

BENEFIT COVERAGE POLICY

Title: BCP-45 Preventive Health Services

Effective Date: 01/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan 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 UM Health Plan 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.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions (fully insured groups: confirm within the COC rider section).

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 (USPSTF).
- 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 Benefit 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

Medical Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. 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, Z13.89</p>	<p>Adults</p> <p>Adolescent (11 to 17 years)</p>
<p><i>Annual Physical</i></p>	<p>Procedure Code(s): Adults: 96160, 96161, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99459^, G0468</p>	<p>Adults</p> <p>Children (newborn to 18 years old)</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): 80047, 80048, 80050, 80053, 82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84443, 84450, 84460, 84520, 85004, 85007, 85009, 85025, 85027</p> <p>Blood draw: 36415, 36416</p> <p>Lab and 99459 Diagnosis Codes(s): Z00.00, Z00.01, Z00.121, Z00.129</p>	<p>^99459 is considered preventive when billed with a primary preventive diagnosis code</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>Diagnosis code: Z00.00, Z00.01, Z13.6, Z13.220</p>	<p>Adults</p> <p>Children (newborn to 18 years old)</p>
<p>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p>	<p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis code: Z00.00, Z00.01, Z13.6, Z13.220</p>	<p>Adults</p>
<p>Colorectal Cancer Screening</p> <p>The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years.</p>	<p>Procedure Code(s) 00811, 00812, 44392, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45332, 45333, 45334, 45338, 45341, 45342, 45346,</p>	<p>Adults</p> <p>Note: If a member in the age range of 45-75</p>

	<p>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, Z83.710, Z83.711, Z83.718, Z83.719, Z85.00, Z85.038, Z85.048, Z86.010</p>	<p>years has a positive stool-based colorectal cancer screening test (e.g., FIT, FOBT, and fecal DNA), and has a follow up colonoscopy, the colonoscopy would be considered under the preventive care services benefit when billed in accordance with the coding in the Colorectal Cancer Screening column listed in this policy.</p> <p>If a screening colonoscopy performed on an individual detects colorectal cancer or polyps, the purpose of the procedure remains screening, even if polyps are removed during the preventive screening.</p>
<p>Depression, Suicide Risk and Anxiety Screening</p> <p>The USPSTF recommends screening for anxiety disorders in adults 64 years or younger, including pregnant and postpartum persons.</p> <p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 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 (64 years or younger)</p> <p>Women Also see Expanded Women’s Preventive Health section: Well-Woman Preventive Visits</p> <p>Children (8 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</p>	<p>Procedure Code(s): 82947, 82948, 82950, 89251, 83036</p> <p>These codes do not require a diagnosis: 0403T, 0488T</p>	<p>Adults</p>

<p>offer or refer patients with prediabetes to effective preventive interventions.</p>	<p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.1</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 obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p> <p>The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy</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>Also see Expanded Women’s Preventive Health section: Well-Woman Preventive Visits</p>
<p>Immunization (vaccines)</p>	<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>Infectious and Sexually Transmitted Disease Counseling</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>Women Also see Expanded Women’s Preventive Health section</p>
<p>Infectious and Sexually Transmitted Disease Screening: Chlamydia</p> <p>The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or</p>	<p>Procedure Code(s): 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>Blood draw:</p>	<p>Adults</p>

<p>older who are at increased risk for infection.</p>	<p>36415, 36416</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z01.42, Z32.00, Z32.01, Z32.02, Z11.8, Z11.59, Z11.3</p>	
<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>	<p>Adults</p>
<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.</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>	<p>Adults</p>
<p><i>Infectious and Sexually Transmitted Disease Screening: Hepatitis C</i></p> <p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.</p>	<p>Procedure Code(s): 86803, 86804, 87520, 87521, 87522, 87902, G0472</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>	<p>Adults</p>
<p><i>Infectious and Sexually Transmitted Disease Screening: HIV/AIDS – Adults and adolescents at higher risk</i></p> <p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in</p>	<p>Procedure Code(s): 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, G0011, G0013, 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>Adolescents</p> <p>Women Also see Expanded Women’s Preventive Health section</p>

<p>labor or at delivery whose HIV status is unknown.</p> <p>The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.</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>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>Procedure Code(s): 86592, 86593, 86780</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>Adults</p> <p>Women</p> <p>Children (newborn to 18 years)</p>
<p><i>Lung Cancer Screening</i></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, G0296</p> <p>Diagnosis Code(s): Z12.2, Z87.891 F17.200-F17.299</p>	<p>Adults</p>
<p><i>Nutritional Counseling</i></p>	<p>Procedure Code(s): G0446, G0447, G0473</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z68.20-Z68.54, Z71.3</p>	<p>Adults</p> <p>Children (newborn to 18 years)</p>
<p><i>Obesity Screening and Counseling</i></p> <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</p>	<p>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412, G0447</p>	<p>Adults</p> <p>Children (6 years to 18 years)</p> <p>Also see Expanded Women's Preventive</p>

<p>behavioral interventions.</p> <p>The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</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>Diagnosis Code(s): Z13.89, Z68.30, Z68.39, Z68.41- Z68.45</p>	<p>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): Z12.5</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>
<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>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)</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><i>Latent Tuberculosis (TB) Screening: asymptomatic adults at increased risk of latent tuberculosis infection (ltbi)</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>Children (newborn to 18 years)</p>
<p><i>Developmental Screening</i></p>	<p>Procedure Code(s): 96110</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49, Z76.2</p>	<p>Children (newborn to 18 years)</p>
<p><i>Hearing Screening</i></p>	<p>Procedure Code(s): 92551, V5008</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z76.2</p>	<p>Children (newborn to 18 years)</p>
<p><i>Hypothyroidism Screening</i></p>	<p>Procedure Code(s): 84436, 84437, 84439, 84443</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.29</p>	<p>Children (newborn to 18 years)</p>
<p><i>Lead Screening</i></p>	<p>Procedure Code(s): 83655</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Z13.88</p>	<p>Children (newborn to 18 years)</p>

<p>Newborn Metabolic Screening</p>	<p>Procedure Code(s): S3620</p> <p>Diagnosis Code(s): Z00.110, Z00.111</p>	<p>Children (newborn to 18 years)</p>
<p>Oral Health</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>PKU Screening</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>
<p>RH Incompatibility Screening</p> <p>The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	<p>Procedure Code(s): 86850, 86902</p> <p>Blood draw: 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy Diagnosis Codes</p>	<p>Women</p>
<p>Sickle Cell Screening</p>	<p>Procedure Code(s): 83020, 83021,</p> <p>Procedure codes requiring prior authorization: *S3846, *S3850</p> <p>Blood draw: 36415, 36416</p>	<p>Children (newborn to 18 years)</p> <p>Codes with (*) require Prior Authorization</p>

	Diagnosis Code(s): Z13.0	
Vision Screening The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	Procedure Code(s): 99172, 99173 Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z76.2	Children (3 to 5 years old)
COVID Preventive Services	Procedure Code(s): See preventive codes in BCP-15 Diagnosis Code(s): See diagnosis codes in BCP-15	See Preventive health services in BCP-15 COVID-19 Prevention, Testing, and Treatment See Pharmacy Section for related vaccine information below

- 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.

*In the case of a colonoscopy done as a follow-up to a positive stool-based screening (e.g., FIT, FOBT and fecal DNA), see Colorectal Cancer Screening section below.

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.

Expanded Women's Preventive Health

These are the requirements of the Health Resources and Services Administration (HRSA) supported Women's Preventive Service (WPSI) Initiative and United States Preventive Service Task Force (USPSTF) .

For additional services covered for women, see the [Preventive Care Services section](#) above.

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

Service	Code(s)	Preventive Benefit Instructions
<p><i>Well-Woman Preventive Visits:</i></p> <p>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 visit 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, 99459, G0468</p> <p><i>Prenatal Office Visits:</i> Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99459, G0463</p> <p><i>Prenatal Care Visits:</i> 59425, 59426, 59430</p> <p>99459 Diagnosis Codes(s): Z00.00, Z00.01, Z00.121, Z00.129</p>	<p><i>Well-Woman Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply, EXCEPT 99459. See diagnosis code requirements in this same service section</p> <p><i>Prenatal Office Visits:</i> Requires a Pregnancy Diagnosis Code</p> <p><i>Prenatal Care Visits:</i> Does not have diagnosis code requirements for the preventive benefit to apply.</p>
<p><i>Screening for Diabetes in Pregnancy</i></p> <p>WPSI 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. WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation—ideally at the first prenatal visit.</p> <p>The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.</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 After Pregnancy</i></p>	<p>Procedure Code(s): <i>Diabetes Screening:</i></p>	<p>No age limit</p>

<p>WPSI recommends screening for type 2 diabetes in 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. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, oral glucose tolerance test). Repeat testing is also indicated for women screened with hemoglobin A1c in the first 6 months postpartum regardless of whether the test results are positive or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum.</p>	<p>82947, 82948, 82950, 82951, 82952, 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>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied.</p>
<p><i>Screening for Anxiety</i></p> <p>WPSI recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practice, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.</p>	<p>See the Depression, Suicide Risk and Anxiety Screening row in the Preventive Care service section above.</p>	
<p><i>Screening for Urinary Incontinence</i></p> <p>WPSI recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women’s Preventive</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>Services Initiative recommends referring women for further evaluation and treatment if indicated.</p>		
<p><i>Counseling for Sexually Transmitted Infections (STIs)</i></p> <p>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. WPSI recommends that clinicians review a woman’s sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors include, but are not limited to, age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.</p>	<p>See Infectious and Sexually Transmitted Disease Counseling in the Preventive Care Services section above.</p>	
<p><i>Screening for Human Immunodeficiency Virus Infection (HIV)</i></p> <p>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. Screening during pregnancy enables prevention of vertical</p>	<p>See Infectious and Sexually Transmitted Disease Screening: HIV/AIDS in the Preventive Care Services section above.</p>	

<p>transmission.</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p>		
<p>Contraceptive Methods (Including Sterilizations)</p> <p>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 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</p>	<p>Procedure Code(s): 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: 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)</p>	<p><i>Tubal ligation, Oviduct Occlusion:</i> Does not have diagnosis code requirements for the preventive 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>

<p>methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.</p>	<p>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, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9, Z98.51</p>	
<p><i>Breastfeeding Services and Supplies</i></p> <p>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>The USPSTF recommends providing interventions during pregnancy and after</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>birth to support breastfeeding.</p> <p>Screening and counseling for Intimate Partner, Interpersonal and Domestic Violence</p> <p>WPSI recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.</p> <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>Procedure Code(s): 99401, 99402, 99403, 99404, 99411, 99412</p> <p>Diagnosis Code(s): N/A</p>	
<p>Gynecological exam: Cervical Cancer Screening, Women ages 21 to 65</p> <p>WPSI recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, the Women’s Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</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</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>	

with hrHPV testing in combination with cytology (cotesting).		
<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>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>Procedure Code(s): 76977, 77078, 77080, 77085, G0130</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z78.0, Z82.62</p>	
<p><i>Obesity Prevention in Midlife Women (Counseling)</i></p> <p>WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.</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>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>Procedure Code(s): 96040, 99401, 99402, 99403, 99404,</p> <p>Procedure codes requiring Prior authorization: *81162, *81163, *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>	Codes with (*) require Prior Authorization
<p><i>Breast Cancer Screening: Mammography</i></p> <p>WPSI recommends that average-risk</p>	<p>Procedure Code(s): 77067, +77063</p>	One screening mammogram per calendar year regardless of age

<p>women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening.</p> <p>These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.</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 and at low risk for adverse medication effects</p>	<p>Please see Pharmacy Section below for applicable procedure and diagnosis codes.</p>	
<p><i>Pregnancy: Anemia Screening</i></p>	<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>	
<p><i>Pregnancy: Labs for Pre and Postnatal Care and Delivery</i></p>	<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
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)	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

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

Service	Code(s)	Preventive Benefit Instructions
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> <p>90733- Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent, for subcutaneous use</p> <p>90734- Meningococcal conjugate vaccine, serogroups A, C, W, Y quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM) for intramuscular use</p>	
RSV Vaccines	90679- Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Covered for ages 60 and older
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, 2 dose schedule, IM, ages 9-15 -or-</p> <p>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	<p>90630- Influenza virus vaccine, quadrivalent, split virus, preservative free, intradermal use; 18-64 y.o.</p> <p>90647- Haemophilus influenzae type b vaccine (Hib), 3 dose schedule, IM</p> <p>90648- Haemophilus influenzae type b vaccine (Hib), 4 dose</p>	

	<p>schedule, IM</p> <p>90653- Influenza vaccine, IM (65 & older)</p> <p>90654- Influenza virus vaccine, intradermal use</p> <p>90655- Influenza virus vaccine, 0.25 ml, IM</p> <p>90656- Influenza virus vaccine 0.5 ml, IM</p> <p>90657- Influenza virus vaccine, children 0.25 ml, IM</p> <p>90658- Influenza virus vaccine, 0.5 ml, IM</p> <p>90660- Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use</p> <p>90660- Influenza virus vaccine, intranasal use</p> <p>90661- Influenza virus vaccine, 0.5 ml, IM</p> <p>90662- Influenza virus vaccine, IM</p> <p>90672- Influenza virus vaccine, intranasal use</p> <p>90673- Influenza virus vaccine, IM</p> <p>90674- Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelvax)</p> <p>90682- Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok)</p> <p>90685- Influenza virus vaccine, 0.25 ml, IM</p> <p>90686- Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use</p> <p>90687- Influenza virus vaccine, children 6-35 months of age, IM</p> <p>90688- Influenza virus vaccine, 0.5 ml, IM</p> <p>90689- Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use.</p> <p>90694- Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use</p> <p>90756- Influenza virus vaccine, quadrivalent (ccIV4)</p>	
<p>Hepatitis Vaccines</p>	<p>90632- Hepatitis A vaccine (HepA), adult dosage, IM</p> <p>90633- Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, IM</p> <p>90634- Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, IM</p> <p>90636- HepA & HepB vaccine adult dose, IM</p> <p>90739- Hepatitis B vaccine (HepB), IM</p> <p>90740- Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient, IM</p> <p>90743- Hepatitis B vaccine (HepB), adolescent, IM</p> <p>90744- Hepatitis B vaccine (HepB), pediatric/adolescent dosage, IM</p> <p>90746- Hepatitis B vaccine (HepB), adult dosage, IM</p> <p>90747- Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, IM</p> <p>90748- Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), IM</p>	

	90759- Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	
COVID-19 Vaccines	<p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>91309- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50mcg/0.5 mL dosage, for intramuscular use</p> <p>91310- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine,</p>	

	monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	
COVID-19 Vaccines	<p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>91318- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91319- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91320- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use</p> <p>91321- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use</p> <p>91322- Severe acute respiratory syndrome coronavirus 2 (SARS-</p>	

	CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	
Miscellaneous DTaP, MMR, Polio, Varicella, Tetanus Vaccines	<p>90696- Diphtheria, tetanus toxoids, acellular pertussis (DTaP) vaccine and inactivated poliovirus vaccine (IPV); children 4 through 6 years of age, IM</p> <p>90697- DTaP-IPV-Hib-HepB vaccine, IM</p> <p>90698- DTaP-IPV, Hib, IM</p> <p>90700- DTaP vaccine, younger than 7 years, IM</p> <p>90702- Diphtheria and tetanus toxoids (DT) when administered to individuals younger than 7 years, IM</p> <p>90707- Measles, mumps & rubella (MMR), subq</p> <p>90710- Measles, mumps, rubella & varicella (MMRV), subq</p> <p>90713- Poliovirus vaccine, Subq</p> <p>90714- Tetanus and diphtheria toxoids (Td) 7 years or older, IM</p> <p>90715- Tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP), 7 years or older, IM</p> <p>90716- Varicella virus vaccine (VAR), subq</p> <p>90723- DTaP-HepB-IPV), IM</p>	
RSV Monoclonal Antibody Treatment	90381- Respiratory syncytial virus, monoclonal antibody, seasonal dose (Beyfortus); 1 mL dosage, for intramuscular use	Infants up to age 24 months
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>	<p>Adults</p> <p>Children (newborn to 18 yrs)</p>
RSV monoclonal antibody administration	96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Infants up to age 24 months

Expanded Women's Preventive Pharmacy Health

These are the requirements of the Health Resources and Services Administration (HRSA).

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 J7295 Contraceptive supply, hormone containing vaginal ring, each J7296 Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg 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	For all women planning or capable of pregnancy For this coverage to apply, a prescription for the medication or product, must be attained from a in network provider
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 0.8mg, 400mg or 800mcg	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, UM Health Plan 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.

6.0 Terms & Definitions:

Diagnostic service. Done to monitor, diagnose or treat a health problem. A deductible, co-payment 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 are 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]:

Policy and Procedure (P&P) - MMP-01 Coordination with External Entities, , MMP-02 Transition and Continuity of Care, MMP-09 Benefit Determinations, BCP-15 COVID-19 Prevention, Testing and Treatment, BCP-50 Telemedicine Services

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History

Original Effective Date: January 1, 2016

Next Revision Date: 01/01/2025

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 (ccIIIV4), 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	<p>Removed nutritional therapy codes; 97802, 97803, 97804, S9449, S9452, S9470.</p> <p>Added G0473. Annual review by QI/MRM 12/12/18; added immunization codes: 90620, 90621, 90674 and 90682; added anesthesia for colonoscopy code 00811.</p>
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.
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
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</p>

Revision Date	Reason for Revision
	<p>non-FDA approved in Sept 2022. Added 96127 for anxiety screening Added children to depression/anxiety screening; alcohol/tobacco/drug use screening section Added HIV screening; PrEP HIV prevention medication Added "suicide risk" to the Depression, Suicide Risk and Anxiety Screening section Added Falls and Hypertension sections per the USPSTF recommendation Added women to the Infectious and Sexually Transmitted Disease Screening: Syphilis section (this is screened in pregnancy) Added women and children to the tobacco use counseling section Updated TB section to say, "Latent Tuberculosis (TB) Testing Screening: asymptomatic adults at increased risk of infection" to match the USPSTF recommendation. 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" Updated age range for Gynecological exam: Cervical Cancer Screening, Women from ages 21 to 49 to 21 to 65 per the USPSTF recommendation. Added code 77063 to breast cancer screening mammography section Added reference: https://www.hrsa.gov/womens-guidelines to reference section Updated reference https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations 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. Added links throughout policy to made policy easier to navigate. Added new section/code table: Expanded Women’s Preventive Health. Removed procedure and diagnosis codes from the Vision Screening section, this service is included with an annual physical or well-child exam Switched the order of pharmacy code tables per BCC recommendations Added language, “billed by PCP, OBGYN and/or Maternal-Fetal Medicine specialist” to Well women preventive services on page 15. Additional lab & diagnosis codes added to Cardiovascular screening section. Added additional lab and diagnosis codes to annual physical section. Added Breastfeeding supply codes. Added row for COVID preventive services with link to BCP-15 COVID-19 Prevention, Testing and Treatment Updated age range for Colorectal Cancer Screening, Adult from ages 50 to 75 to 45 to 75 per the USPSTF recommendation. Added 58661 as a covered sterilization service in the Expanded Women’s Section</p>
10/23	<p>Annual review, updated section 1.0, changed 3.0 to Benefit Guidelines, updated associated documents in section 8.0, Add annual physical lab codes to annual physical section: 82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84443, 84450, 84460, 84520, 85004, 85007, 85009, 85025, 85027 (page 4), Added "Healthy Diet and Physical Activity for CV disease prevention section (page 5), Added diagnosis codes to Diabetes screen: Z00.00 and Z00.01 (page 6), added comment to Depression, Suicide Risk and Anxiety Screening section (page 6), Added USPSTF recommendation language to HIV/AIDS section along with the preexposure prophylaxis antiretroviral therapy information, added diagnosis code requirements to Prostate Cancer Screening: Z12.5 (page 11), Added language to Obesity Screening with USPSTF recommendation re: children & adolescents (page 11), Added language to TB</p>

Revision Date	Reason for Revision
	<p>section to match language on USPSTF (page 13), Added code S3846 to the Sickle Cell Screening section (page 15), indicated that S3846 and S3850 require PA, Added new section: RH Incompatibility Screening section (page 16), Updated type of preventive service and guidelines with 2024 HRSA changes for screening for Gestational diabetes in pregnancy (page 19), updated type of preventive service and guidelines with 2024 HRSA changes for Screening for diabetes after pregnancy (page 20), added Screening for Anxiety section on page 19, added link to preventive care services depression, suicide risk and anxiety section, added USPSTF recommendations to BF services and supplies (page 22), updated Cervical Cancer screening section with WPSI recommendations (page 25), updated service title and WPSI recommendations in the IPV, Domestic Interpersonal violence section (page 25), updated Breast Cancer Screening Mammography recommendations to align with WPSI, added benefit instructions that indicate that "one screening mammogram per calendar year regardless of age", added 10/1/23: RSV administration codes 96380 & 96381. Removed comment regarding G0438 and G0439 in section 5.0 no longer an active incentive program.</p> <p>12/13/2023: RSV administration codes 96380 & 96381 removed per pharmacy. Codes 96380 and 9 removed from policy due to not being an immunization/vaccine per pharmacy</p> <p>12/26/2023: New 1/1/24 codes added: G0011 and G0013 added to "Infectious and Sexually Transmitted Disease Screening: HIV/AIDS – Adults and adolescents at higher risk" and 99459 added to "Annual Physical" and "Well-Woman Preventive Visits" sections. Added, "The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy", updated recommendation as of 9/2023 to Hypertension section.</p> <p>3/29/2024 Added 96372 for RSV monoclonal antibody administration and 90831 Respiratory syncytial virus, monoclonal antibody, seasonal dose (Beyfortus); 1 mL dosage, for intramuscular use per Pharmacy. Language added to Section 3.0 and Colorectal Cancer Screening section to clarify preventive coverage. (A. Hall)</p> <p>4/11/2024 Basic Metabolic Panel lab codes (80047, 800048) added to the Annual Physical section.</p> <p>7/12/2024: Changes per Gap Analysis: Alcohol/Substance Misuse – changed diagnosis code from Z01.389 to Z13.89; Annual Physical – removed 96127; Colorectal Cancer Screening – removed Z83.71 (no longer valid), replaced with Z83.710, Z83.711, Z83.718, Z83.719; Lung Cancer screening – removed diagnoses in parentheses; Nutritional Counseling – corrected diagnosis Z68.2 to Z68.20; Well-Woman Visits – removed specialty type, removed 99078, added diagnosis requirement for 99459 to the Well-Woman Visits instructions; Obesity Prevention in Midlife Women (Counseling) – changed diagnosis from list to range; Breast Cancer Screening: Risk Reduction – removed comment about asterisk</p>