preven	tive Services		
Human Papillomavirus (HPV) Testing	Screening for HPV infection that may be associated with cervical cancer. Perform screening every 5 years beginning at age 30.	87624 87625 87626 0500T 0354U 0429U	Diagnosis code requirements are not applicable. Z00.00 Z00.01 Z01.411 Z01.419 Z01.42 Z11.51 Z12.4 Z12.72 Z29.89 Z29.9
Breast Cancer Screening  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.
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       81215         81163       81216         81164       81217         81165       81432         81166       81433         81167       96040         81212       96041	Z15.01 Z15.02 Z80.3 Z80.41 Z85.3 Z85.43
Asymptomatic Bacteriuria 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
Gestational Diabetes Screening 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
Hepatitis B Screening (HBV)	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

Preventive Service	Description	CPT®/HCPCS Code	Diagnosis Code - ICD 10
Adult/Adolescent Preven	tive Services		
Iron Deficiency Anemia Screening	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
Rh Incompatibility	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
Breast Feeding Support	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
Breast Pump  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
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions	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	
Adult/Adolescent Preven	tive Services			
Folic Acid	For women planning or capable of pregnancy to prevent neural tube defects. Does not include over-thecounter prenatal or multi-vitamins with folic acid.	Prescription required. Handled through the pharmacy benefit manager.		
Low Dose Aspirin 81 mg 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.			
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 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.			
Hepatitis B Virus Infection in Non-pregnant Adolescents and Adults	Screen for hepatitis B virus (HBV) infection in persons at high risk for infection.	86704 86706 86707 87340 87341 87350 87467 87516	Diagnosis code requirements are not applicable.  Z00.00 Z00.01 Z11.3 Z11.4 Z11.59 Z20.2 Z20.6 Z72.51 Z72.52 Z72.53 Z57.8	
Hepatitis C Virus (HCV)	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
Adult/Adolescent Prever	T. Control of the Con			
Contraception	Access to all Food and Drug Administration approved contraceptive methods requiring a prescription (formulary and generic medications), and patient education and counseling for reproductive capacity. No coverage for brochures for educational materials.	11981	A4266 A9293 G0516 G0517 G0518 1050 7296 7297 7298 7300 7301 7302 7303 7304 7306 7307 54981 54989	Z00.00 Z01.419 Z30.011 Z30.012 Z30.013 Z30.014 Z30.015 Z30.016 Z30.017 Z30.018 Z30.019 Z30.02 Z30.09 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
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.		G2211 G2212	Z00.00 Z01.419 Z30.011 Z30.012 Z30.013 Z30.014 Z30.015 Z30.016 Z30.017 Z30.018 Z30.019 Z30.02 Z30.09 Z30.2 Z30.40 Z30.41 Z30.42 Z30.430 Z30.431 Z30.432 Z30.433 Z30.44 Z30.45 Z30.46