

BENEFIT COVERAGE POLICY

Title: BCP-45 Preventive Health Services

Effective Date: 01/01/2023



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers preventive health services to adults and children, as required by the ACA.

Certain preventive health services require prior approval for coverage.

2.0 Background

The Affordable Care Act (ACA) requires non-grandfathered health plans to cover certain "recommended preventive services" under the preventive care services benefit, without cost sharing to members when provided by network providers. This includes:

- Evidence-based items or services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPTF).
- Immunizations for routine use in children, adolescents and adults that have recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

- With respect to women, additional preventive care and screenings as provided in comprehensive guidelines supported by the HRSA.
- Pharmacy Benefit Manager.

3.0 Clinical Determination Guidelines:

1. Member Cost-Sharing:

- a) Non-grandfathered plans provide coverage for preventive care services with no member cost sharing (i.e., covered at 100% of Allowed Amounts without deductible, coinsurance or copayment) when services are obtained from a Network provider.
- b) Under ACA, services obtained from an out-of-network provider are not required to be covered under a plan's preventive benefit and may be subject to member cost sharing. Refer to the member specific benefit plan document for out-of-network benefit information, if applicable.

2. Some services MAY require prior approval. See table below.

3. Preventive versus diagnostic services

- a) Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be considered under the preventive care services benefit. When a service is done for diagnostic purposes it will be paid as applicable under the member's normal medical benefits rather than preventive care coverage.
- b) Preventive services are those performed on a person who:
 - a. Has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
 - b. Has had screening done within the recommended interval with findings considered normal; or
 - c. Has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
- c) Diagnostic services are done on a person who:
 - a. Had abnormalities found on previous preventive or diagnostic studies that would require further diagnostic studies; or
 - b. Had abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies with shortened time intervals from the recommended preventive screening time intervals; or
 - c. Had a symptom(s) that required further diagnosis; or
 - d. Does not fall within the applicable population for a recommendation or guideline.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO Group L0000264; 4 = ASO Group L0001269 Non-Union & Union; 5 = ASO Group L0001631; 6 = ASO Group L0002011; 7 = ASO Group L000269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

Medical Preventive Care Services

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For additional services covered for women see the [Expanded Women's Preventive Health Section](#).

| Service | Code(s) | Preventive Benefit Instructions |
|---|--|---|
| <p><i>Abdominal Aortic Aneurysm (AAA) Screening:</i></p> <p>The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.</p> | <p>Procedure Code(s): 76706</p> <p>Diagnosis Codes(s): F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, Z87.891</p> | <p>Adults</p> |
| <p><i>Alcohol/Substance Misuse Screening and Behavioral Counseling</i></p> <p>The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p>The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)</p> | <p>Procedure Code(s): 99408, 99409, G0396, G0397, G0442, G0443</p> <p>Diagnosis Code (s): Z72.89, Z00.00, Z00.01, Z01.389</p> | <p>Adults</p> <p>Adolescent (11 to 17 years)</p> |
| <p><i>Annual Physical</i></p> | <p>Procedure Code(s): Adults: 96127, 96160, 96161, 99385, 99386, 99387, 99395,</p> | <p>Adults</p> <p>Children (newborn to 18 years old)</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
|--|---|---|
| | <p>99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0468</p> <p>Children (newborn to 18 years old) 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99461</p> <p>Also see the Expanded Women's Preventive Health section.</p> <p>Diagnosis Codes(s): N/A</p> <p>Lab Codes(s): 80050, 80053</p> <p>Blood draw: 36415, 36416</p> <p>Lab Diagnosis Codes(s): Z00.00, Z00.01, Z00.121, Z00.129</p> | |
| <p>Cardiovascular Screening</p> <p>Includes blood pressure screening and labs</p> | <p>Procedure Code(s): 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p>Blood draw: 36415, 36416</p> | <p>Adults</p> <p>Children (newborn to 18 years old)</p> |

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|--|--|--|
| <p><i>Colorectal Cancer Screening</i></p> <p>The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years.</p> | <p>Diagnosis code: Z00.00, Z00.01, Z13.6, Z13.220</p> <p>Procedure Code(s) 00811, 00812, 44932, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45332, 45333, 45334, 45338, 45341, 45342, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 81528, 82270</p> <p>These codes do not require diagnosis: G0104, G0105, G0106, G0120, G0121, G0122, G0328</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z12.13, Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010</p> | <p>Adults</p> |
| <p><i>Depression, Suicide Risk and Anxiety Screening</i></p> <p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> | <p>Procedure Code(s) 96127, G0444</p> <p>Diagnosis Code(s): Z13.89, Z00.129, Z00.00, Z00.01, Z00.121</p> | <p>Adults</p> <p>Women</p> <p>Children (newborn to 18 years)</p> |

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|---|--|---|
| <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.</p> | | |
| <p>Diabetes Screening</p> <p>The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.</p> | <p>Procedure Code(s): 82947, 82948, 82950, 89251, 83036</p> <p>These codes do not require a diagnosis: 0403T, 0488T</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.1</p> | <p>Adults</p> |
| <p>Fall Prevention</p> <p>The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p> | <p>Procedure Code(s) N/A</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> <p>This service is included in an annual physical exam or focused E&M visit</p> |
| <p>Hypertension</p> <p>The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends</p> | <p>Procedure Code(s) N/A</p> <p>Diagnosis Code(s):</p> | <p>Adults</p> <p>This service is included in an annual physical exam or focused E&M visit</p> |

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|---|--|--|
| obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. | N/A | |
| <i>Immunization (vaccines)</i> | <p>Procedure Code(s): See Vaccine Administration in Pharmacy Prevention Services</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> <p>Children (newborn to 18 years old)</p> |
| <p><i>Infectious and Sexually Transmitted Disease Counseling</i></p> <p>The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p> | <p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412, G0445</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> <p>Also see Expanded Women's Preventive Health section</p> |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Chlamydia</i></p> <p>The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> | <p>Procedure Code(s): 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z01.42,</p> | <p>Adults</p> |

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|---|--|---------------------------------|
| | Z32.00, Z32.01, Z32.02, Z11.8, Z11.59, Z11.3 | |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Gonorrhea</i></p> <p>The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> | <p>Procedure Code(s): 87590, 87591, 87592, 87850</p> <p>Diagnosis Code(s): Z00.0, Z00.01, Z00.8, Z01.411, Z01.419, Z01.42, Z11.3</p> | Adults |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Hepatitis B</i></p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit</p> | <p>Procedure Code(s): 86704, 86705, 86706, 86707, 87340, 87341, 87516, 87517, G0499</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z11.3, Z77.21</p> | Adults |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Hepatitis C</i></p> <p>The USPSTF recommends screening for hepatitis C virus</p> | <p>Procedure Code(s): 86803, 86804, 87520, 87521, 87522, 87902, G0472</p> <p>Blood draw:</p> | Adults |

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|--|---|--|
| (HCV) infection in adults aged 18 to 79 years. | 36415, 36416 Diagnosis Code(s): Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z11.3, Z77.21 | |
| <p><i>Infectious and Sexually Transmitted Disease Screening: HIV/AIDS – Adults and adolescents at higher risk</i></p> <p>The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</p> | <p>Procedure Code(s): 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, G0432, G0433, G0435, G0475</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z11.3</p> | <p>Adults</p> <p>Children (newborn to 18 years old)</p> <p>Also see Expanded Women's Preventive Health section</p> |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Human Papillomavirus (HPV)</i></p> | <p>Procedure Code(s): 87623, 87624, 87625</p> <p>Diagnosis Code(s): Z00.0, Z00.01, Z00.8, Z01.411, Z01.419, Z11.3, Z11.51, Z12.4, Z12.72</p> | <p>Adults</p> |
| <p><i>Infectious and Sexually Transmitted Disease Screening: Syphilis</i></p> | <p>Procedure Code(s): 86592, 86593, 86780</p> | <p>Adults</p> |

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|--|---|---|
| <p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p> <p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p> | <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.0, Z00.01, Z00.8, Z01.411, Z01.419, Z11.3, Z32.00, Z32.01, Z32.02</p> | <p>Women</p> <p>Children (newborn to 18 years)</p> |
| <p>Lung Cancer Screening</p> <p>The USPSTF recommends 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. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p> | <p>Procedure Code(s): 71250, 71271 (F17.200- F17.299), G0296</p> <p>Diagnosis Code(s): Z12.2, Z87.891 F17.200-F17.299</p> | <p>Adults</p> |
| <p>Nutritional Counseling</p> | <p>Procedure Code(s): G0446, G0447, G0473</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z68.2- Z68.54, Z71.3</p> | <p>Adults</p> <p>Children (newborn to 18 years)</p> |
| <p>Obesity Screening and Counseling</p> | <p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412,</p> | <p>Adults</p> <p>Children (newborn to 18 years)</p> |

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|---|---|--|
| <p>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</p> <p>The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p> | <p>G0447</p> <p>Diagnosis Code(s): Z13.89, Z68.30, Z68.39, Z68.41- Z68.45</p> | <p>Also see Expanded Women's Preventive Health section</p> |
| <p><i>Prostate Cancer Screening</i></p> | <p>Procedure Code(s): 84152, 84153, 84154, G0102, G0103</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> |
| <p><i>Skin Cancer Behavioral Counseling</i></p> <p>The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p> | <p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> <p>Children (newborn to 18 years)</p> |

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|--|--|--|
| <p><i>Tobacco Use Counseling</i></p> <p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p> <p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> | <p>Procedure Code(s): 99406, 99407</p> <p>Diagnosis Code(s): N/A</p> | <p>Adults</p> <p>Women</p> <p>Children (newborn to 18 years old)</p> |
| <p><i>Latent Tuberculosis (TB) Screening: asymptomatic adults at increased risk of infection</i></p> <p>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p> | <p>Procedure Code(s): 86480, 86580</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z03.89, Z11.1</p> | <p>Adults</p> |
| <p><i>Developmental Screening</i></p> | <p>Procedure Code(s): 96110</p> | <p>Children (newborn to 18 years)</p> |

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|---------------------------------|---|---------------------------------|
| | <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49, Z76.2</p> | |
| <i>Hearing Screening</i> | <p>Procedure Code(s): 92551, V5008</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z76.2</p> | Children (newborn to 18 years) |
| <i>Hypothyroidism Screening</i> | <p>Procedure Code(s): 84436, 84437, 84439, 84443</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.29</p> | Children (newborn to 18 years) |
| <i>Lead Screening</i> | <p>Procedure Code(s): 83655</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.88</p> | Children (newborn to 18 years) |

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|--|--|---------------------------------------|
| <p><i>Newborn Metabolic Screening</i></p> | <p>Procedure Code(s): S3620</p> <p>Diagnosis Code(s): Z00.110, Z00.111</p> | <p>Children (newborn to 18 years)</p> |
| <p><i>Oral Health</i></p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p> <p>The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</p> | <p>Procedure Code(s): 99188</p> <p>Diagnosis Code(s): N/A</p> | <p>Children (newborn to 18 years)</p> |
| <p><i>PKU Screening</i></p> | <p>Procedure Code(s): 83498, 84030</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.228</p> | <p>Children (newborn to 18 years)</p> |

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|--|---|---|
| <i>Sickle Cell Screening</i> | <p>Procedure Code(s): 83020, 83021, S3850</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.0</p> | Children (newborn to 18 years) |
| <p><i>Vision Screening</i></p> <p>The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p> | <p>Procedure Code(s): 99172, 99173</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z76.2</p> | Children (newborn to 18 years) |
| <i>COVID Preventive Services</i> | <p>Procedure Code(s): See preventive codes in BCP-15</p> <p>Diagnosis Code(s): See diagnosis codes in BCP-15</p> | <p>See Preventive health services in BCP-15 COVID-19 Prevention, Testing and Treatment</p> <p>See Pharmacy Section for related vaccines information below</p> |

Expanded Women's Preventive Health

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|--|--|---|
| <p><i>Well-Woman Preventive Visits:</i></p> <p>HRSA Requirement (Dec. 2021): WPSI Recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include prepregnancy, prenatal, postpartum and interpregnancy visits.</p> | <p>Procedure Code(s): <i>Well-Woman Visits:</i> 96160, 96161, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0468</p> <p><i>Prenatal Office Visits:</i> Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463</p> <p><i>Physician Prenatal Education, Group Setting:</i> 99078</p> <p><i>Prenatal Care Visits:</i> 59425, 59426, 59430</p> | <p><i>Well-Woman Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><i>Prenatal Office Visits:</i> Requires a Pregnancy Diagnosis Code billed by PCP, OBGYN and/or Maternal-Fetal Medicine specialist.</p> <p><i>Prenatal Care Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p> |
| <p><i>Screening for Gestational Diabetes Mellitus</i></p> <p>HRSA Requirement (Dec. 2016): Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes.</p> | <p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood Draw:</i> 36415, 36416</p> <p>Diagnosis Codes(s): Pregnancy Diagnosis Codes</p> | <p><i>Diabetes Screening:</i> Requires a Pregnancy Diagnosis Code (regardless of gestational week).</p> <p><i>Blood Draw:</i> Requires one of the diabetes screening procedure codes listed in this row and one of the Pregnancy Diagnosis Codes.</p> <p>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the Diabetes Diagnosis Code List.</p> |
| <p><i>Screening for Diabetes Mellitus After Pregnancy</i></p> | <p>Procedure Code(s): <i>Diabetes Screening:</i> 82947, 82948, 82950, 82951, 82952,</p> | <p>No age limit</p> <p>Note: If a diabetes diagnosis code is present in</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
|---|--|--|
| <p>HRSA Requirement (Dec. 2017) The Women's Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus.</p> | <p>83036</p> <p><i>Blood draw:</i> 36415, 36416</p> <p>Diagnosis Codes(s): <i>Required Screening Diagnosis Codes (requires at least one):</i> Z00.00, Z00.01, Z13.1, Z86.32</p> | <p>any position, the preventive benefit will not be applied.</p> |
| <p><i>Screening for Urinary Incontinence</i></p> <p>The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually</p> | <p>See the Annual Physical row in the Preventive Care Services section above.</p> | <p>This service is included in an annual physical exam or focused E&M visit.</p> |
| <p><i>Counseling for Sexually Transmitted Infections (STIs)</i></p> <p>HRSA Requirement (Dec. 2021): WPSI recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs</p> | <p>See Infectious and Sexually Transmitted Disease Counseling in the Preventive Care Services section above.</p> | |
| <p><i>Screening for Human</i></p> | <p>See Infectious and Sexually Transmitted</p> | |

Expanded Women's Preventive Health

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| Service | Code(s) | Preventive Benefit Instructions |
|---|---|---|
| <p><i>Immunodeficiency Virus Infection (HIV)</i></p> <p>HRSA Requirement (Dec. 2021): The Women's Preventive Services Initiative (WPSI) recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional screening should be based on risk, and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. The WPSI recommends risk assessment and prevention education for HIV infection beginning at age 13 and continuing as determined by risk. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.</p> | <p>Disease Screening: HIV/AIDS in the Preventive Care Services section above.</p> | |
| <p><i>Contraceptive Methods (Including Sterilizations)</i></p> | <p>Procedure Code(s):</p> | <p><i>Tubal ligation, Oviduct Occlusion:</i> Does not have diagnosis code requirements for the preventive</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
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| <p>HRSA requirement (Jan. 2023): WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the immediate postpartum period). Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives).</p> <p>WPSI recommends that the full range of U.S. Food and Drug Administration (FDA)- approved, - granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care.</p> <p>The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: (1) sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined</p> | <p>Sterilizations: Tubal Ligation, Oviduct Occlusion (These codes do not require a specific diagnosis): 58600, 58605, 58611, 58615, 58565, 58670, 58671, A4264</p> <p>Laparoscopic partial or total oophorectomy and/or salpingectomy (requires specific diagnosis): 58661</p> <p>Diagnosis Code for 58661: Z30.2</p> <p>Anesthesia for Sterilization: 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Tubal Ligation Follow-up Hysterosalpingogram Catheterization and Introduction of Saline or Contrast Material: 58340 Hysterosalpingography: 74740 Contrast Material: Q9967</p> <p>Diagnosis Codes for Anesthesia and Tubal ligation follow-up services:</p> | <p>benefit to apply.</p> <p><i>Laparoscopic partial or total oophorectomy and/or salpingectomy:</i> Does have diagnosis code requirement for the preventive benefit to apply</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
|---|---|---------------------------------|
| <p>pill), 7) oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.</p> | <p>Z30.2, Z98.51</p> <p>Contraceptive Methods: Diaphragm or Cervical Cap: 57170, A4261, A4266</p> <p>Implantable Devices: J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)</p> <p>IUDs: J7298 (Mirena®) J7300 (copper) J7301 (Skyla®) J7297 (Liletta®) J7296 (Kyleena®) S4989 58300, S4981 (insertion) 58301, 58562 (removal)</p> <p>Injections: 96372 (administration) J1050 (injection)</p> <p>Diagnosis Code(s): Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.2, Z30.40,</p> | |

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| Service | Code(s) | Preventive Benefit Instructions |
|--|---|---------------------------------|
| | Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9, Z98.51 | |
| <p><i>Breastfeeding Services and Supplies</i></p> <p>HRSA requirement (Jan 2023): WPSI recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.</p> <p>Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.</p> | <p><i>Lactation Support Services:</i> Procedure Code(s): S9443</p> <p>Diagnosis Code(s): None required</p> <p><i>Breastfeeding Equipment and Supplies:</i> Procedure Code(s):</p> <p><i>Personal Use Manual Breast Pump:</i> E0602</p> <p><i>Personal Use Electric Breast Pump:</i> E0603, E0604</p> <p><i>Breast Pump Supplies:</i> A4281, A4282, A4283, A4284, A4285, A4286</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Code or Z39.1</p> | |
| <p><i>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age.</i></p> | <p>Procedure Code(s): 99401, 99402, 9403, 99404, 99411, 99412</p> | |

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| Service | Code(s) | Preventive Benefit Instructions |
|--|--|---------------------------------|
| <p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> | <p>Diagnosis Code(s): N/A</p> | |
| <p><i>Gynecological exam: Cervical Cancer Screening, Women ages 21 to 65</i></p> <p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p> | <p>Procedure Code(s): Women: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, 99385, 99386, 99387, 99395, 99396, 99397, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, S0610, S0612, S0613,</p> <p>Diagnosis Code(s): N/A</p> | |
| <p><i>Osteoporosis Screening: Bone Density Study</i></p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> | <p>Procedure Code(s): 76977, 77078, 77080, 77085, G0130</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z78.0, Z82.62</p> | |

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| Service | Code(s) | Preventive Benefit Instructions |
|---|--|--|
| <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p> | | |
| <p><i>Obesity Prevention in Midlife Women (Counseling)</i></p> <p>HRSA Requirement (Dec. 2021): WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.</p> | <p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412, G0447</p> <p>Diagnosis Code(s): Z13.89, Z68.30, Z68.39, Z68.41, Z68.45</p> | |
| <p><i>Asymptomatic Bacteriuria in Pregnant Women, Screening</i></p> <p>The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p> | <p>Procedure Code(s): 81007, 87081, 87084, 87086, 87088</p> <p>Diagnosis Code(s): O09.00-O09.93, Z33.1, Z34.00- Z34.93</p> | |
| <p><i>Breast Cancer Screening: BRCA genetic counseling</i></p> | <p>Procedure Code(s): 96040, 99401, 99402, 99403, 99404,</p> <p>Procedure codes requiring Prior authorization: *81162, *81163,</p> | <p>Codes with (*) require Prior Authorization</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
|---|--|--|
| <p>The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p> | <p>*81164, *81165, *81166, *81167, *81212, *81215, *81216, *81217</p> <p>Diagnosis Code(s): Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43</p> | |
| <p><i>Breast Cancer Screening: Mammography</i></p> <p>The USPSTF recommends biennial screening mammography for women aged 50 to 74 years</p> | <p>Procedure Code(s): 77067, +77063</p> <p>+ (list separately in addition to primary procedure code)</p> <p>Diagnosis Code(s): N/A</p> | |
| <p><i>Breast Cancer Screening: Risk Reduction of Primary Breast Cancer</i></p> <p>The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer</p> | <p>Please see Pharmacy Section below for applicable procedure and diagnosis codes.</p> | <p>Codes with (*) require Prior Authorization</p> |

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| Service | Code(s) | Preventive Benefit Instructions |
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| and at low risk for adverse medication effects | | |
| <i>Pregnancy: Anemia Screening</i> | <p>Procedure Code(s): 85013, 85014, 85018</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.0, Z34.00-Z34.93</p> | |
| <i>Pregnancy: Labs for Pre and Postnatal Care and Delivery</i> | <p>Procedure Code(s): 82947, 82948, 82950, 82951, 80055, 80081, 86901</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): O09.00-O09.93, O30.001-O30.93, Z34.00-Z34.93, Z36.0-Z36.5, Z36.81-Z36.9, Z37.0-Z37.9, Z39.0, Z39.2</p> | |

Pharmacy Preventive Care Medications

Certain services may not be payable in all circumstances due to other policies or guidelines.

| Service | Code(s) | Preventive Benefit Instructions |
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| Cardiovascular Health | Atorvastatin 10 mg and 20 mg Fluvastatin 20 mg and 40 mg Fluvastatin ER 80 mg Lovastatin 10 mg, 20 mg and 40 mg Pravastatin 10 mg, 20 mg, 40 mg and 80 mg Rosuvastatin 5 mg and 10 mg Simvastatin 5 mg, 10 mg, 20 mg and 40 mg | Low to moderate dose statins for adult men and women age 40 to 75 with one or more cardiovascular disease (CVD) risk factors |
| Colorectal Cancer Prevention | Citrate of Magnesia PEG 3350 Bisacodyl Magnesium Hydroxide | Generic bowel prep for men and women ages 45 through 74 |
| Tobacco Cessation | Chantix *Nicotine Patch – generic only *Nicotine Gum – generic only *Nicotine Lozenges – generic only Bupropion SR – generic for Zyban only | Tobacco cessation; quantity limit: 180-day supply of each product annually, *must be 18 or older |
| Children’s Oral Health | Generic prescription providing up to 0.5 mg per day of fluoride | For children with low fluoride exposure ages birth–5 years |
| HIV Prevention | Emtricitabine/tenofovir disoproxil fumarate (generic for Truvada) | Must meet step-therapy criteria. If approved, one tablet daily for pre-exposure prophylaxis for HIV-negative persons who are at high risk of HIV acquisition by sex or injectable drug usage |
| Pre-Diabetes | Metformin 850mg | Up to 2 tablets daily for adults ages 35–70 years with no prior fills of a diabetes medication |

Pharmacy Preventive Care Services

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| Service | Code(s) | Preventive Benefit Instructions |
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| Meningococcal Vaccines | <p>90619 Meningococcal polysaccharide (groups A, C, Y, W-135) TT conjugate</p> <p>90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use (Bexsero – only ages 10-25 yrs.)</p> <p>90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use (Trumenba only for ages 10-25 yrs.)</p> <p>90644 Meningococcal conjugate vaccine, and Haemophilus influenzae type b (Hib) vaccine, 4 dose schedule, children 6 weeks-18 months of age, IM</p> | |
| HPV Vaccines | <p>90649 Human Papillomavirus (HPV) vaccine, 3 dose schedule, IM, ages 9-45</p> <p>90650 Human Papillomavirus (HPV) vaccine, 3 dose schedule, IM, ages 9-45</p> <p>90651 Human Papillomavirus (HPV) vaccine, 3 dose schedule, IM, ages 9-45</p> | |
| Pneumococcal Vaccines | <p>90670 Pneumococcal conjugate vaccine, IM</p> <p>90671 Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use</p> <p>90677 Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use</p> <p>90732 Pneumococcal vaccine, 2 years or older, subq or IM</p> | |
| Rotavirus Vaccines | <p>90680 Rotavirus vaccine, 3 dose schedule, oral use</p> <p>90681 Rotavirus vaccine, oral use</p> | |
| Zoster Vaccines | <p>90736 Zoster (shingles) vaccine, subq, covered for ages 50 and older</p> <p>90750 Zoster vaccine recombinant, adjuvanted, suspension IM (Shingrix), covered for ages 50 and older</p> | |

**Influenza
Vaccines**

- 90630 Influenza virus vaccine, quadrivalent, split virus, preservative free, intradermal use; 18-64 y.o.
- 90647 Haemophilus influenzae type b vaccine (Hib), 3 dose schedule, IM
- 90648 Haemophilus influenzae type b vaccine (Hib), 4 dose schedule, IM
- 90653 Influenza vaccine, IM (65 & older)
- 90654 Influenza virus vaccine, intradermal use
- 90655 Influenza virus vaccine, 0.25 ml, IM
- 90656 Influenza virus vaccine 0.5 ml, IM
- 90657 Influenza virus vaccine, children 0.25 ml, IM
- 90658 Influenza virus vaccine, 0.5 ml, IM
- 90660 Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use 90660 Influenza virus vaccine, intranasal use
- 90661 Influenza virus vaccine, 0.5 ml, IM
- 90662 Influenza virus vaccine, IM
- 90672 Influenza virus vaccine, intranasal use
- 90673 Influenza virus vaccine, IM
- 90674 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelvax)
- 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok)
- 90685 Influenza virus vaccine, 0.25 ml, IM
- 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90687 Influenza virus vaccine, children 6-35 months of age, IM
- 90688 Influenza virus vaccine, 0.5 ml, IM
- 90689 Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use.
- 90694 Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use

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| Vaccines | 90756 Influenza virus vaccine, quadrivalent (cclIV4) | |
| Hepatitis Vaccines | 90632 Hepatitis A vaccine (HepA), adult dosage, IM | |
| | 90633 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, IM | |
| | 90634 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, IM | |
| | 90636 HepA & HepB vaccine adult dose, IM | |
| | 90733 Meningococcal vaccine, subq | |
| | 90734 Meningococcal vaccine, IM | |
| | 90739 Hepatitis B vaccine (HepB), IM | |
| | 90740 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient, IM | |
| | 90743 Hepatitis B vaccine (HepB), adolescent, IM | |
| | 90744 Hepatitis B vaccine (HepB), pediatric/adolescent dosage, IM | |
| | 90746 Hepatitis B vaccine (HepB), adult dosage, IM | |
| | 90747 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, IM | |
| | 90748 Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), IM | |
| | 90759 Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use | |

**COVID-19
Vaccines**

91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use

91301 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use

91302 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use

91303 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use

91304 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use

91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

91306 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use

91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

91308 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

91309 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use

91310 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use

**COVID-19
Vaccines**

91311 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use

91312-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

91313-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use

91314-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use

91315-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

91316-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use

91317-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

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| Miscellaneous DTaP, MMR, Polio, Varicella, Tetanus Vaccines | 90696 | Diphtheria, tetanus toxoids, acellular pertussis (DTaP) vaccine and inactivated poliovirus vaccine (IPV); children 4 through 6 years of age, IM |
| | 90697 | DTaP-IPV-Hib-HepB vaccine, IM |
| | 90698 | DTaP-IPV, Hib, IM |
| | 90700 | DTaP vaccine, younger than 7 years, IM |
| | 90702 | Diphtheria and tetanus toxoids (DT) when administered to individuals younger than 7 years, IM |
| | 90707 | Measles, mumps & rubella (MMR), subq |
| | 90710 | Measles, mumps, rubella & varicella (MMRV), subq |
| | 90713 | Poliovirus vaccine, Subq |
| | 90714 | Tetanus and diphtheria toxoids (Td) 7 years or older, IM |
| | 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP), 7 years or older, IM |
| | 90716 | Varicella virus vaccine (VAR), subq |
| | 90723 | DTaP-HepB-IPV), IM |

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| Vaccine Administration | <p>90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care</p> <p>90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered</p> <p>90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</p> <p>90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine</p> <p>90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</p> <p>90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)</p> <p>G0008 Administration of influenza virus vaccine</p> <p>G0009 Administration of pneumococcal vaccine</p> <p>G0010 Administration of hepatitis B vaccine</p> | Adults Children (newborn to 18 yrs) |
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Expanded Women's Preventive Pharmacy Health

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 For additional services covered for women, see the [Preventive Care Services section](#) above.
 Certain services may not be payable in all circumstances due to other policies or guidelines.

| Service | Code(s) | Preventive Benefit Instructions |
|---|--|---|
| Medical Contraception | J1050 Medroxyprogesterone acetate, 1 mg | For all women planning or capable of pregnancy |
| | J7295 Contraceptive supply, hormone containing vaginal ring, each | |
| | J7296 Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg | For this coverage to apply, a prescription for the medication or product, must be attained from a in network provider |
| | J7297 Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 18.6 mg | |
| | J7298 Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg | |
| | J7300 Intrauterine copper contraceptive | |
| | J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg | |
| | J7304 Contraceptive supply, hormone containing patch, each | |
| | J7306 Levonorgestrel (contraceptive) implant system, including implants and supplies | |
| J7307 Etonogestrel (contraceptive) implant system, including implant and supplies | | |

| | | |
|---|--|--|
| Contraceptives, Prescriptions, OTC Medications and Devices | Apri Camila Conceptrol Enpresse EluRyng FC2 female condom Gynol II Junel Fe Kariva Levonorgestrel Lo Loestrin FE Low-Ogestrel Natazia Sprintec Today Sponge Tri-Sprintec Vaginal contraceptive film/ foam (VCF) Velivet Xulane patch Phexxi | For all women planning or capable of pregnancy For this coverage to apply, a prescription for the medication or product, including OTC items, must be attained from a provider and filled at an in-network pharmacy |
| Pre-eclampsia Prevention | Aspirin 81mg | Prevention of morbidity/ mortality from pre-eclampsia for women ages 12-59 |
| Pregnancy Supplement | Folic acid 0.4 - 0.8 mg | Folic Acid for all women planning or capable of pregnancy supplement |

5.0 Unique Configuration/Prior Approval/Coverage Details:

Preventive health claims require the modifier 33 to be considered payable as a preventive service. However, PHP does not process claims based solely on the presence of modifier 33.

Preventive health services are dependent upon claim submission using preventive diagnosis (when applicable) and procedure codes in order to be identified and covered as preventive health services.

G0438 – Annual wellness visit; includes a personalized prevention plan of service, initial visit covered as a Preventive Service for Metal Plan members.

G0439 – Annual wellness visit, includes a personalized prevention plan of service, subsequent visit covered as a Preventive Service for Metal Plan members.

6.0 Terms & Definitions:

Diagnostic service. Done to monitor, diagnose or treat a health problem. A deductible, copayment or coinsurance may apply. The following are examples of diagnostic services:

- Management of a chronic condition such as diabetes.
- Follow-up tests ordered by a doctor after a preventive screening determined a health problem.
- Follow-up tests ordered by a doctor based on symptoms, such as abdominal pain.

Preventive health service. Screenings, tests, and services performed for symptom-free or disease-free individuals. They may also include immunizations and screening services for individuals who are symptom-free or disease-free and are at increased risk for a particular disease. There is no cost to the member.

Wellness examination. Well-baby, well-child, well-adult (including well-woman) examinations that include:

- An age- and gender-appropriate history.
- Physical examinations.
- Counseling/anticipatory guidance.
- Risk factor reduction interventions.
- The ordering of appropriate immunizations and laboratory/screening procedures.

7.0 References, Citations & Resources:

1. HeathCare.gov Preventive health services. Available at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.
2. National Conference of State Legislatures, Preventive Services Covered Under the Affordable Care Act. Available at: <http://www.ncsl.org/research/health/american-health-benefit-exchanges-b.aspx>.
3. U.S. Preventive Services Task Force A and B Recommendations, available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>
4. Women’s Preventive Services Guideline <https://www.hrsa.gov/womens-guidelines>
5. Pharmacy uses Lexicomp and Facts and Comparison.®
6. Pharmacy Breast Cancer prophylactic policy.

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-01 Coordination with External Entities; MMP-02 Transition/Continuity of Care; MMP-06 Peer-to-Peer Conversations; MMP-09 Benefit Determination, BCP-15 COVID-19 Prevention, Testing and Treatment

Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations.

Sample Letter – UM Approval or Denial letter for services requiring prior approval.

Forms – MMF-04 Medical Prior Authorization Form, MMF-05 Pharmacy Authorization Form.

9.0 Revision History

Original Effective Date: January 1, 2016

Next Revision Date: 01/01/2024

| Revision Date | Reason for Revision |
|---------------|--|
| 7/17 | Updated with new or more comprehensive coding and descriptions. |
| 1/18 | <p>CPT code added for Cologuard (81528). AMA code changes effective 1/1/18: 1 code description change (90686), 4 codes deleted (G0202 - see 77067, Q9984 - see J7296, 87515 - no replcmt, 88154 - no replcmt). 3 new codes added (0403T, 0488T, 00812). Removed diagnosis requirement for 0403T and 0488T.</p> <p>Added new HCPC code J7296 for Kyleena.</p> <p>Added new CPT code 90756 Influenza virus vaccine, quadrivalent (ccIIV4), 0.5mL dosage, for intramuscular</p> <p>Effective 1/1/2018 the following medications will be available to members with a ACA plan for 40-70 years of age for \$0 copay:</p> <ul style="list-style-type: none"> • Atorvastatin 10mg and 20mg • Fluvastatin 20mg and 40mg • Fluvastatin ER 80mg • Lovastatin 10mg, 20mg and 40mg • Pravastatin 10mg, 20mg, 40mg and 80mg • Rosuvastatin 5mg and 10mg • Simvastatin 5mg, 10mg, 20mg and 40mg <p>NOTE: For members through 39 years of age and members age 71 and greater, the copay still applies at the Tier 1 benefit. It was a mandate by the ACA that we have medication in this category covered at no cost to the member. This is the standard CVS list which was approved at the 12/6/17 Pharmacy & Therapeutics committee.</p> |
| 6/18 | Added code 90750 for shingles vaccine. |
| 8/18 | Removed nutritional therapy codes; 97802, 97803, 97804, S9449, S9452, S9470. Added G0473. Annual review by QI/MRM 12/12/18; added immunization codes: 90620, 90621, 90674 and 90682; added anesthesia for colonoscopy code 00811. |
| 1/2019 | 1/1/2019 new codes added for BRCA: 81163-81167, strikethrough: 81211, 81213, and 81214. Added ICD-10 diagnosis codes for pre- and post-natal lab testing and for billing with G0446. |
| 2/2019 | Updated age on iron supplements and answered vaccine question |
| 11/19 | Annual review; separated medical and drugs into 2 tables, removed deleted codes from 2018 and 2019, revised age limits for HPV vaccine. |
| 10/20 | Off cycle review, added Lo Loestrin Fe and Truvada. Prenatal vitamins and Vitamin D were removed from the COC but not the policy. All products for bowel prep were cleaned up to match what is available in CVS. |

| Revision Date | Reason for Revision |
|---------------|--|
| 5/21 | Off cycle review; deleted NuvaRing, added EluRyng; copied and pasted 99385-99387 and 99395-99397 into Gynecological exam; cervical cancer screening section; added CPT code 58700 and ICD-10 code Z.30.2 to Female sterilization procedures section, removed breast pumps and female sterilization due to having OON coverage even though covered INN at 100%. |
| 07/21 | Off cycle review; added diagnosis codes, added Rx codes, changed bowel prep meds to start coverage at age 45, approved at 11/01/21 BCC. |
| 02/21/22 | Off-Cycle review and approved for an effective date of 01-01-2022; Codes removed – 99429 Unlisted, G0297 and 81211 as deleted over a year ago. Added ASO groups to Sec. 4.0 |
| 08/22 | Added ICD-10 codes for osteoporosis screening: Z00.00; Z00.01; Z78.0 as approved by CCSC |

| Revision Date | Reason for Revision |
|---------------|---|
| 12/2022 | <p>Annual Review:</p> <p>Updated/ added a new Medical Preventive Code table with added descriptions to topics per the USPSTF recommendation site</p> <p>Removed 90667 (pandemic flu formulation), this code was previously considered NC as non-FDA approved in Sept 2022.</p> <p>Added 96127 for anxiety screening</p> <p>Added children to depression/anxiety screening; alcohol/tobacco/drug use screening section</p> <p>Added HIV screening; PrEP HIV prevention medication</p> <p>Added "suicide risk" to the Depression, Suicide Risk and Anxiety Screening section</p> <p>Added Falls and Hypertension sections per the USPSTF recommendation</p> <p>Added women to the Infectious and Sexually Transmitted Disease Screening: Syphilis section (this is screened in pregnancy)</p> <p>Added women and children to the tobacco use counseling section</p> <p>Updated TB section to say, "Latent Tuberculosis (TB) Testing Screening: asymptomatic adults at increased risk of infection" to match the USPSTF recommendation.</p> <p>Updated language to the Domestic Violence section to match USPSTF recommendation to say, "Domestic Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age. Screening/Counseling"</p> <p>Updated age range for Gynecological exam: Cervical Cancer Screening, Women from ages 21 to 49 to 21 to 65 per the USPSTF recommendation.</p> <p>Added code 77063 to breast cancer screening mammography section</p> <p>Added reference: https://www.hrsa.gov/womens-guidelines to reference section</p> <p>Updated reference https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations</p> <p>Updated Associated documents section to include: Policies and Procedures (P&Ps) - MMP-01 Coordination with External Entities; MMP-02 Transition/Continuity of Care; MMP-06 Peer-to-Peer Conversations; MMP-09 Benefit Determinations and Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations.</p> <p>Added links throughout policy to made policy easier to navigate.</p> <p>Added new section/code table: Expanded Women's Preventive Health.</p> <p>Removed procedure and diagnosis codes from the Vision Screening section, this service is included with an annual physical or well-child exam</p> <p>Switched the order of pharmacy code tables per BCC recommendations</p> <p>Added language, "billed by PCP, OBGYN and/or Maternal-Fetal Medicine specialist" to Well women preventive services on page 15.</p> <p>Additional lab & diagnosis codes added to Cardiovascular screening section. Added additional lab and diagnosis codes to annual physical section.</p> <p>Added Breastfeeding supply codes.</p> <p>Added row for COVID preventive services with link to BCP-15 COVID-19 Prevention, Testing and Treatment</p> <p>Updated age range for Colorectal Cancer Screening, Adult from ages 50 to 75 to 45 to 75 per the USPSTF recommendation.</p> <p>Added 58661 as a covered sterilization service in the Expanded Women's Section</p> |

