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**Understanding
Preventive Care**

Contents

Preventive Care Services Guide for Children and Adolescents..... 3

Preventive Care Services Guide for Adults 15

Preventive Care Services Guide for Maternity and Family Planning 26

Purpose of this Guide

We created this guide to help you understand your plan's preventive care benefit. This guide explains:

- General preventive screenings, services and supplies
- Billing codes your provider uses to submit preventive claims to Blue Cross and Blue Shield of Vermont.

Some of the language found within this guide is technical. We hope that by providing you with the types of care covered by your preventive benefit, you will be able to get the most from your plan. We also hope this will be a useful tool for your providers.

Who defines the preventive care benefit?

The Affordable Care Act and state mandates define your plan's preventive benefit. The no-cost-to-you preventive services come from the recommendations of four expert medical and scientific bodies:

- The United States Preventive Services Task Force (USPSTF) list of A- or B-rated services;
- The Advisory Committee on Immunization Practices
- The Health Resources and Services Administration's Bright Futures Program; and
- The Health Resources and Services Administration's women's preventive services guidelines.

The chosen experts listed above provide guidance and research to determine the most effective care for national health. This means that your plan covers services that most of the public needs at no cost to you. We also include Vermont state mandates as required.

The experts listed above do not base their recommendations on any one person's medical history or other risk factors. Your provider may order tests or services for you that he or she considered "preventive" based on your personal

or family history or other risk factors. These services may not be eligible at no cost to you unless the expert medical and scientific bodies listed also recommend them for overall population health.

Is there a difference between preventive care and diagnostic care?

In short, yes.

Preventive care confirms your good health when it appears you are free of symptoms or disease.

Diagnostic care occurs when you go to your provider with symptoms. Your provider will recommend screenings and tests to diagnose the cause of your symptoms. While we cover these services, you may have to pay deductibles, co-payments and/or co-insurance.

Can preventive care turn into diagnostic care?

Yes. Sometimes a provider begins a preventive screening or test and finds or suspects disease. The provider then bills for a diagnostic procedure. You may have to share in the cost. Also, if you have a history of a particular illness, a screening related to that illness might be diagnostic for you even though it may be preventive for someone else.

If you have questions, please call our customer service team at the number on the back of your ID card.

Section 1

Preventive Care Services Guide for Children and Adolescents

Birth to Age 17

Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

Note for Providers: ICD-10 Codes in **BOLD** denote codes that, according to proper coding convention within the International Classification of Diseases, may only be reported as the principal/first-listed diagnosis. Please see your ICD-10 manual for clarification and additional instructions. Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10th edition of the International Classification of Diseases (ICD-10).

If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT code 36415 or 36416) is also eligible at no cost to the member.

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, Z00.110, Z00.111, Z00.121, Z00.129, Z00.70, Z00.71, Z13.4, Z13.89, Z76.1, Z76.2						In a primary care setting	
Anemia Screening Procedure Codes: 85013, 85014, 85018, 85025, 85027 Diagnosis Codes: Z00.121, Z00.129							
Behavioral Assessment This service is included in the coding for a preventive medicine exam.							
Blood Pressure Screening This service is included in the coding for a preventive medicine exam.							

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Cervical Cancer Screening and Human Papillomavirus (HPV) Testing Procedure Codes: 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476*, Q0091 Diagnosis Codes: Z01.411, Z01.419, Z01.42 , Z11.51, Z12.4 *also eligible with Z11.3 and Z12.72							
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800 Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419, Z01.42 , Z11.3, Z11.8, Z12.4, Z12.72							
Congenital Hypothyroidism Procedure Codes: 84436, 84437, 84439, 84443 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129 , Z13.29	Newborns						
Depression Screening Procedure Codes: G0444, 96127*, 96161*, 99403, 99404 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129 , Z01.411, Z01.419, Z13.89 This service is also included in the coding for a preventive medicine exam. *eligible with any diagnosis						In a primary care setting	

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Developmental Screening Procedure Codes: 96110 ¹ , G0451 Diagnosis Codes: any eligible diagnosis			Ages 18 months and 24 months				
Dyslipidemia Screening for Cholesterol Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: Z00.121, Z00.129 , Z13.220				Ages 2 years and 4 years		Follow Up	
Fluoride Varnish Application Procedure Codes: 99188 Diagnosis Codes: any eligible diagnosis	Every 3 to 6 months for children from primary tooth eruption to age 6						
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419, Z01.42 , Z11.3, Z12.4, Z12.72							
Hearing Screening Procedure Codes: 92551, 92552, 92586, 92587, V5008 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129 , Z01.10, Z01.118	Newborns						

¹ Prior approval may be required.

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Hepatitis B Screening Procedure Codes: 87340*, G0499 Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419, Z01.42 , Z11.59, Z12.4, Z12.72 *also eligible with Z21							
Height, Weight and Body Mass Index (BMI) Review This service is included in the coding for a preventive medicine exam.							
HIV Screening Procedure Codes: 86689*, 86701*, 86702*, 86703*, 87390, 87534, 87535, G0432*, G0433*, G0435*, G0475* Diagnosis Codes, Z11.4, Z11.59 *also eligible with Z00.121, Z00.129 and Z71.7							
Lead Screening Procedure Codes: 83655 Diagnosis Codes: any eligible diagnosis	Up to age 6						

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Obesity Counseling² Procedure Codes: 97802*, 97803*, 97804*, 99401, 99402, 99403, 99404, G0446, G0447, S9452*, S9470* Diagnosis Codes: Z00.121, Z00.129 *also eligible with Z71.3 General obesity screening is included in the coding for a preventive medicine exam.							
Oral Health Risk This service is included in the coding for a preventive medicine exam.							
Phenylketonuria (PKU) Screening Procedure Codes: 84030 Diagnosis Codes: Z00.121, Z00.129 , Z13.228	Newborns						
Sexually Transmitted Infection Counseling Procedure Codes: 99401, 99402, 99403, 99404 Diagnosis Codes: Z00.121, Z00.129 , Z01.411, Z01.419							
Sexually Transmitted Infection Screening Procedure Codes: 87081, 87084, 87800* Diagnosis Codes: Z01.411, Z01.419, Z01.42, Z12.4, Z12.72 *also eligible with Z00.121, Z00.129, and Z11.8							

² Visit limits may apply for nutritional counseling services. Please see the benefit materials for additional information.

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 years
Sickle-Cell Disease Screening Procedure Codes: 83020, 83021 Diagnosis Codes: Z13.0	Infants up to 1 year of age						
Syphilis Screening Procedure Codes: 86592, 86780 Diagnosis Codes: Z00.121, Z00.129 , Z11.3, Z72.51, Z72.52, Z72.53							
Tobacco Use Counseling Procedure Codes: 99406, 99407 Diagnosis Codes: any eligible diagnosis							
Vision Screening Procedure Codes: 99173 Diagnosis Codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129 , Z01.00, Z01.01							
Preventive Gynecologic and Wellness Exam Procedure Codes: G0445, S0610, S0612, S0613 Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419 Contraceptive counseling is included in the coding for a preventive gynecologic and wellness exam. See the Preventive Medicine Exam section below for additional services.					Recommended annually		

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – General Services and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 years
Preventive Gynecologic and Wellness Exam for Contraceptive Management Procedure Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 Diagnosis Codes: Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9							
Preventive Medicine Exam Procedure Codes: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394 Diagnosis Codes: eligible with any diagnosis Contraceptive counseling is included in the coding for a preventive medicine exam.	Recommended annually						

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – Vaccines and Immunizations

Note for Providers: Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes in **bold** are combination vaccines containing at least two toxoids. All vaccines listed below are eligible with no diagnosis code requirements.

This vaccine schedule represents the CDC's Advisory Committee on Immunization Practices' recommended vaccines for all children. Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS).

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
Hepatitis B (HepB) Procedure Codes: 90740, 90743, 90744, 90747, 90748 (Hib-HepB)																
Rotavirus RV1 (2-dose) or RV5 (3-dose)³ Procedure Codes: 90680, 90681																
Diphtheria, tetanus, and acellular pertussis (DTaP) Procedure Codes: 90696 (DTap-IPV), 90698 DTap-IPV/Hib), 90700, 90702																
Tetanus, diphtheria, and acellular pertussis (TDaP) Procedure Codes: 90714 (TD only), 90715																

³ Whether or not a third dose of rotavirus vaccine is needed depends on which version of the vaccine was administered.

Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – Vaccines and Immunizations

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
<i>Haemophilus influenza</i> type B (Hib) Procedure Codes: 90644 (Hib-MenCY) , 90647, 90648, 90698 (DTap-IPV/Hib) , 90723 (DTap-HepB-IPV) , 90748 (HepB-Hib)																
Pneumococcal conjugate (PCV13) Procedure Codes: 90670																
Inactivated poliovirus (IPV) Procedure Codes: 90696 (DTap-IPV) , 90698 (DTap-IPV/Hib) , 90713, 90723 (DTap-HepB-IPV)																
Influenza (IIIV; LAIV) Procedure Codes: 90630, 90653, 90655, 90656, 90657, 90658, 90660, 90663, 90664, 90666, 90667, 90668, 90672, 90674, 90685, 90686, 90687, 90688, Q2035, Q2036, Q2037, Q2038, Q2039																

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – Vaccines and Immunizations

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
Measles, mumps, and rubella (MMR) Procedure Codes: 90707, 90710 (MMRV)																
Varicella (VAR) Procedure Codes: 90710 (MMRV) , 90716																
Hepatitis A (HepA) Procedure Codes: 90633, 90634																
Human Papillomavirus (HPV) Procedure Codes: 90649, 90650, 90651																
Meningococcal Procedure Codes: 90620, 90621, 90644 (Hib-MenCY) , 90733, 90734																
Vaccine Administration Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010	Vaccine administration codes must be indicated as appropriate															

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Section 1: Preventive Care Services Guide for Children and Adolescents from Birth to Age 17 – Medications and Supplements

Category	Products	Recommendation
Fluoride Supplementation	<ul style="list-style-type: none"> • Fluoride Chewable Tablets, 0.25 MG • Fluoride Chewable Tablets, 0.5 MG • Fluoride Drops, 0.125 MG • Fluoride Drops, 0.25 MG • Fluoride Drops, 0.5 MG • Multivitamin w/ Fluoride, Chewable, 0.25 MG • Multivitamin w/ Fluoride, Chewable, 0.5 MG • Multivitamin w/ Fluoride, Drops, 0.25 MG, Suspension • Multivitamin w/ Fluoride, Drops, 0.5 MG, Suspension 	<p>For children starting at 6 months up to 5 years of age without fluoride in their water sources.</p> <p>Generic only with prescription.</p>
Contraceptives	<ul style="list-style-type: none"> • Barrier methods, like diaphragms and sponges • Hormonal methods, like oral contraceptives and vaginal rings • Implanted devices, like intrauterine devices (IUDs) • Emergency contraception, like Plan B® and ella® 	<p>Available as prescribed to prevent pregnancy for all women with reproductive capacity.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Maternity and Family Planning brochure for additional information on contraception methods.</p>

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Section 2

Preventive Care Services Guide for Adults

Age 18 and Older

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Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

Note for Providers: ICD-10 Codes in **bold** denote codes that, according to proper coding convention within the International Classification of Diseases, may only be reported as the principal/first-listed diagnosis. Please see your ICD-10 manual for clarification and additional instructions. Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10th edition of the International Classification of Diseases (ICD-10).

If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT code 36415 or 36416) is also eligible at no cost to the member.

	18	20	30	35	40	45	50	55	60	65	70	75
Abdominal Aortic Aneurysm Screening Procedure Codes: 76706 Diagnosis Codes: any eligible diagnosis										One-time screening for those who have smoked		
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, Z00.00, Z00.01, Z01.411, Z01.419 , Z13.89	In a primary care setting											
Blood Pressure Screening This service is included in the coding for a preventive medicine exam.												
BRCA Risk Assessment and Genetic Counseling/Testing⁴ Procedure Codes: 81162,81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 96040 Diagnosis Codes: Z31.5, Z80.3, Z80.41		In a primary-care setting										

⁴ Prior approval may be required

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Cervical Cancer Screening and Human Papillomavirus (HPV) Testing Procedure Codes: 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476*, Q0091 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z11.51, Z12.4 *also eligible with Z11.3 and Z12.72												
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z11.3, Z11.8, Z12.4, Z12.72	Women up to age 24 and older women at higher risk											

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Colorectal Cancer Screening⁵ Procedure Codes: 44401, 45330, 45331, 45333, 45334, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 81528, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0104, G0105, G0121, G0328, G0500, S0285 Diagnosis Codes: D12.0, D12.2, D12.3, D12.4, D12.5, D12.6, D12.7, D12.8, D12.9, K63.5, Z00.00, Z00.01 , Z12.10, Z12.11, Z12.12, Z12.13, Z13.811, Z80.0, Z80.9, Z83.71, Z85.030, Z85.038, Z85.040, Z85.048, Z85.060, Z85.068, Z86.010, Z86.018, Z87.19							Frequency of screening will vary depending on the screening method					
Depression Screening Procedure Codes: G0444, 96127*, 96161* 99403, 99404 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419 , Z13.89 This service is also included in the coding for a preventive medicine exam. *eligible with any diagnosis	Periodic screenings for all adults in a primary care setting											
Diabetes Screening Procedure Codes: 82947, 82950, 82951 83036 Diagnosis Codes: Z00.00, Z00.01 , Z13.1					Recommended for adults age 40 to 70 who are overweight or obese as part of a cardiovascular risk assessment in a primary care setting							

⁵ Prior approval is required for monitored anesthesia care administered for a screening colonoscopy (CPT 00812). Please see the prior approval list for additional requirements.

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Dual-Energy X-Ray Absorptiometry Scan for Bone Density Procedure Codes: 77080 Diagnosis Codes: Z00.00, Z00.01, Z13.820										Recommended for women		
Falls Prevention This service is included in the coding for a preventive medicine exam.												
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z12.4, Z12.72	For sexually active women 24 years or younger and older women at increased risk											
Hepatitis B Screening Procedure Codes: 87340*, G0499 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4, and Z12.72 *also eligible with Z21	Recommended in persons at high risk – discuss with your provider											
Hepatitis C Screening Procedure Codes: 86803 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4, Z12.72	Recommended in persons at high risk, and a one-time screening for all adults born between 1945 and 1965											

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Human Immunodeficiency Virus (HIV) Screening Procedure Codes: 86689, 86701, 86702, 86703, 87390, 87534, 87535, G0432, G0433, G0435, G0475 Diagnosis Codes: Z00.00, Z00.01 , Z11.4, Z11.59, Z71.7												
Intimate Partner Violence Screening This service is included in the coding for a preventive medicine exam.												
Lipid Screening Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: Z00.00, Z00.01 , Z13.220												
Low-Dose CT Screening for Lung Cancer Procedure Codes: G0297 Diagnosis Codes: any eligible diagnosis								Recommended annually for adults age 55 to 80 who currently smoke or have quit smoking within the last 15 years				
Mammography Screening for Breast Cancer Procedure Codes: 77061*, 77062*, 77063, 76641*, 76642*, 77065*, 77066*, 77067, G0279* Diagnosis Codes: R92.2, R92.8, Z00.00, Z00.01 , Z12.31, Z12.39, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 *only eligible with R92.2 and R92.8					For women age 40 and older and younger women at increased risk							

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Obesity Screening and Healthy Diet and Exercise Counseling Procedure Codes: 97802^, 97803^, 97804^, 99401*, 99402*, 99403*, 99404*, G0446^, G0447^, S9452^, S9470^ Diagnosis Codes: Z00.00, Z00.01 *also eligible with Z01.411, Z01.419, and Z13.6 ^ also eligible with Z71.3 General obesity screening is included in the coding for a preventive medicine exam.	Periodic screenings for all adults in a primary care setting											
Prostate Screening Procedure Codes: 84066, 84152, 84153, 84154, G0102, G0103 Diagnosis Codes: Z00.00, Z00.01 , Z12.5					For men age 40 and older							
Syphilis Screening Procedure Codes: 86592, 86780 Diagnosis Codes: Z00.00, Z00.01 , Z11.3, Z72.51, Z72.52, Z72.53	Recommended in persons at high risk – discuss with your provider											
Skin Cancer Behavioral Counseling This service is included in the coding for a preventive medicine exam.	Adults up to age 24 who have fair skin											
Tobacco Use Counseling Procedure Codes: 99406, 99407 Diagnosis Codes: any eligible diagnosis	Recommended tobacco cessation for all adults who use tobacco products											

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – General Services and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Preventive Gynecologic and Wellness Exam Procedure Codes: G0445, S0610, S0612, S0613 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419 , Z13.89	Recommended annually											
Preventive Gynecologic and Wellness Exam for Contraceptive Management Procedure Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 Diagnosis Codes: Z00.00, Z00.01 , Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9	For women of child-bearing age											
Preventive Medicine Exam Procedure Codes: 99385, 99386, 99387, 99395, 99396, 99397 Diagnosis Codes: eligible with any diagnosis	Recommended annually											

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – Vaccines and Immunizations

This vaccine schedule represents the CDC’s Advisory Committee on Immunization Practices’ recommended vaccines for all adults. All vaccines listed below are eligible with no diagnosis code requirements.

Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10th edition of the International Classification of Diseases (ICD-10).

Note for Providers: Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes in **bold** are combination vaccines containing at least two toxoids.

	18 to 21 Years	22 to 26 Years	27 to 49 Years	50 to 59 Years	60 to 64 Years	65+
Influenza Procedure Codes: 90630, 90653, 90654, 90655, 90656, 90657, 90658, 90661, 90662, 90666, 90667, 90668, 90673, 90674, 90682, 90685, 90686, 90687, 90688, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	Annually					
Tetanus, diphtheria and pertussis (TD/Tdap) Procedure Codes: 90714 (Td only), 90715	Substitute Tdap for TD once, then TD booster every 10 years					
Varicella (VAR) Procedure Codes: 90710 (MMRV) , 90716						
Human papillomavirus (HPV) Procedure Codes: 90649, 90650, 90651						
Herpes Zoster (shingles) Procedure Codes: 90736, 90750						
Measles, mumps, rubella (MMR) Procedure Codes: 90707, 90710 (MMRV)						
Pneumococcal conjugate (PCV13) Procedure Codes: 90670						

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – Vaccines and Immunizations

	18 to 21 Years	22 to 26 Years	27 to 49 Years	50 to 59 Years	60 to 64 Years	65+
Pneumococcal polysaccharide (PCV23) Procedure Codes: 90732						
Hepatitis A Procedure Codes: 90632, 90636 (HepA-HepB)						
Hepatitis B Procedure Codes: 90636 (HepA-HepB) , 90740, 90746, 90747, 90748 (Hib-HepB)						
Meningococcal conjugate (MenACWY) Procedure Codes: 90733						
Meningococcal B Procedure Codes: 90620, 90621						
<i>Haemophilus influenza</i> type B (Hib) Procedure Codes: 90647, 90648, 90748 (Hib-HepB)						
Vaccine Administration Procedure Codes: 90470, 90471, 90472, 90473, 90474, G0008, G0009, G0010	Vaccine administration codes must be indicated as appropriate					

Section 2: Preventive Care Services Guide for Adults Age 18 and Older – Medications and Supplements


Category	Products	Recommendation
Aspirin prophylaxis	<ul style="list-style-type: none"> • 81mg varieties (generic only) 	<p>Men, age 45 – 79 to reduce the risk of cardiac events, including myocardial infarction</p> <p>Women, age 55 – 79 to reduce the risk of ischemic stroke</p>
Breast cancer prevention	<ul style="list-style-type: none"> • Tamoxifen citrate tab, 10 mg and 20 mg (generic only) • Raloxifene HCl tab, 60 mg (generic only) 	Women who are at increased risk for breast cancer
Contraceptives	<ul style="list-style-type: none"> • Barrier methods, like diaphragms and sponges • Hormonal methods, like oral contraceptives and vaginal rings (generic only) • Implanted devices, like intrauterine devices (IUDs) • Emergency contraception, like Plan B® and ella® • Female sterilization procedures 	<p>Available as prescribed to prevent pregnancy for all women with reproductive capacity.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Maternity and Family Planning brochure for additional information on contraception methods.</p>
Statins	<ul style="list-style-type: none"> • 5mg and 10 mg varieties (generics only) 	Adults ages 40 to 75 without a history of cardiovascular disease (CVD) who use a low-to-moderate dose statin for the prevention of CVD events and mortality when they have one or more cardiovascular disease risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking) and a calculated 10-year risk of a CVD event of 10 percent or greater
Tobacco cessation	<ul style="list-style-type: none"> • Nicotine replacement products, such as patches, gum, and lozenges • Bupropion products (generic only up to 180 days) 	Adults who use tobacco products

Section 3

Preventive Care Services Guide for Maternity and Family Planning

For Women of all Ages


Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests

Key: The fetal health symbol  indicates that additional diagnosis codes for the indicated test or service are in Section 3: Preventive Care Services Guide for Maternity and Family Planning – Fetal Health Diagnoses.


Note for Providers: ICD-10 Codes in **bold** denote codes that, according to proper coding convention within the International Classification of Diseases, may only be reported as the principal/first-listed diagnosis. Please see your ICD-10 manual for clarification and additional instructions.

Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10th edition of the International Classification of Diseases (ICD-10).

If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT code 36415 or 36416) is also eligible at no cost to the member.


	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, Z00.00, Z00.01, Z01.411, Z01.419 , Z13.89	Recommended screening for all pregnant women to evaluate alcohol misuse and brief behavioral counseling for risky or hazardous behavior			
Asymptomatic Bacteriuria Screening Procedure Codes: 87081, 87084, 87086, 87088 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419 , Z01.42, Z12.4, Z12.72 		Recommended at 12-16 weeks gestation or at first prenatal visit, if later		
Breast Feeding Support Procedure Codes: S9443 Diagnosis Codes: Z00.00, Z00.01 , P92.6, R62.51, Z39.1				Recommended lactation counseling as needed, or until newborn is thriving

Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests





	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Breast Pumps and Related Supplies⁶ Procedure Codes: A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604 Diagnosis Codes: O09.A0, O09.A1, O09.A2, O09.A3, 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, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, P92.6, R62.51, Z00.00, Z00.01, Z39.1, 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			Recommended to support breastfeeding	
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z11.3, Z11.8, Z12.4, Z12.72 	Screening recommended at first prenatal visit for all pregnant women aged 24 or younger and for older pregnant women who are at increased risk of infection			

⁶ Prior approval may be required




Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Contraceptive Methods Procedure Codes: A4261, A4264, A4266, A4268, A4269, J1050, J7296, J7297, J7298, J7300, J7301, J7302, J7303, J7304, J7306, J7307, Q0090, Q9984, S4981, S4989, S4993, 00851, 11976, 11980, 11981, 11982, 11983, 57170, 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 96372 Diagnosis Codes: Z00.00, Z00.01 , 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 Additional contraceptive methods located in Section 3: Preventive Care Services Guide for Maternity and Family Planning – Vaccines, Contraceptives and Supplements				Contraceptive methods, including female sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity
Depression Screening Procedure Codes: G0444, 96127*, 96161* 99403, 99404 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419 , Z13.89 *eligible with any diagnosis	Periodic screenings recommended throughout pregnancy and during the post-partum period, as needed			
Gestational Diabetes Screening Procedure Codes: 82947, 82950, 82951, 83036 Diagnosis Codes: Z00.00, Z00.01 , Z13.1 		Recommended gestational diabetes screening by glucose test for women 24 to 28 weeks pregnant and at the first prenatal visit for those at high risk of developing gestational diabetes		

Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z11.3, Z12.4, Z12.72 	Screening recommended at first prenatal visit for all pregnant women aged 24 or younger and for older pregnant women who are at increased risk of infection			
Hepatitis B Screening Procedure Codes: 87340*, G0499 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4 and Z12.72  *also eligible with Z21	Screening recommended at first prenatal visit for all pregnant women			
Hepatitis C Screening Procedure Codes: 86803 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z11.59, Z12.4, Z12.72 	Screening recommended at first prenatal visit for all pregnant women			
Human Immunodeficiency Virus (HIV) Screening Procedure Codes: 86689, 86701, 86702, 86703, 87390, 87534, 87535, G0432, G0433, G0435, G0475 Diagnosis Codes: Z00.00, Z00.01 , Z11.4, Z11.59, Z71.7 	Screening recommended at first prenatal visit for all pregnant women			

Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Obstetric Panels⁷ Procedure Codes: 80055, 80081 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z12.4, Z12.72 	Screening recommended at first prenatal visit for all pregnant women			
Rh Incompatibility Screening Procedure Codes: 86901 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42 , Z12.4, Z12.72 	Screening recommended at first prenatal visit for all pregnant women			
Syphilis Screening Procedure Codes: 86592, 86780 Diagnosis Codes: Z00.00, Z00.01 , Z11.3, Z72.51, Z72.52, Z72.53 	Screening recommended at first prenatal visit for all pregnant women			

⁷ CPTs 80055 and 80081 are bundled panels including an array of tests needed during early pregnancy, such as complete blood count, blood typing, and antibody and antigen tests for various diseases and infections. CPT 80081 also includes testing for HIV.

Section 3: Preventive Care Services Guide for Maternity and Family Planning – General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Tobacco Use Intervention and Cessation Procedure Codes: 99406, 99407 Diagnosis Codes: any eligible diagnosis	Recommended screening for all pregnant women to evaluate tobacco use and brief behavioral counseling for tobacco cessation			
Preventive Gynecologic and Wellness Exam for Contraceptive Management Procedure Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 Diagnosis Codes: Z00.001, Z00.01 , Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9				Contraceptive methods, including female sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity

Section 3: Preventive Care Services Guide for Maternity and Family Planning – Vaccines, Contraceptives and Supplements

This vaccine schedule represents the CDC’s Advisory Committee on Immunization Practices’ recommended vaccines for all adults. All vaccines listed below are eligible with no diagnosis code requirements.

Procedure codes listed may come from Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10th edition of the International Classification of Diseases (ICD-10).

Vaccines


	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy
Influenza Procedure Codes: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90666, 90667, 90668, 90673, 90674, 90682, 90686, 90688, Q2033, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	Recommended at any time during pregnancy, before and during influenza season			
Tetanus, diphtheria and pertussis (TDap) Procedure Codes: 90715		Recommended at 27 – 36 weeks gestation for optimal timing, though TDap may be administered at any time during pregnancy		
Vaccine Administration Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, G0008	Vaccine administration codes must be indicated as appropriate			

Section 3: Preventive Care Services Guide for Maternity and Family Planning – Vaccines, Contraceptives and Supplements

Contraceptives and Supplements

Category	Products	Recommendation
Aspirin	<ul style="list-style-type: none">• 81mg varieties (generic only)	Use of low-dose aspirin as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
Contraceptives	<ul style="list-style-type: none">• Barrier methods, such as diaphragms and sponges• Hormonal methods, such as oral contraceptives and vaginal rings (generic only)• Implanted devices, such as intrauterine devices (IUDs)• Injectables, such as Depo-Provera• Emergency contraception, such as Plan B® and ella®• Female sterilization (see Section I)	<p>Available as prescribed to prevent pregnancy for all women with reproductive capacity.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Maternity and Family Planning brochure for additional information on contraception methods.</p>
Folic Acid supplementation	<ul style="list-style-type: none">• 400 mcg or 800 mcg varieties (generic only, over the counter with prescription)	All women who are planning or capable of pregnancy

Section 3: Preventive Care Services Guide for Maternity and Family Planning – Fetal Health Diagnoses

This list of diagnosis codes is eligible and valid for all services with the fetal health symbol  indicated within this document in Section 3: Preventive Care Services Guide for Maternity and Family Planning.

Note for Providers: ICD-10 Codes in **bold** denote codes that, according to proper coding convention within the International Classification of Diseases, may only be reported as the principal/first-listed diagnosis. We have grouped the diagnosis codes listed by family and have included only abridged definitions. Please see your ICD-10 manual for clarification and additional instructions.

Code(s)	Brief Description of Code(s)
O30.001 O30.002 O30.003 O30.009	Twin pregnancy; unspecified number of placenta and unspecified number of amniotic sacs
O30.011 O30.012 O30.013 O30.019	Twin pregnancy; monochorionic/monoamniotic
O30.031 O30.032 O30.033 O30.039	Twin pregnancy; monochorionic/diamniotic
O30.041 O30.042 O30.043 O30.049	Twin pregnancy; dichorionic/diamniotic
O30.091 O30.092 O30.093 O30.099	Twin pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.101 O30.102 O30.103 O30.109	Triplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs
O30.111 O30.112 O30.113 O30.119	Triplet pregnancy with two or more monochorionic fetuses
O30.121 O30.122 O30.123 O30.129	Triplet pregnancy with two or more monoamniotic fetuses
O30.191 O30.192 O30.193 O30.199	Triplet pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.201 O30.202 O30.203 O30.209	Quadruplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs
O30.211 O30.212 O30.213 O30.219	Quadruplet pregnancy with two or more monochorionic fetuses

Section 3: Preventive Care Services Guide for Maternity and Family Planning – Fetal Health Diagnoses

Code(s)	Brief Description of Code(s)
O30.221 O30.222 O30.223 O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses
O30.291 O30.292 O30.293 O30.299	Quadruplet pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.801 O30.802 O30.803 O30.809	Other specified multiple gestation; unspecified number of placenta and unspecified number of amniotic sacs
O30.811 O30.812 O30.813 O30.819	Other specified multiple gestation with two or more monochorionic fetuses
O30.821 O30.822 O30.823 O30.829	Other specified multiple gestation with two or more monoamniotic fetuses
O30.891 O30.892 O30.893 O30.899	Other specified multiple gestation; unable to determine number of placenta and number of amniotic sacs
O09.01 O09.02 O09.03	Supervision of pregnancy with history of infertility
O09.11 O09.12 O09.13	Supervision of pregnancy with history of ectopic or molar pregnancy
O09.212 O09.213 O09.219	Supervision of pregnancy with history of pre-term labor
O09.31 O09.32	Supervision of pregnancy with insufficient antenatal care
O09.40 O09.41 O09.42 O09.43	Supervision of pregnancy with grand multiparity
O09.512 O09.513 O09.519	Supervision of elderly primigravida
O09.521 O09.522 O09.523 O09.529	Supervision of elderly multigravida
O09.612 O09.613 O09.619	Supervision of young primigravida

Section 3: Preventive Care Services Guide for Maternity and Family Planning – Fetal Health Diagnoses

Code(s)	Brief Description of Code(s)
O09.622 O09.623 O09.629	Supervision of young multigravida
O09.70 O09.71 O09.72 O09.73	Supervision of high-risk pregnancy due to social problems
O09.811 O09.812 O09.813	Supervision of pregnancy resulting from assisted reproductive technology
O09.821 O09.822 O09.823 O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy
O09.891 O09.892 O09.893 O09.899	Supervision of other high-risk pregnancy
O09.A0 O09.A1 O09.A2 O09.A3	Supervision of pregnancy with history of molar pregnancy
O36.80X0 O36.80X1 O36.80X2 O36.80X3 O36.80X4 O36.80X5 O36.80X9	Pregnancy with inconclusive fetal viability
Z34.01 Z34.02 Z34.03	Encounter for supervision of normal first pregnancy
Z34.81 Z34.82 Z34.83	Encounter for supervision of other normal pregnancy
Z34.91 Z34.92 Z34.93	Encounter for supervision of normal pregnancy; unspecified