

PREVENTIVE CARE SERVICES

Policy Number: PREVENTIVE 006.38 T0
Effective Date: May 1, 2016

Related Policies:

- [Breast Imaging for Screening and Diagnosing Cancer](#)
- [Cardiovascular Disease Risk Tests](#)
- [Cytological Examination of Breast Fluids for Cancer Screening](#)
- [Fecal DNA Testing](#)
- [Genetic Testing for Hereditary Breast Ovarian Cancer Syndrome \(HBOC\)](#)
- [Par Gastroenterologists using Non-Par Anesthesiologists: In-Office Services](#)
- [Preventive Medicine and Screening](#)
- [Vaccines](#)

Table of Contents	Page
CONDITIONS OF COVERAGE	1
COVERAGE RATIONALE	2
DEFINITIONS	7
APPLICABLE CODES	9
REFERENCES	62
POLICY HISTORY/REVISION INFORMATION	63

The services described in Oxford policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage enrollees. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the Member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership. Note: Please refer to the Member's health benefit plan/benefit dictionary for specific limitations/maximums.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No ¹

Authorization Required (Precertification always required for inpatient admission)	Yes ^{1,2}
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office, Outpatient
Special Considerations	¹ Standard referral and authorization guidelines apply to services performed by physicians other than a Members Primary Care Physician. ² Services provided in an outpatient setting may require an authorization.
COVERAGE RATIONALE	

Benefit Document Language

Before using this policy, please check member's specific benefit document and any federal or state mandates, if applicable.

Throughout this document the following abbreviation are used:

- USPSTF means the United States Preventive Services Task Force.
- PPACA means the federal Patient Protection and Affordable Care Act of 2010.
- ACIP means Advisory Committee on Immunization Practices
- HHS means Health and Human Services
- HRSA means Health Resources and Services Administration

Essential Health Benefits for Individual and Small Group:

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

Indications for Coverage

Introduction:

Oxford covers certain medical services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, of the federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain "recommended preventive services" identified by PPACA under the Preventive Care Services benefit without cost sharing to enrollees when provided by Network physicians.

For Plan years that Begin On or After September 23, 2010:

For non- grandfathered health plans, Oxford will cover the recommended preventive services under the Preventive Care Services benefit as mandated by PPACA, with no cost sharing when provided by a Network provider. These services are described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and Health Resources and Services Administration (HRSA) Guidelines including the American Academy of Pediatrics *Bright Futures* periodicity guidelines.

For Plan Years that Begin On or After August 1, 2012:

For non-grandfathered plans, Oxford will cover for women the additional preventive care and screenings as required by the HHS Health Plan Coverage Guidelines for Women's Preventive Services for plan years that begin on or after August 1, 2012. In addition to these mandated services,

under the Preventive Care Services benefit, Oxford also covers screening using CT colonography, prostate specific antigen (PSA), and screening mammography for adult women without age limits.

Grandfathering for Preventive Care Services:

Grandfathered health plans, as that term is defined under PPACA, are not required by law to provide coverage without cost sharing for preventive services; although a grandfathered plan may amend its plan document to voluntarily comply with the preventive benefit requirements under PPACA.

Grandfathered health plans will continue the benefits for preventive care that existed in the plan prior to September 23, 2010, without conforming to the federal mandate under PPACA, unless amended to comply with the federal requirements. Except where there are State mandates, a grandfathered plan might include member cost sharing or exclude some of the preventive care services identified under PPACA. Please refer to the enrollee specific plan document for details.

Non-grandfathered plans are required to cover the preventive care services as defined in the PPACA at no cost sharing. Please refer to the enrollee specific plan document for details.

Cost Sharing for Non- Grandfathered Health Plans:

Network Preventive Care Services that are identified by PPACA are required to be covered under the Preventive Care Services benefit with no member cost sharing (i.e. covered at 100% of Eligible Expenses without deductible, coinsurance or copayment). Depending on the plan, Eligible Expenses for services from non-network providers may not equal the provider's billed charges (refer to plan's schedule of benefits).

Note: For Network providers, Oxford has made a decision to also cover the "Additional Preventive Care Services" identified below with no member cost sharing.

Non-Network Preventive Care Services are not part of the PPACA requirements. Many plans do not cover non-network preventive care services. If a plan covers non-network preventive care services, the benefit for non-network is allowed to have member cost sharing. Please refer to the enrollee specific plan document for non-network information.

Summary of Preventive Care Services Benefit

The following is a high-level summary of the services covered under the Preventive Care Services benefit (broken down by age/gender groups):

All members:

Age and gender appropriate yearly Preventive Medicine visits (Wellness Visits); all routine immunizations recommended by the Advisory Committee on Immunization Practices of the CDC.

All Members at an appropriate age and/or risk status: Counseling and/or screening for: colorectal cancer; elevated cholesterol and lipids; certain sexually transmitted diseases; HIV; depression; high blood pressure; diabetes. Screening and counseling for alcohol abuse in a primary care setting; tobacco use; obesity; diet and nutrition.

Women's Health:

1. Plan Years that Begin on or after September 23, 2010: Screening mammography; cervical cancer screening including Pap smears; genetic counseling and evaluation for the BRCA breast cancer gene test; BRCA lab screening* (effective October 1, 2013); counseling for chemoprevention for women at high risk for breast cancer; screening for gonorrhea, chlamydia, syphilis; osteoporosis screening. Screening pregnant women for anemia and iron deficiency, bacteriuria; hepatitis B virus, Rh incompatibility; instructions to promote and aid with breast feeding.

**Prior authorization requirements apply to BRCA testing.*

*Prior Authorization for BRCA Testing:

- For most benefit plans, prior authorization requirements apply to BRCA lab screening.

- For medical necessity benefit plans: genetic counseling from an Independent Genetics Provider (see definition section) is required before Oxford will approve prior authorization requests (effective January 1, 2016).
- 2. Plan Years that Begin on or after August 1, 2012: The following are required by PPACA to be covered for plan years that begin on or after August 1, 2012: Preventive visits to include preconception and prenatal services; FDA-approved contraception methods and contraceptive counseling; human papillomavirus (HPV) DNA testing for women 30 years and older; breastfeeding support and counseling, and costs of breastfeeding equipment; domestic violence screening and counseling; annual human immunodeficiency virus (HIV) screening and counseling; annual sexually-transmitted infection counseling; and screening for gestational diabetes for all pregnant women that have no prior history of diabetes.

Men's Health: Screening for prostate cancer for men age 40 and older (not recommended by the USPSTF); screening for abdominal aortic aneurysm in men 65 - 75 years old (USPSTF recommends this for males 65-75 years old who have smoked).

Pediatrics: Screening newborns for hearing problems, thyroid disease, phenylketonuria, sickle cell anemia, and standard metabolic screening panel for inherited enzyme deficiency diseases.

For children: Counseling for fluoride for prevention of dental cavities; screening for major depressive disorders; vision; lead; tuberculosis; developmental/autism; counseling for obesity.

Additional Preventive Care Services:

The following preventive care services are not currently required by the federal Patient Protection and Affordable Care Act (PPACA). However, these services are covered under Oxford's Preventive Care Services benefit.

1. Mammography (film and digital) screening for **all** adult women
2. Computed Tomographic Colonography (Virtual Colonoscopy) for screening for colon cancer
3. Osteoporosis Screening for all women (**regardless of risk**)
4. Prostate Cancer Screening for all men age 40+
5. Wellness / Physical Examinations for Adults (age and gender appropriate)*

*See the [Expanded Women's Preventive Health](#) coding table below regarding specific services that are covered as well woman visits under PPACA, for plan years that begin on or after August 1, 2012.

Preventive vs. Diagnostic Services:

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 adjudicated under the Preventive Care Services benefit.

Preventive services are those performed on a person who has:

1. Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
2. Had screening done within the recommended interval with the findings considered normal; or
3. Had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
4. A preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Examples include, but are not limited to:

- A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the patient was returned to normal mammography screening protocol, then future mammography would be considered preventive.
- If a polyp is encountered during preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated facility, lab and anesthesia fees done at the same encounter are covered under the Preventive Care Services benefit.

When a service is done for diagnostic purposes it will be adjudicated under the applicable non-preventive medical benefit.

Diagnostic services are done on a person who had:

1. Abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
2. Abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or
3. A symptom(s) that required further diagnosis.

Examples include, but are not limited to:

- A patient had a polyp found and removed at a prior preventive screening colonoscopy. All future colonoscopies are considered diagnostic because the time intervals between future colonoscopies would be shortened.
- A patient had an elevated cholesterol on prior preventive screening. Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the patient is receiving pharmacotherapy.
- If a Preventive service results in a therapeutic service at a later point in time, the Preventive Service would be adjudicated under the Preventive Care Services benefit and the therapeutic service would be adjudicated under the applicable non-preventive medical benefit.

Related Services:

Services that are directly related to the performance of a preventive service are adjudicated under the Preventive Care Services benefit. Examples include:

1. All services for a preventive colonoscopy (e.g. associated facility, anesthesia, pathologist, and physician fees) are adjudicated under the Preventive Care Services benefit. The preventive benefit does not include a post-operative examination. Effective January 1, 2016, the preventive benefit includes a **pre-operative** examination / consultation prior to a preventive colonoscopy.
2. Women's outpatient sterilization procedures (e.g. associated implantable devices, facility fee, as well as anesthesia, pathology, and physician fees) are considered to be related services and covered under the preventive benefit. Note the following:
 - a. The preventive benefit does not include a pre- or post-operative examination.
 - b. If a woman is admitted to an inpatient facility for another reason, and has a sterilization performed during that admission, the sterilization surgical fees (surgical fee, device fee, anesthesia, pathologist and physician fees), are covered under preventive benefit. However, the facility fees are not covered under preventive benefits since the sterilization is incidental to and is not the primary reason for the admission.
 - c. For hysteroscopic fallopian tube occlusion sterilization procedures, the preventive benefit includes an outpatient, followup hysterosalpingogram to confirm that the fallopian tubes are completely blocked.
3. Blood drawing (venipuncture or finger or heel stick) is considered as payable under the preventive benefit if billed for a preventive lab service that requires a blood draw.

Note: Benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.

Covered Breastfeeding Equipment:

Personal-use electric breast pump

The purchase of a personal-use electric breast pump (HCPCS code E0603).

- This benefit is limited to one pump per birth. In the case of a birth resulting in multiple infants, only one breast pump is covered.
- A breast pump purchase includes the necessary supplies for the pump to operate.

Replacement breast pump supplies necessary for the personal-use electric breast pump to operate. This includes: standard power adaptor, tubing adaptors, tubing, locking rings, bottles

specific to breast pump operation, caps for bottles that are specific to the breast pump, valves, filters, and breast shield and/or splash protector for use with the breast pump.

Note: See the [Coverage Limitations and Exclusions](#) section for non-covered items.

Additional Information:

- A new immunization that is pending ACIP recommendations, but is a combination of previously approved individual components, is eligible for adjudication under the preventive care benefit.
- Refer to the reimbursement policy titled [Preventive Medicine and Screening Policy](#) for situations which may affect reimbursement of preventive care services.
- The list of recommended preventive services covered will be updated as new recommendations and guidelines are issued, or as existing ones are revised or removed by the USPSTF, ACIP and the HRSA. Updates will occur no less frequently than required by PPACA.

Coverage Limitations and Exclusions

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
2. Generally, the cost of drugs, medications, vitamins, supplements, or over the counter items are not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to the enrollee-specific pharmacy plan administrator.
3. An immunization is not covered if it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
 - a. Required solely for the purposes of career, education, sports or camp, [travel (including travel immunizations)], employment, insurance, marriage or adoption, or
 - b. Related to judicial or administrative proceedings or orders, or
 - c. Conducted for purposes of medical research, or required to obtain or maintain a license of any type.
 - d. Required to obtain or maintain a license of any type.
5. Services that are investigational, experimental or unproven are not covered. Please see applicable Medical Policies for details.
6. Breastfeeding equipment and supplies not listed in the [Indications for Coverage](#) section above. This includes, but is not limited to:
 - Manual breast pumps and all related equipment and supplies.
 - Hospital-grade breast pumps and all related equipment and supplies.
 - Equipment and supplies not listed in the [Covered Breastfeeding Equipment](#) section above, including but not limited to:
 - Batteries, battery-powered adaptors, and battery packs.
 - Electrical power adapters for travel.
 - Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
 - Travel bags, and other similar travel or carrying accessories.
 - Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
 - Baby weight scales.
 - Garments or other products that allow hands-free pump operation.
 - Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
 - Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
 - Creams, ointments, and other products that relieve breast feeding related symptoms or conditions of the breasts or nipples.

Note: See the [Indications for Coverage](#) section above for covered breastfeeding equipment.

Travel Immunizations Additional Information:

Immunizations that are specific to travel (e.g. typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not required by PPACA and are excluded from coverage. However, travel

immunizations are available as variation on certain plans. Please see enrollee specific plan document for details.

DEFINITIONS

Independent Genetics Provider (For Medical Necessity Benefit Plans):

Genetic counseling is required by an independent (not employed by a genetic testing lab) genetics provider prior to genetic testing for BRCA mutations in order to inform persons being tested about the benefits and limitations of a specific genetic test as applied to a unique person. Genetics Providers employed by or contracted with a laboratory that is part of an integrated health system which routinely delivers health care services beyond just the laboratory testing itself are considered independent. Genetic testing for BRCA mutations requires documentation of medical necessity by one of the following who has evaluated the member and intends to engage in post-test follow-up counseling:

- Board-eligible or Board-Certified Genetic Counselor (CGC)
- Advanced Genetics Nurse (AGN-BC)
- Genetic Clinical Nurse (GCN)
- Advanced Practice Nurse in Genetics (APNG)
- A Board-eligible or Board-Certified Clinical Geneticist
- A Board-certified physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and having received specialized ongoing training in cancer genetics.)

Modifier 33: Preventive Service; When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used. Please see Coding section below for more information about Modifier 33.

Appendix A – USPSTF Grade Definitions

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Grade Definitions for USPSTF Recommendations After July 2012:

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.

Grade	Definition	Suggestions for Practice
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions for USPSTF Recommendations Dated After May 2007:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

The U.S. Preventive Services Task Force (USPSTF) has updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	<i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Grade Definitions for USPSTF Recommendations Dated Prior to May 2007:

<http://www.uspreventiveservicestaskforce.org/>

A—Strongly Recommended: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

B—Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C—No Recommendation: The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health*

outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.

D—Not Recommended: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I—Insufficient Evidence to Make a Recommendation: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*

APPLICABLE CODES

The Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a service code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the member specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply. This list of codes may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

ICD-9 Codes (Discontinued 10/01/15)

The following list of codes is provided for reference purposes only. Effective October 1, 2015, the Centers for Medicare & Medicaid Services (CMS) implemented ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures), replacing the ICD-9-CM diagnosis and procedure code sets.

ICD-9 codes will not be accepted for services provided on or after October 1, 2015.

ICD-10 Codes

ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures) must be used to report services provided on or after October 1, 2015.

ICD-10 codes will not be accepted for services provided prior to October 1, 2015.

Preventive Care Codes		
<p><i>Also see the Expanded Women's Preventive Health table below.</i></p> <p><i>Certain codes may not be payable in all circumstances due to other policies.</i></p> <p><i>For Preventive care medications refer to pharmacy plan administrator.</i></p>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>Abdominal Aortic Aneurysm Screening</u></p> <p><u>USPSTF Rating</u></p> <p><u>(June 2014): B</u></p> <p>The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 76700, 76705, 76770, 76775, G0389 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> ICD-9: V15.82 ICD-10: Z87.891 	<ul style="list-style-type: none"> Age 65 through 75 (ends on 76th birthday) One of the Diagnosis Codes V15.82 listed in this row.

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
ultrasonography in men ages 65 to 75 years who have ever smoked.		
<u>Anemia, Iron Deficiency Anemia Screening</u> USPSTF Rating (May 2006): B Routine screening for iron deficiency anemia in asymptomatic pregnant women	Procedure Code(s): <i>Anemia, Iron Deficiency Anemia Screening</i> <ul style="list-style-type: none"> 85013, 85014, 85018 <i>Blood draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section) 	<i>Anemia, Iron Deficiency Anemia Screening</i> <ul style="list-style-type: none"> Payable with a Pregnancy Diagnosis Code (see list at end of section). <i>Blood draw:</i> Payable when billed with one of the listed anemia screening procedure codes AND with a pregnancy Diagnosis Code (see list at end of section).
<u>Bacteriuria Screening</u> USPSTF Rating (July 2008): A Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.	Procedure Code(s): <ul style="list-style-type: none"> 81007 Diagnosis Code(s): <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section) 	<ul style="list-style-type: none"> Payable with a pregnancy Diagnosis Code (see list at end of section).
<u>Chlamydia Infection Screening</u> USPSTF Rating (Sept. 2014): B The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection. Note: This recommendation applies to all sexually	Procedure Code(s): <i>Chlamydia Infection Screening:</i> <ul style="list-style-type: none"> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 <i>Blood Draw</i> <ul style="list-style-type: none"> 36415, 36416 <i>Blood draw codes only apply to lab codes 86631 or 86632.</i> Diagnosis Code(s): <i>Pregnancy</i> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at the end of section), OR 	<i>Chlamydia Infection Screening</i> <ul style="list-style-type: none"> Payable with a Pregnancy Diagnosis Code (see list at end of section) OR One of the Screening Diagnosis Codes in this row. <i>Blood Draw :</i> Payable when billed with both of the following: 1. With 86631 or 86632, AND 2. With one of the Screening Diagnosis Codes listed in this row OR with a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
active adolescents and adult women, including pregnant women.	Screening <ul style="list-style-type: none"> • <u>ICD-9</u>: V70.0, V73.88, V73.98, V74.5, V75.9, OR • <u>ICD-10</u>: Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2 	
<u>Gonorrhea Screening</u> USPSTF Rating (Sept. 2014): B The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	Procedure Code(s): 87590, 87591, 87592, 87801, 87850 Diagnosis Code(s): <i>Pregnancy:</i> <ul style="list-style-type: none"> • Pregnancy Diagnosis codes (see list at end of section), OR <i>Screening:</i> <ul style="list-style-type: none"> • <u>ICD-9</u>: V70.0, V74.5, V75.9 • <u>ICD-10</u>: Z00.00, Z00.01, Z11.3, Z11.9, Z20.2 	<ul style="list-style-type: none"> • Payable with either a Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row.
<u>Hepatitis B Virus Infection Screening</u> Pregnant Women: USPSTF Rating (June 2009): A Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. Persons at High Risk: USPSTF Rating (May 2014): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.	Procedure Code(s): <u>Hepatitis B Virus Infection Screening</u> <ul style="list-style-type: none"> • 87340, 87341 <i>Blood Draw</i> <ul style="list-style-type: none"> • 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at end of section) OR <i>Screening:</i> <ul style="list-style-type: none"> • <u>ICD-9</u>: V15.85, V70.0, V73.89, V73.99 or V75.9 • <u>ICD-10</u>: Z57.8, Z00.00, Z00.01, Z11.59 	<u>Hepatitis B Virus Infection Screening</u> <ul style="list-style-type: none"> • Payable with a Pregnancy Diagnosis Code (see list at end of section) OR • One of the screening diagnosis codes listed in this row. <u>Blood Draw</u> <ul style="list-style-type: none"> • Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND • With a Pregnancy Diagnosis Code (see list at end of section) OR one of the screening diagnosis codes listed in this row.

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
Hepatitis C Virus Infection Screening USPSTF Rating (June 2013): B The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	Procedure Code(s): <i>Hepatitis C Virus Infection Screening:</i> <ul style="list-style-type: none"> 86803, 86804, G0472 <i>Blood draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section.)	<i>Hepatitis C Virus Infection Screening:</i> <ul style="list-style-type: none"> Preventive with one of the Hepatitis C Virus Infection Screening Diagnosis Codes (see list at end of section.) <i>Blood draw:</i> <ul style="list-style-type: none"> Payable when billed with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND with a Hepatitis C Virus Infection Screening Diagnosis Code (see list at end of section).
HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults USPSTF Rating (April 2013): A <ul style="list-style-type: none"> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are 	Procedure Code(s): <i>HIV – Human Immunodeficiency Virus – Screening</i> <ul style="list-style-type: none"> 86689, 86701, 86702, 86703, G0432, G0433, G0435, G0475, S3645 <i>Blood draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): <i>Pregnancy:</i> <ul style="list-style-type: none"> Pregnancy Diagnosis Code (see list at end of section) OR <i>Screening:</i> <ul style="list-style-type: none"> <u>ICD-9</u>: V02.9, V70.0, V73.89, V74.5, V75.9, OR <u>ICD-10</u>: Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6 Also see Expanded Women's Preventive Health table below.	<ul style="list-style-type: none"> No age limits <i>HIV – Human Immunodeficiency Virus – Screening</i> <ul style="list-style-type: none"> Preventive when billed with a Pregnancy Diagnosis Code (see list at end of section) OR One of the Screening Diagnosis Codes listed in this row. <i>Blood draw:</i> <ul style="list-style-type: none"> Payable when billed with both of the following: <ul style="list-style-type: none"> With one of the listed HIV Screening procedure codes listed in this row AND <ul style="list-style-type: none"> With one of the following: <ul style="list-style-type: none"> one of the Screening Diagnosis Codes listed in this row, OR with a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Codes

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Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
untested and whose HIV status is unknown.		
<p><u>RH Incompatibility Screening</u></p> <p>USPSTF Rating (Feb 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>USPSTF Rating (Feb 2004): B Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.</p>	<p>Procedure Code(s): <i>RH Incompatibility Screening</i></p> <ul style="list-style-type: none"> • 86901 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Codes (see list at end of section). 	<p><i>RH Incompatibility Screening</i></p> <ul style="list-style-type: none"> • Payable with Pregnancy Diagnosis Code (see list at end of section) <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • Payable when billed with 86901 AND • With a Pregnancy Diagnosis Code (see list at end of section)
<p><u>Syphilis Screening</u></p> <p>USPSTF Rating (July 2004): A</p> <ul style="list-style-type: none"> • Screen persons at increased risk for syphilis infection • Screen all pregnant women for syphilis infection 	<p>Procedure Code(s): <i>Syphilis Screening</i></p> <ul style="list-style-type: none"> • 86592, 86593 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): <i>Pregnancy:</i></p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see list at the end of section) OR <p><i>Screening:</i></p> <ul style="list-style-type: none"> • <u>ICD-9</u>: V70.0, V74.5, V74.9, V75.9 • <u>ICD-10</u>: Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2 	<p><i>Syphilis Screening</i></p> <ul style="list-style-type: none"> • Payable with Pregnancy Diagnosis Code (see list at end of section) OR • One of the Screening Diagnosis Codes listed in this row. <p><i>Blood draw:</i> Payable when billed with both of the following:</p> <ul style="list-style-type: none"> • With one of the listed Syphilis Screening procedure codes listed in this row AND • With one of the following: <ul style="list-style-type: none"> ○ One of the listed screening diagnosis codes in this row OR ○ With a Pregnancy Diagnosis Code (see list at end of section)

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below.</i> <i>Certain codes may not be payable in all circumstances due to other policies.</i> <i>For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<u>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening USPSTF Rating (Dec. 2013): B</u> The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (<i>BRCA1</i> or <i>BRCA2</i>). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. Please see Clinical Policy: Genetic Testing for Hereditary Breast Ovarian Cancer Syndrome (HBOC)	Genetic Counseling and Evaluation: Procedure Code(s): <i>Medical genetics and genetic counseling services:</i> <ul style="list-style-type: none"> 96040 and S0265 <i>Evaluation and Management (Office Visits)</i> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: V10.3, V10.43, V16.3, V16.41 <u>ICD-10</u>: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 <hr/> BRCA Lab Screening: Procedure Code(s): <ul style="list-style-type: none"> 81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217 <i>Blood draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): Family History or Personal history of breast cancer and/or ovarian cancer: <ul style="list-style-type: none"> ICD-9: V10.3, V10.43, V16.3, V16.41 ICD-10: Z80.3, Z80.41 	Genetic Counseling and Evaluation: <i>*Medical Necessity plans require genetic counseling before BRCA Lab Screening.</i> <ul style="list-style-type: none"> Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position. <hr/> BRCA Lab Screening: <i>*Prior authorization requirements apply to BRCA lab screening.</i> <ul style="list-style-type: none"> Payable for patients age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row <i>Blood draw:</i> Payable when billed with both of the following: <ul style="list-style-type: none"> With one of the listed BRCA Lab Screening procedure codes listed in this row, AND With one of the BRCA lab screening diagnosis codes listed in this row.
<u>Diabetes Screening USPSTF Rating (June 2008): B</u>	Procedure Code(s): <i>Diabetes Screening:</i> <ul style="list-style-type: none"> 82947, 82948, 82950, 82951, 82952, 83036 	<i>Diabetes Screening:</i> <ul style="list-style-type: none"> Payable with one of the Required Diagnosis Codes listed in this row AND

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
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For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80mm Hg.</p> <p>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</p>	<p><i>Blood draw:</i></p> <ul style="list-style-type: none"> • 36415, 36416 <p>Diagnosis Code(s): REQUIRED DIAGNOSIS CODES (at least one):</p> <ul style="list-style-type: none"> • ICD-9: V70.0 or V77.1, • ICD-10: Z00.00, Z00.01, Z13.1 <p>AND ONE OF THE FOLLOWING HYPERTENSION DIAGNOSIS CODES:</p> <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 401.0, 401.1, 401.9 • <u>ICD-10</u>: I10 <p>HYPERTENSIVE HEART DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 402.00, 402.01, 402.10, 402.11, 402.90, 402.91 • <u>ICD-10</u>: I11.0, I11.9 <p>HYPERTENSIVE CHRONIC KIDNEY DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 403.00, 403.01, 403.10, 403.11, 403.90, 403.91 • <u>ICD-10</u>: I12.0, I12.9 <p>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93 • <u>ICD-10</u>: I13.0, I13.10, 	<ul style="list-style-type: none"> • With one of the listed Hypertension Diagnosis Codes in this row. <p><i>Blood draw:</i> Payable when billed with ALL of the following:</p> <ul style="list-style-type: none"> • With one of the listed Diabetes Screening procedure codes listed in this row AND • With one of the Required Diagnosis Codes AND • With one of the listed Hypertension Diagnosis Codes. <p>NOTE: If a Diabetes Diagnosis code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes table below.</p>

Preventive Care Codes

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For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>I13.11, I13.2</p> <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 405.01, 405.09, 405.11, 405.19, 405.91, 405.99 • <u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94 • <u>ICD-10</u>: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, Z3A.00, Z3A.01, 	

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below.</i> <i>Certain codes may not be payable in all circumstances due to other policies.</i> <i>For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49. See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.	
Gestational Diabetes Mellitus Screening USPSTF Rating (January 2014): B The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation. Also see the Diabetes Screening row above for additional diabetes screening benefits.	See Expanded Women's Preventive Health table below for Gestational Diabetes Screening codes.	See Expanded Women's Preventive Health table below for Gestational Diabetes Screening preventive benefit instructions. <ul style="list-style-type: none"> • Note: This benefit applies regardless of the gestational week.

Preventive Care Codes

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<u>Rubella Screening By History of Vaccination or by Serology</u> USPSTF Rating (1996): B Screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of child bearing age at their first clinical encounter	Procedure Code(s): <i>Rubella Screening by History of Vaccination:</i> <ul style="list-style-type: none"> No codes (included in exam) <i>Rubella Screening by Serology</i> <ul style="list-style-type: none"> 86762 <i>Blood Draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: V70.0 or V73.3 <u>ICD-10</u>: Z00.00, Z00.01, Z11.59, Z20.4 	<i>Rubella Screening by Serology</i> <ul style="list-style-type: none"> Payable with one of the listed Diagnosis Codes in this row <i>Blood Draw:</i> <ul style="list-style-type: none"> Payable when billed with 86762 AND With one of the Diagnosis Codes in this row
<u>Screening Mammography</u> USPSTF Rating (2002 Recommendation): B The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older. Also, see Clinical Policy: Breast Imaging for Screening and Diagnosing Cancer	Procedure Code(s): <ul style="list-style-type: none"> G0202, 77052, 77057 Revenue code: 0403 Diagnosis Code(s): <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Payable regardless of age. Does not have diagnosis code requirements for preventive benefit to apply. Note the following: <ul style="list-style-type: none"> This benefit only applies to screening mammography. This benefit does not apply to other screening methods, including but not limited to, digital breast tomosynthesis (3-D mammography).
<u>Cervical Cancer Screening, Pap Smear</u> USPSTF Rating (March 2012): A	Procedure Code(s): Code Group 1: <ul style="list-style-type: none"> G0101, G0123, G0124, G0141, G0143, G0144 G0145, G0147, G0148, Q0091, P3000, P3001 	<ul style="list-style-type: none"> Limited to age 21 years – 65 years (ends on 66th birthday). Code Group 1: <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefits to apply..

Preventive Care Codes

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p> <p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21</p>	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. <p>Code Group 2:</p> <ul style="list-style-type: none"> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175 <p>Code Group 2 Diagnosis Codes:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> V70.0, V72.31, V72.32, V76.2 <u>ICD-10:</u> Z00.00, Z00.01, Z00.411, Z01.411, Z01.419, Z01.42, Z12.4 	<p>Code Group 2:</p> <ul style="list-style-type: none"> Payable with one of the Diagnosis Codes listed in this row.
<p><u>Cholesterol Screening (Lipid Disorders Screening)</u></p> <p><u>Screening Men (June 2008):</u></p> <ul style="list-style-type: none"> Screening men aged 35 and older for lipid disorders. USPSTF Rating: A Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B 	<p><u>Procedure Code(s):</u> <u>Cholesterol Screening:</u></p> <ul style="list-style-type: none"> 80061, 82465, 83718, 83719, 83721, 84478 <p><u>Blood Draw:</u></p> <ul style="list-style-type: none"> 36415, 36416 <p><u>Diagnosis Code(s):</u></p> <p><u>REQUIRED DIAGNOSIS CODES (at least one):</u></p> <ul style="list-style-type: none"> <u>ICD-9:</u> V70.0 or V77.91 <u>ICD-10:</u> Z00.00, Z00.01, Z13.220 <p><u>Additional Diagnosis Codes:</u> <i>See Preventive Benefit Instructions Column For When Required:</i></p> <p>FAMILY or PERSONAL</p>	<p><u>Patients age 35 and older:</u></p> <ul style="list-style-type: none"> Preventive with diagnosis one of the Required Diagnosis Codes listed in this row. <p><u>Blood Draw:</u></p> <ul style="list-style-type: none"> Payable for patients age 35 and older when billed with one of the listed Cholesterol Screening procedure codes AND With one of the Required Diagnosis Codes listed in this row. <p><u>Patients age 20 to 34 (ends on 35th birthday):</u></p> <ul style="list-style-type: none"> Preventive with one of the Required Diagnosis Codes listed in this row AND with one of the listed Additional Diagnosis Codes listed in this row. <p><u>Blood Draw:</u> Preventive for patients age 20 to 34 (ends on 35th birthday) when billed with ALL of the following:</p> <ul style="list-style-type: none"> With one of the listed Cholesterol Screening

Preventive Care Codes

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>Screening Women at Increased Risk (June 2008):</u></p> <ul style="list-style-type: none"> Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: A Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B 	<p>HISTORY:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> V15.82, V17.3, V17.49 <u>ICD-10:</u> Z72.0, Z82.49, Z87.891 <p>OBESITY:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> 278.00, 278.01 <u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9 <p>BODY MASS INDEX 40 AND OVER, ADULT:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> V85.41, V85.42, V85.43, V85.44, V85.45 <u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> 401.0, 401.1, 401.9 <u>ICD-10:</u> I10 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> 405.01, 405.09, 405.11, 405.19, 405.91, 405.99 <u>ICD-10:</u> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> <u>ICD-9:</u> 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 	<p>procedure codes AND</p> <ul style="list-style-type: none"> With one of the Required Diagnosis Codes listed in this row AND With one of the listed Additional Diagnosis codes listed in this row. <p>NOTE: If any of the following lipid disorder diagnosis codes are present in any position the preventive benefit will not be applied.</p> <ul style="list-style-type: none"> <u>ICD-9:</u> 272.0, 272.2, 272.4, 272.8 <u>ICD-10:</u> E71.30, E75.5, E78.0, E78.2, E78.3, E78.4, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94</p> <ul style="list-style-type: none"> • <u>ICD-10:</u> O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42,	

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below.</i> <i>Certain codes may not be payable in all circumstances due to other policies.</i> <i>For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	Z3A.49. SECONDARY DIABETES MELLITUS: <ul style="list-style-type: none"> See Diabetes Diagnosis Code List Table below DIABETES MELLITUS: <ul style="list-style-type: none"> See Diabetes Diagnosis Code List Table below. ATHERO-SCLEROSIS: <ul style="list-style-type: none"> See Atherosclerosis Diagnosis Code List Table below. CORONARY ATHERO-SCLEROSIS: <ul style="list-style-type: none"> <u>ICD-9</u>: 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07 <u>ICD-10</u>: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812 	

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p><u>Colorectal Cancer Screening</u> Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy USPSTF Rating (Oct. 2008): A Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.</p> <ol style="list-style-type: none"> 1) Annual high-sensitivity fecal occult blood testing 2) Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and 3) Screening colonoscopy at intervals of 10 years. <p>Computed Tomographic Colonography (Virtual Colonoscopy): USPSTF Rating (Oct. 2008): I The USPSTF concludes that the evidence is insufficient to assess</p>	<p>Fecal Occult Blood Testing (FOBT), Sigmoidoscopy, or Colonoscopy:</p> <p>Procedure Code(s): <u>Code Group 1:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: G0104, G0106 • Colonoscopy: G0105, G0120, G0121, G0122 • FOBT: G0328 <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> • Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 • Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 • FOBT: 82270, 82274 <p><u>Code Group 3:</u></p> <ul style="list-style-type: none"> • Pathology: 88304 and 88305 <p><u>Code Group 4:</u></p> <ul style="list-style-type: none"> • Anesthesia: 00810 <p><u>Code Group 5:</u> Pre-op/Consultation as of 1/1/16:</p> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205 • 99211, 99212, 99213, 99214, 99215 • 99241, 99242, 99243, 99244, 99245 <p>Diagnosis Code(s) (for Code Group 2, 3 and 4):</p> <ul style="list-style-type: none"> • <u>ICD-9:</u> V16.0, V18.51, V18.59, V70.0, V76.41, V76.50, 	<p>Age Limits for Colorectal Cancer Screenings:</p> <ul style="list-style-type: none"> • 50 years – 75 years (ends on 76th birthday) <p>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy: <u>Code Group 1:</u></p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply. <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> • Paid as preventive if: <ol style="list-style-type: none"> 1. Billed with one of the diagnosis codes listed in this row OR 2. Billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis. <p><u>Code Group 3 (pathology) AND Code Group 4 (anesthesia):</u></p> <ul style="list-style-type: none"> • Paid as preventive if billed with one of the: <ol style="list-style-type: none"> 1. Diagnosis codes listed in this row AND 2. Procedure codes from Codes from Group 1 or Code Group 2. <p><u>Code Group 3 and 4:</u> Note the following:</p> <ul style="list-style-type: none"> • Preventive when performed for a colorectal cancer screening. • Preventive benefits only apply when the surgeon's claim is preventive. <p><u>Code Group 5 as of 1/1/16:</u></p> <ul style="list-style-type: none"> • Paid as Preventive if billed with one of the Code Group 5 diagnosis codes. <p>Computed Tomographic Colonography (Virtual Colonoscopy):</p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply. • Prior authorization requirements may apply, depending on plan.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
the benefits and harms of Computed Tomographic Colonography as a screening modality for colorectal cancer. However, UnitedHealthcare concludes that the use of Computed Tomographic Colonography as a screening tool is supported by clinical evidence and it is covered as a preventive service.	V76.51 • <u>ICD-10</u> : Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 (for Code Group 5 as of 1/1/16): • <u>ICD-10</u> : Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79 Computed Tomographic Colonography (Virtual Colonoscopy): Procedure Code(s): • 74263 Diagnosis Code(s): • Does not have diagnosis code requirements for preventive benefit to apply.	
<u>Wellness Examinations</u> (well baby, well child, well adult) USPSTF Rating: None UHC supports AAP and AAFP age and frequency guidelines. HHS Requirements: These codes also include the following HHS requirements for Women: • Breastfeeding support and counseling • Contraceptive methods counseling • Domestic	Procedure Code(s): • G0402, G0438, G0439 • G0445, S0610, S0612, S0613 • 99381, 99382, 99383, 99384, 99385, 99386, 99387 • 99391, 99392, 99393, 99394, 99395, 99396, 99397 • 99401, 99402, 99403, 99404 • 99411, 99412 • 99461 <i>Counseling Visit (to Discuss the Need for Lung Cancer Screening (LDCT) Using Low Dose CT Scan):</i> • G0296 Diagnosis Code(s):	• Does not have diagnosis code requirements for preventive benefit to apply • G0445 is limited to twice per year. • G0296 is limited to age 55 to 80 years (ends on 81 st birthday)

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
violence screening • Annual HIV counseling • Sexually Transmitted Infections counseling • Well-woman visits	• Does not have diagnosis code requirements for preventive benefit to apply. Also see Expanded Women's Preventive Health table below.	
<u>Immunizations</u> USPSTF Rating: None An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR.	See Preventive Immunizations table below.	See Preventive Immunizations table below.
<u>Newborn Screenings</u> All newborns Hearing Screening USPSTF Rating (July 2008): B -	Procedure Code(s): Hearing Screening: <ul style="list-style-type: none"> V5008, 92551, 92558, 92585, 92586, 92587, 92588 	Newborn Screenings: <ul style="list-style-type: none"> Age 0-90 days Does not have diagnosis code requirements for preventive benefit to apply. Blood draw: <ul style="list-style-type: none"> Age 0-90 days, payable when billed with

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
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For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>screening for hearing loss in all newborn infants</p> <p>Hypothyroidism Screening USPSTF Rating (March 2008): A - screening for congenital hypothyroidism in newborns</p> <p>Phenylketonuria Screening USPSTF Rating (March 2008): A - screening for phenylketonuria (PKU) in newborns</p> <p>Sickle Cell Screening USPSTF Rating (Sept 2007): A - screening for sickle cell disease in newborns</p>	<p>Hypothyroidism Screening:</p> <ul style="list-style-type: none"> 84437, 84443, 36415, 36416 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Phenylketonuria Screening:</p> <ul style="list-style-type: none"> S3620, 84030, 36415, 36416 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Sickle Cell Screening:</p> <ul style="list-style-type: none"> S3850, 83020, 83021, 83030, 83033, 83051, 36415, 36416 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<p>one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
<p><u>Metabolic Screening Panel (Newborns)</u></p>	<p>Procedure Code(s): <i>Metabolic Screening Panel</i></p> <ul style="list-style-type: none"> S3620, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443 <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> 36415, 36416 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply 	<p><i>Metabolic Screening Panel:</i></p> <ul style="list-style-type: none"> Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply. <p><i>Blood draw:</i></p> <ul style="list-style-type: none"> Age 0-90 days Payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.
<p><u>Osteoporosis Screening</u></p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> 76977, 77078, 77080, 77081, G0130 	<ul style="list-style-type: none"> Preventive with one of the diagnosis codes listed in this row.

Preventive Care Codes

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Modifier 33

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
USPSTF Rating (Jan. 2011): B The USPSTF recommends screening for osteoporosis in women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	Diagnosis Code(s): <ul style="list-style-type: none"> • <u>ICD-9</u>: V17.81, V70.0, V82.81 • <u>ICD-10</u>: Z00.00, Z00.01, Z13.820, Z82.62 	
<u>Prostate Cancer Screening</u> USPSTF Rating (2008): I At the time PPACA was implemented the USPSTF concluded that the current evidence was insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. USPSTF Rating (May 2012): D The USPSTF recommends against prostate specific antigen (PSA) based screening for prostate cancer. Note: While this screening is not recommended by the	Procedure Code(s): <u>Code Group 1:</u> <ul style="list-style-type: none"> • G0102, G0103 <i>Blood draw:</i> <ul style="list-style-type: none"> • 36415, 36416 <u>Code Group 2: (requires diagnosis code)</u> <ul style="list-style-type: none"> • 84152, 84153, 84154 <i>Blood draw:</i> <ul style="list-style-type: none"> • 36415, 36416 Diagnosis Code(s): <u>Code Group 1:</u> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply. <u>Code Group 2:</u> <ul style="list-style-type: none"> • <u>ICD-9</u>: V16.42, V70.0, V76.44 • <u>ICD-10</u>: Z00.00, Z00.01, Z12.5, Z80.42 	<u>Code Group 1:</u> <ul style="list-style-type: none"> • Patients age 40 or older • Does not have diagnosis code requirements for preventive benefit to apply <i>Blood draw:</i> <ul style="list-style-type: none"> • Payable when billed with G0103 <u>Code Group 2:</u> Patients age 40 or older when billed with one of the Diagnosis Codes listed in this row. <i>Blood draw:</i> <ul style="list-style-type: none"> • Payable when billed: <ul style="list-style-type: none"> ○ With 84152, 84153 or 84154 AND ○ With one of the Diagnosis Codes listed in this row.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
USPSTF, the American Urological Association recommends PSA screening, together with digital rectal examination, only after explanation of the possible advantages and harms of such screening.		
<u>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</u> USPSTF Rating (May 2013): B The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. Note: The Bright Futures Periodicity Schedule recommends alcohol use assessment begin at age 11.	Procedure Code(s): <ul style="list-style-type: none"> 99408, 99409, G0442, G0443 Diagnosis Code(s): <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	Does not have diagnosis code requirements for preventive benefit to apply.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<u>Screening for High Blood Pressure</u> USPSTF Rating (Dec. 2007): A The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> This service is included in a preventive care wellness examination.
<u>Chemoprevention of Breast Cancer (Counseling)</u> USPSTF Rating (July 2002): B The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	Procedure Code(s): <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 Diagnosis Code(s): <ul style="list-style-type: none"> <i>ICD-9:</i> V16.3, V16.41 <i>ICD-10:</i> Z80.3, Z80.41, Z15.01, Z15.02 	<ul style="list-style-type: none"> Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.
<u>Primary Care Interventions to Promote Breastfeeding</u> USPSTF Rating (Oct. 2008): B The USPSTF recommends interventions during pregnancy and after birth to promote and	<ul style="list-style-type: none"> n/a <i>Also see Expanded Women's Preventive Health table below.</i>	<ul style="list-style-type: none"> Included in primary care or OB/GYN office visits.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
support breastfeeding.		
<u>Screening for Depression in Adults</u> USPSTF Rating (Jan. 2016): B Recommendation: The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (B recommendation)	Procedure Code(s): <ul style="list-style-type: none"> 99420, G0444 Diagnosis Code(s): <i>Required for 99420 only:</i> <ul style="list-style-type: none"> <u>ICD-9</u>: V79.0 <u>ICD-10</u>: Z13.89 	<ul style="list-style-type: none"> One of the Diagnosis Codes in this row is required for 99420. The Diagnosis Codes in this row are <u>not</u> required for G0444.
<u>Major Depressive Disorder in Children and Adolescents (Screening)</u> USPSTF Rating (March 2009): B The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy	Procedure Code(s): <ul style="list-style-type: none"> 99420, G0444 Diagnosis Code(s): <i>Required for 99420 only:</i> <ul style="list-style-type: none"> <u>ICD-9</u>: V79.0 <u>ICD-10</u>: Z13.89 	<ul style="list-style-type: none"> One of the Diagnosis Codes in this row is required for 99420. The Diagnosis Codes in this row are <u>not</u> required for G0444.

Preventive Care Codes

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Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
(cognitive-behavioral or interpersonal), and follow-up.		
Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors <u>USPSTF Rating</u> (Aug. 2014): B The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	Procedure Code(s): <i>Medical Nutrition Therapy or Counseling:</i> <ul style="list-style-type: none"> 97802, 97803, 97804, G0270, G0271, S9470 <i>Preventive Medicine Individual Counseling:</i> <ul style="list-style-type: none"> 99401, 99402, 99403, 99404 <i>Behavioral Counseling or Therapy:</i> <ul style="list-style-type: none"> G0446, G0447, G0473, 0403T Diagnosis Code(s): SCREENING: <ul style="list-style-type: none"> <u>ICD-9:</u> V77.91 <u>ICD-10:</u> Z13.220 HISTORY: <ul style="list-style-type: none"> <u>ICD-9:</u> V15.82, V17.3, V17.49 <u>ICD-10:</u> Z72.0, Z87.891, Z82.49 OVERWEIGHT: <ul style="list-style-type: none"> <u>ICD-9:</u> 278.02, V85.21, V85.22, V85.23, V85.24, V85.25 <u>ICD-10:</u> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 BODY MASS INDEX 30.0 – 39.9: <ul style="list-style-type: none"> <u>ICD-9:</u> V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38, V85.39 <u>ICD-10:</u> Z68.30, 	G0446 is limited to once per year. <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> Required for 97802-97804, 99401-99404, G0270, G0271, S9470 and 0403T <u>NOT</u> required for G0446, G0447 and G0473

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p>BODY MASS INDEX 40.0 AND OVER:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: V85.41, V85.42, V85.43, V85.44, V85.45 • <u>ICD-10</u>: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>IMPAIRED FASTING GLUCOSE:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 790.21 • <u>ICD-10</u>: R73.01 <p>METABOLIC SYNDROME:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 277.7 • <u>ICD-10</u>: E88.81 <p>HYPERLIPIDEMIA/ DYSLIPIDEMIA:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 272.0, 272.1, 272.2, 272.3, 272.4 • <u>ICD-10</u>: E78.0, E78.1, E78.2, E78.3, E78.4, E78.5 <p>OBESITY:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 278.00, 278.01, V85.41, V85.42, V85.43, V85.44, V85.45 • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 401.0, 401.1, 	

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>401.9</p> <ul style="list-style-type: none"> • <u>ICD-10</u>: I10 <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 405.01, 405.09, 405.11, 405.19, 405.91, 405.99 • <u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94 • <u>ICD-10</u>: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, 	

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<p>O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49.</p> <p>SECONDARY DIABETES MELLITUS:</p> <ul style="list-style-type: none"> • See Diabetes Diagnosis Code List table below. <p>DIABETES MELLITUS:</p> <ul style="list-style-type: none"> • See Diabetes Diagnosis Code List table below. <p>ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • See Atherosclerosis Diagnosis Code List table below. <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07 	

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below.</i> <i>Certain codes may not be payable in all circumstances due to other policies.</i> <i>For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	<ul style="list-style-type: none"> • <u>ICD-10:</u> I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812 	
<u>Screening for Obesity in Adults</u> USPSTF Rating (2012): B The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	Procedure Code(s): <i>Medical Nutrition Therapy:</i> <ul style="list-style-type: none"> • 97802, 97803, 97804 <i>Preventive Medicine</i> <i>Individual Counseling:</i> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <i>Behavioral Counseling or Therapy:</i> <ul style="list-style-type: none"> • G0446, G0447, G0473 Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s): <i>Body mass Index 30.0-39.9</i> <ul style="list-style-type: none"> • <u>ICD-9:</u> V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38 and V85.39 • <u>ICD-10:</u> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, 	G0446 is limited to once per year. <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> • Required for 97802-97804 and 99401-99404. • NOT required for G0446, G0447 and G0473

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
	Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <i>Body mass Index 40.0 and over:</i> <ul style="list-style-type: none"> • <u>ICD-9</u>: V85.41, V85.42, V85.43, V85.44, V85.45 • <u>ICD-10</u>: Z68.41, Z68.42, <u>Z68.43</u>, Z68.44, Z68.45 <i>Obesity:</i> <ul style="list-style-type: none"> • <u>ICD-9</u>: 278.00, 278.01 • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	
<u>Screening for Obesity in Children and Adolescents</u> USPSTF Rating (Jan. 2010): B The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	Procedure Code(s): <i>Medical Nutrition Therapy:</i> <ul style="list-style-type: none"> • 97802, 97803, 97804 <i>Preventive Medicine Individual Counseling:</i> <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 <i>Behavioral Counseling or Therapy:</i> <ul style="list-style-type: none"> • G0446, G0447, G0473 Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s): OBESITY: <ul style="list-style-type: none"> • <u>ICD-9</u>: 278.00, 278.01 • <u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9 	G0446 is limited to once per year. <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> • Required for 97802-97804 and 99401-99404. • NOT required for G0446, G0447 and G0473
<u>Behavioral Counseling to Prevent Sexually Transmitted Infections</u> USPSTF Rating (Sept. 2014): B The USPSTF	Procedure Code(s): <ul style="list-style-type: none"> • 99401, 99402, 99403, 99404 • G0445 Diagnosis Code(s): <ul style="list-style-type: none"> • Does not have diagnosis code requirements for 	<ul style="list-style-type: none"> • G0445 is limited to twice per year. • Does not have diagnosis code requirements for preventive benefit to apply.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).	preventive benefit to apply.	
Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions USPSTF Rating (September 2015): <u>A</u> <ul style="list-style-type: none"> The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration 	Procedure Code(s): Behavioral Interventions: <ul style="list-style-type: none"> 99406, 99407 G0436, G0437 99401, 99402, 99403, 99404 Also see codes in the "Wellness Examinations" row above. Diagnosis Code(s): <ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply. 	<ul style="list-style-type: none"> Does not have diagnosis code requirements for preventive benefit to apply.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
(FDA)–approved pharmacotherapy for cessation to adults who use tobacco.		
Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents USPSTF Rating (August 2013): B 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.	Procedure Code(s): <ul style="list-style-type: none"> • 99406, 99407 • G0436, G0437 • 99401, 99402, 99403, 99404 • Also see codes in the “Wellness Examinations” row above. Diagnosis Code(s): <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply 	<ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply.
<u>Screening for Visual Impairment in Children</u> USPSTF Rating (Jan. 2011): B The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	Procedure Code(s): <ul style="list-style-type: none"> • 99173, 99174, 99177 Diagnosis Code(s): <ul style="list-style-type: none"> • See Preventive Benefit Instructions Column 	Age Limit (99173, 99174 and 99177): <ul style="list-style-type: none"> • Less than age 6 years (ends on 6th birthday). <u>Code 99173:</u> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefits to apply. <u>Code 99174 and 99177:</u> <ul style="list-style-type: none"> • See the Omnibus Codes policy for allowable diagnoses
<u>Behavioral Counseling to Prevent Skin Cancer</u> USPSTF Rating (May 2012): B	Procedure Code(s): <ul style="list-style-type: none"> • n/a Diagnosis Code(s): <ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • This service is included in a preventive care wellness examination or focused E&M visit.

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>The USPSTF recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer</p>		
<p><u>Prevention of Falls in Community-Dwelling Older Adults</u> USPSTF Rating (May 2012): B</p> <p>The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • n/a <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • This service is included in a preventive care wellness examination or focused E&M visit.
<p><u>Screening for Intimate Partner Violence</u> USPSTF Rating (January 2013): B</p> <p>The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • n/a <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • This service is included in a preventive care wellness examination.

Preventive Care Codes

*Also see the Expanded Women's Preventive Health table below.
Certain codes may not be payable in all circumstances due to other policies.
For Preventive care medications refer to pharmacy plan administrator.*

Modifier 33

Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<p>women who screen positive to intervention services.</p>		
<p><u>Screening for Lung Cancer with Low-Dose Computed Tomography</u></p> <p>USPSTF Rating (Dec. 2013): B The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 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><u>Procedure Code(s):</u></p> <ul style="list-style-type: none"> • S8032, G0297 <p><u>Diagnosis Code(s):</u></p> <ul style="list-style-type: none"> • <u>ICD-9</u>: 305.1, 909.1, 989.84, V15.82 • <u>ICD-10</u>: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 <p><u>Codes for Reporting Purposes:</u></p> <ul style="list-style-type: none"> • G9275, G9276, G9458, G9459, G9460 <p><u>Note:</u> codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	<p>Requires one of the listed diagnosis codes in this row.</p> <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Limited to one per year, and • All of the following criteria: <ol style="list-style-type: none"> 1. Age 55 to 80 years (ends on 81st birthday), and 2. At least 30 pack-years* of smoking history, and 3. Either a current smoker, or, have quit within the past 15 years. <p><u>NOTE:</u> <i>Prior authorization requirements may apply, depending on plan.</i></p> <p>*A pack-year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. <u>Source:</u> National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page. http://www.cancer.gov/dictionary?Cdrid=306510</p>
<p><u>Fluoride Application in Primary Care</u></p> <p>USPSTF Rating (May 2014): B Children From Birth Through Age 5 Years. The USPSTF recommends that primary care</p>	<p><u>Procedure Code(s):</u> <i>Application of topical fluoride by physician or other qualified health care professional:</i></p> <ul style="list-style-type: none"> • 99188 <p><u>Diagnosis Code(s):</u></p> <ul style="list-style-type: none"> • Does not have <u>diagnosis</u> code requirements for 	<p><u>Age 0 - 6 years (ends on 7th birthday)</u></p> <ul style="list-style-type: none"> • Does not have diagnosis code requirements for preventive benefit to apply.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. <u>Bright Futures (March 2014):</u> For those at high risk, consider application of fluoride varnish for caries prevention. Recommended at 6 months, 9 months, 12 months, 18 months, 24 months, 30 months, 3 years and 6 years.	preventive benefit to apply.	
Bright Futures		
<u>Anemia Screening in Children</u> (Bright Futures)	Procedure Code(s): <i>Anemia Screening in Children:</i> <ul style="list-style-type: none"> 85014, 85018 <i>Blood Draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: V20.2, V20.31, V20.32, V78.0 <u>ICD-10</u>: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0 	<i>Anemia Screening in Children:</i> <ul style="list-style-type: none"> Ages prenatal to 21 (ends on 21st birthday). No frequency limit. CPT codes 85014 and 85018 payable as preventive with one of the Diagnosis Codes listed in this row. <i>Blood Draw:</i> <ul style="list-style-type: none"> Ages prenatal to 21 (ends on 21st birthday) payable when billed with 85014 or 85018 AND with one of the Diagnosis Codes listed in this row.
<u>Hearing Tests</u> (Bright Futures)	Procedure Code(s): <ul style="list-style-type: none"> 92551, 92552, 92553 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: V20.2, V72.19 <u>ICD-10</u>: Z00.121, Z00.129, Z01.10, Z01.118 	<ul style="list-style-type: none"> Ages prenatal to 21 (ends on 21st birthday). Limit of once per year. Payable as preventive with at least one of the Diagnosis Codes listed in this row.
<u>Formal Developmental/</u>	Procedure Code(s): <ul style="list-style-type: none"> 96110 	<ul style="list-style-type: none"> Ages prenatal to 2 years 21 (ends on 3rd birthday).

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
<u>Autism Screening</u> (Bright Futures) <ul style="list-style-type: none"> • A formal, standardized autism screen is recommended during the 9 month visit. • A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. • A formal, standardized autism screen is recommended during the 24 month visit. • A formal, standardized developmental screen is recommended during the 30 month visit. 	Diagnosis Code(s): <ul style="list-style-type: none"> • <u>ICD-9</u>: V20.2 • <u>ICD-10</u>: Z00.121, Z00.129, Z13.4 	<ul style="list-style-type: none"> • No frequency limit. • Payable as preventive with at least one of the Diagnosis Codes listed in this row.
<u>Lead Screening</u> (Bright Futures)	Procedure Code(s): <i>Lead Screening:</i> <ul style="list-style-type: none"> • 83655 <i>Blood Draw:</i> <ul style="list-style-type: none"> • 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> • <u>ICD-9</u>: V20.2, V15.86 • <u>ICD-10</u>: Z00.121, Z00.129, Z77.011 	<i>Lead Screening:</i> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday). No frequency limit. Payable as preventive with at least one of the Diagnosis Codes listed in this row. <i>Blood Draw:</i> <ul style="list-style-type: none"> • Ages prenatal to 21 (ends on 21st birthday) payable when billed with 83655 • AND one of the Diagnosis Codes listed in this row.

Preventive Care Codes <i>Also see the Expanded Women's Preventive Health table below. Certain codes may not be payable in all circumstances due to other policies. For Preventive care medications refer to pharmacy plan administrator.</i>		
Modifier 33		
Oxford considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.		
Service: <i>A date in this column is the date the applicable rating was released, not when benefit is effective.</i>	Code(s):	Preventive Benefit Instructions:
TB Testing (Bright Futures)	Procedure Code(s): <ul style="list-style-type: none"> 86580, 99211 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: 795.51, 795.52, V20.2, V74.1 <u>ICD-10</u>: R76.11, R76.12, Z00.121, Z00.129, Z11.1 	<ul style="list-style-type: none"> Ages prenatal to 21(ends on 21st birthday). No frequency limit. CPT code 86580 is payable as preventive with at least one of the Diagnosis Codes listed in this row. CPT code 99211 is only payable as preventive with diagnosis code ICD-9: 795.51, 795.52 or V74.1/ ICD-10: R76.11, R76.12 and Z11.1
Dyslipidemia Screening (Bright Futures)	Procedure Code(s): <i>Dyslipidemia Screening:</i> <ul style="list-style-type: none"> 80061, 82465, 83718, 83719, 83721, 84478 <i>Blood Draw:</i> <ul style="list-style-type: none"> 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> <u>ICD-9</u>: V20.2, V77.91 <u>ICD-10</u>: Z00.121, Z00.129, Z13.220 	<i>Dyslipidemia Screening:</i> <ul style="list-style-type: none"> Ages 24 months to 21 years (ends on 21st birthday). Payable as preventive with at least one of the listed Diagnosis Codes listed in this row. <i>Blood Draw:</i> <ul style="list-style-type: none"> Ages 24 months to 21 years (ends on 21st birthday) Payable when billed with one of the Dyslipidemia Screening procedure codes listed in this row AND with one of the Diagnosis Codes listed in this row.

PREVENTIVE IMMUNIZATIONS

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR. In the case of a public health emergency (as defined by the Centers for Disease Control or state or local public health departments) Oxford may choose to apply preventive benefits to a new vaccine if the vaccine has FDA approval, even if an ACIP recommendation has not been announced.

NOTE:

- Trade Name(s) column:** brand names/trade names are included, when available, as examples for convenience only. Coverage pursuant to this policy is based solely on the procedure codes.
- Age Group column:** This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; Pediatric means age 0-18 years.
- Benefit Limits column:** Benefit Limits in **bold text** are from FDA labeling and ACIP recommendations. Codes that indicate "For applicable age see code description" are limited to the age(s) listed in the code description.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
Immunization Administration Preventive when included as part of a preventive immunization.	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	n/a	Pediatric	For applicable age see code description.
	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 (List separately in addition to code for primary procedure)	n/a	Pediatric	For applicable age see code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	n/a	Both	-
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	n/a	Both	-
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	n/a	Both	-
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List	n/a	Both	-

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		separately in addition to code for primary procedure)			
	G0008	Administration of influenza virus vaccine	n/a	Both	-
	G0009	Administration of pneumococcal vaccine	n/a	Both	-
	G0010	Administration of hepatitis B vaccine	n/a	Both	-
	0771 (revenue code)	Vaccine administration	n/a	Both	-
Meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	• Bexsero®	Both	Benefit Limit: Age 10 and up.
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use	• Trumenba®	Both	Benefit Limit: Age 10 and up.
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age , for intramuscular use	• MenHibrix®	Pediatric	For applicable age see code description.
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	• Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	• Menactra® • Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage , for intramuscular use	• Havrix® • VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	• Havrix® • VAQTA®	Pediatric	For applicable age see code description.
	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	• Havrix®	Pediatric	For applicable age see code description.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage , for intramuscular use	• Twinrix®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib):	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	• PedvaxHIB®	Both	-
	90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	• ActHIB® Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	• Gardasil4®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 th birthday.
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	• Cervarix®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 th birthday
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use	• Gardasil9®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 th birthday.
Seasonal Influenza ('flu') <i>Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</i>	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	• Fluzone ® Intradermal Quadrivalent	Both	-
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	-	Both	-
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	• Fluzone ® Intradermal Trivalent	Adult	Benefit Limit: 18 years – 64 years. Ends on 65 th birthday.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age , for intramuscular use	• Fluzone ® No Preservative Pediatric	Pediatric	For applicable age see code description.
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to	• Afluria® • Fluzone® No preservative	Both	For applicable age see code description.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		individuals 3 years and older , for intramuscular use	<ul style="list-style-type: none"> Fluvirin® Fluarix® Flulaval® 		
	90657	Influenza virus vaccine, trivalent(IIV3), split virus, when administered to children 6-35 months of age , for intramuscular use	<ul style="list-style-type: none"> Fluzone® 	Pediatric	For applicable age see code description.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older , for intramuscular use	<ul style="list-style-type: none"> Afluria® Flulaval® Fluvirin® Fluzone® 	Both	For applicable age see code description.
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	<ul style="list-style-type: none"> Flumist® 	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday
	90661	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	<ul style="list-style-type: none"> Flucelvax® 	Adult	Benefit Limit: Ages 18 years and up
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	<ul style="list-style-type: none"> High Dose Fluzone ® 	Adult	Benefit Limit: Ages 65 years and up
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	<ul style="list-style-type: none"> Flumist ® 	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	-	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	-	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	-	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	<ul style="list-style-type: none"> Flumist ® (LAIV4) 	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50th birthday.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	• Flublok ®	Adult	Benefit Limit: Ages 18 years and up.
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age , for intramuscular use	• Fluzone®	Pediatric	For applicable age see code description.
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older , for intramuscular use	• Fluarix® • Flulaval® • Fluzone Quadrivalent ®	Both	For applicable age see code description.
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age , for intramuscular use	• Fluzone Quadrivalent ®	Pediatric	For applicable age see code description.
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older , for intramuscular use	• Flulaval® • Fluzone Quadrivalent ®	Both	For applicable age see code description.
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	• Agriflu ®	Adult	Benefit Limit: Ages 18 years and up
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (AFLURIA)	• Afluria ®	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (FLULAVAL)	• Flulaval®	Both	For applicable age see code description.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (FLUVIRIN)	• Fluvirin ®	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine,	• Fluzone ®	Both	For applicable

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		split virus, when administered to individuals 3 years of age and older , for intramuscular use (Fluzone)			age see code description.
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older , for intramuscular use (not otherwise specified)	-	Both	For applicable age see code description.
Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older , for subcutaneous or intramuscular use	• Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	• Prevnar 13® (PCV13)	Both	-
Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	• ROTATEQ®	Both	-
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	• Rotarix®	Both	-
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTaP-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age , for intramuscular use	• Kinrix® • Quadracel®	Pediatric	For applicable age see code description.
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTaP-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine (DTaP – IPV/Hib), for intramuscular use	• Pentacel®	Both	-
Diphtheria, tetanus, acellular pertussis (DTaP)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years , for intramuscular	• Daptacel® • Infanrix®	Pediatric	For applicable age see code description.

PREVENTIVE IMMUNIZATIONS These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		use			
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years , for intramuscular use	-	Pediatric	For applicable age see code description.
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	• M-M-R II®	Both	
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	Both	-
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	• Ipol®	Both	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older , for intramuscular use	• Tenivac® • Decavac®	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older , for intramuscular use	• Adacel® • Boostrix®	Both	For applicable age see code description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	• Varivax®	Both	-
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	• PEDIARIX®	Both	Benefit Limit: Ages 0-6yrs. Ends on 7 th birthday.
Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	• Zostavax	Adult	Benefit Limit: Age 60 years and up.
Hepatitis B	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for	• Recombivax HB®	Both	-

PREVENTIVE IMMUNIZATIONS					
These codes do not have a diagnosis code requirement for preventive benefits to apply.					
Category:	Code(s):	Description:	Trade Name(s) (See NOTE above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr), • Both	Benefit Limits: Age / Other (See NOTE above)
		intramuscular use			
	90743	Hepatitis B vaccine (HepB), adolescent , 2 dose schedule, for intramuscular use	• Recombivax HB®	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage , 3 dose schedule, for intramuscular use	• Recombivax HB® • Energix-B®	Pediatric	For applicable age see code description.
	90746	Hepatitis B vaccine (HepB), adult dosage , 3 dose schedule, for intramuscular use	• Recombivax HB® • Energix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	• Energix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	• Comvax®	Both	-

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

ICD-9 Codes (Discontinued 10/01/15)	V22.0, V22.1, V22.2, V23.0, V23.1, V23.2, V23.3, V23.41, V23.42, V23.49, V23.5, V23.7, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.87, V23.89, V23.9, V91.00, V91.01, V91.02, V91.03, V91.09, V91.10, V91.11, V91.12, V91.19, V91.20, V91.21, V91.22, V91.29, V91.90, V91.91, V91.92, V91.99
ICD-10 Codes	O00.0, O00.1, O00.2, O00.8, O00.9, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.44, O10.45, O10.46, O10.47, O10.48, O10.49, O10.51, O10.52, O10.53, O10.54, O10.55, O10.56, O10.57, O10.58, O10.59, O10.61, O10.62, O10.63, O10.64, O10.65, O10.66, O10.67, O10.68, O10.69, O10.71, O10.72, O10.73, O10.74, O10.75, O10.76, O10.77, O10.78, O10.79, O10.81, O10.82, O10.83, O10.84, O10.85, O10.86, O10.87, O10.88, O10.89, O10.91, O10.92, O10.93, O10.94, O10.95, O10.96, O10.97, O10.98, O10.99, O11.0, O11.1, O11.2, O11.3, O11.4, O11.5, O11.6, O11.7, O11.8, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.439, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93, O25.10, O25.11, O25.12, O25.13, O25.2, O25.3, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.62, O26.63, O26.711, O26.712, O26.713, O26.719, O26.72, O26.73, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2,

Pregnancy Diagnosis Code List:

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O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0, O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.21, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0194, O36.0195, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924, O36.0925, O36.0929, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.0990, O36.0991, O36.0992, O36.0993, O36.0994, O36.0995, O36.0999, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124, O36.1125, O36.1129, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1190, O36.1191, O36.1192, O36.1193, O36.1194, O36.1195, O36.1199, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924, O36.1925, O36.1929, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.1990, O36.1991, O36.1992, O36.1993, O36.1994, O36.1995, O36.1999, O36.20X0, O36.20X1, O36.20X2, O36.20X3, O36.20X4, O36.20X5, O36.20X9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5190, O36.5191, O36.5192, O36.5193, O36.5194, O36.5195, O36.5199, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.70X0, O36.70X1, O36.70X2, O36.70X3, O36.70X4, O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.822, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33,

Pregnancy Diagnosis Code List:

The following Pregnancy Diagnosis Codes are required where indicated in the Preventive Care Services table (above), or in the Expanded Women's Preventive Health table (below):

O98.411, O98.412, O98.413, O98.419, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.310, O99.311, O99.312, O99.313, O99.314, O99.315, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.711, O99.712, O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, O9A.111, O9A.112, O9A.113, O9A.119, O9A.12, O9A.13, O9A.211, O9A.212, O9A.213, O9A.219, O9A.22, O9A.23, O9A.311, O9A.312, O9A.313, O9A.319, O9A.32, O9A.33, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.43, O9A.511, O9A.512, O9A.513, O9A.519, O9A.52, O9A.53, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z3A.00, Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49

Hepatitis C Virus Infection Screening Diagnosis Code List:

The following codes are required for Hepatitis C Virus Infection Screening benefit. For details see the Preventive Care Services table (above).

ICD-9 Codes (Discontinued 10/01/15)	042, 054.10, 054.11, 054.12, 054.13, 054.19, 078.10, 078.11, 078.19, 079.4, 079.53, 079.88, 079.98, 090.0, 090.1, 090.2, 090.3, 090.40, 090.41, 090.42, 090.49, 090.5, 090.6, 090.7, 090.9, 091.0, 091.1, 091.2, 091.3, 091.4, 091.50, 091.51, 091.52, 091.61, 091.69, 091.7, 091.81, 091.82, 091.89, 091.9, 092.0, 092.9, 093.0, 093.1, 093.20, 093.21, 093.22, 093.23, 093.24, 093.81, 093.82, 093.89, 093.9, 094.0, 094.1, 094.2, 094.3, 094.81, 094.82, 094.83, 094.84, 094.85, 094.86, 094.87, 094.89, 094.9, 095.0, 095.1, 095.2, 095.4, 095.5, 095.6, 095.7, 095.8, 095.9, 096, 097.0, 097.1, 097.9, 098.0, 098.10, 098.11, 098.12, 098.13, 098.14, 098.15, 098.16, 098.17, 098.19, 098.2, 098.30, 098.31, 098.32, 098.33, 098.34, 098.35, 098.36, 098.37, 098.39, 098.40, 098.41, 098.42, 098.43, 098.49, 098.50, 098.51, 098.52, 098.53, 098.59, 098.6, 098.7, 098.81, 098.82, 098.83, 098.84, 098.85, 098.86, 098.89, 099.0, 099.1, 099.2, 099.3, 099.40, 099.41, 099.49, 099.50, 099.51, 099.52, 099.53, 099.54, 099.55, 099.56, 099.59, 099.8, 099.9, 131.00, 131.01, 131.02, 131.03, 131.09, 131.8, 131.9, 286.0, 286.1, 286.2, 286.3, 286.4, 286.52, 286.53, 286.59, 286.6, 286.7, 286.9, 304.00, 304.01, 304.02, 304.03, 304.10, 304.11, 304.12, 304.13, 304.20, 304.21, 304.22, 304.23, 304.30, 304.31, 304.32, 304.33, 304.40, 304.41, 304.42, 304.43, 304.50, 304.51, 304.52, 304.53, 304.60, 304.61, 304.62, 304.63, 304.70, 304.71, 304.72, 304.73, 304.80, 304.81, 304.82, 304.83, 304.90, 304.91, 304.92, 304.93, 555.0, 555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.8, 556.9, 585.3, 585.4, 585.5, 585.6, 608.4, 614.9, 616.10, 616.11, 647.00, 647.01, 647.02, 647.03, 647.04, 647.10, 647.11, 647.12, 647.13, 647.14, 647.20, 647.21, 647.22, 647.23, 647.24, 647.30, 647.31, 647.32, 647.33, 647.34, 648.30, 648.31, 648.32, 648.33, 648.34, 655.30, 655.31, 655.33, 655.50, 655.51, 655.53, 669.30, 669.32, 669.34, 760.2, V01.6, V01.79, V02.7, V02.8, V07.39, V07.39, V08, V12.3, V15.85, V42.0, V42.1, V42.2, V42.3, V42.4, V42.5, V42.6, V42.81, V42.82, V42.83, V42.84, V42.89, V42.9, V45.11, V56.0, V56.31, V56.32, V56.8, V58.2, V59.01, V59.02, V59.09, V59.1, V59.2, V59.3, V59.4, V59.5, V59.6, V59.8, V59.9, V65.44, V69.2, V70.0, V71.5, V73.89, V73.99, V74.5, V75.9, V83.01, V83.02, V87.46
ICD-10	A50.01, A50.02, A50.03, A50.04, A50.05, A50.06, A50.07, A50.08, A50.09, A50.1, A50.2, A50.30, A

Hepatitis C Virus Infection Screening Diagnosis Code List:

The following codes are required for Hepatitis C Virus Infection Screening benefit. For details see the *Preventive Care Services table (above)*.

Codes	50.31,A50.32,A50.39,A50.40,A50.41,A50.42,A50.43,A50.44,A50.45,A50.49,A50.51,A50.52,A50.53,A50.54,A50.55,A50.56,A50.57,A50.59,A50.6,A50.7,A50.9,A51.0,A51.1,A51.2,A51.31,A51.32,A51.39,A51.41,A51.42,A51.43,A51.44,A51.46,A51.49,A51.5,A51.9,A52.00,A52.01,A52.02,A52.03,A52.04,A52.05,A52.06,A52.09,A52.10,A52.11,A52.12,A52.13,A52.14,A52.15,A52.16,A52.17,A52.19,A52.2,A52.3,A52.71,A52.72,A52.73,A52.74,A52.75,A52.76,A52.77,A52.78,A52.79,A52.8,A52.9,A53.0,A53.9,A54.00,A54.01,A54.02,A54.03,A54.09,A54.1,A54.21,A54.22,A54.23,A54.24,A54.29,A54.30,A54.31,A54.32,A54.33,A54.39,A54.40,A54.41,A54.42,A54.43,A54.49,A54.5,A54.6,A54.81,A54.82,A54.83,A54.84,A54.85,A54.86,A54.89,A54.9,A55,A56.00,A56.01,A56.02,A56.09,A56.11,A56.19,A56.2,A56.3,A56.4,A56.8,A57,A58,A59.00,A59.01,A59.02,A59.03,A59.09,A59.8,A59.9,A60.00,A60.01,A60.02,A60.03,A60.04,A60.09,A60.1,A60.9,A63.0,A63.8,A64,A74.81,A74.89,A74.9,B07.8,B07.9,B20.,B97.35,B97.7,D65,D66,D67.,D68.0,D68.1,D68.2,D68.311,D68.312,D68.318,D68.32,D68.4,D68.8,D68.9,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F12.20,F12.21,F12.220,F12.221,F12.222,F12.229,F12.250,F12.251,F12.259,F12.280,F12.288,F12.29,F13.20,F13.21,F13.220,F13.221,F13.229,F13.230,F13.231,F13.232,F13.239,F13.24,F13.250,F13.251,F13.259,F13.26,F13.27,F13.280,F13.281,F13.282,F13.288,F13.29,F14.20,F14.21,F14.220,F14.221,F14.222,F14.229,F14.23,F14.24,F14.250,F14.251,F14.259,F14.280,F14.281,F14.282,F14.288,F14.29,F15.20,F15.21,F15.220,F15.221,F15.222,F15.229,F15.23,F15.24,F15.250,F15.251,F15.259,F15.280,F15.281,F15.282,F15.288,F15.29,F16.20,F16.21,F16.220,F16.221,F16.229,F16.24,F16.250,F16.251,F16.259,F16.280,F16.283,F16.288,F16.29,F18.20,F18.21,F18.220,F18.221,F18.229,F18.24,F18.250,F18.251,F18.259,F18.27,F18.280,F18.288,F18.29,F19.20,F19.21,F19.220,F19.221,F19.222,F19.229,F19.230,F19.231,F19.232,F19.239,F19.24,F19.250,F19.251,F19.259,F19.26,F19.27,F19.280,F19.281,F19.282,F19.288,F19.29,K50.00,K50.011,K50.012,K50.013,K50.014,K50.018,K50.019,K50.10,K50.111,K50.112,K50.113,K50.114,K50.118,K50.119,K50.80,K50.811,K50.812,K50.813,K50.814,K50.818,K50.819,K50.90,K50.911,K50.912,K50.913,K50.914,K50.918,K50.919,K51.20,K51.211,K51.212,K51.213,K51.214,K51.218,K51.219,K51.30,K51.311,K51.312,K51.313,K51.314,K51.318,K51.319,K51.40,K51.411,K51.412,K51.413,K51.414,K51.418,K51.419,K51.50,K51.511,K51.512,K51.513,K51.514,K51.518,K51.519,K51.80,K51.811,K51.812,K51.813,K51.814,K51.818,K51.819,K51.90,K51.911,K51.912,K51.913,K51.914,K51.918,K51.919,M02.30,M02.311,M02.312,M02.319,M02.321,M02.322,M02.329,M02.331,M02.332,M02.339,M02.341,M02.342,M02.349,M02.351,M02.352,M02.359,M02.361,M02.362,M02.369,M02.371,M02.372,M02.379,M02.38,M02.39,N18.3,N18.4,N18.5,N18.6,N34.1,N49.1,N49.2,N49.3,N49.8,N49.9,N73.5,N73.9,N76.0,N76.1,N76.2,N76.3,N77.1,O35.3XX0,O35.3XX1,O35.3XX2,O35.3XX3,O35.3XX4,O35.3XX5,O35.3XX9,O35.5XX0,O35.5XX1,O35.5XX2,O35.5XX3,O35.5XX4,O35.5XX5,O35.5XX9,O90.4,O98.011,O98.012,O98.013,O98.019,O98.02,O98.03,O98.111,O98.112,O98.113,O98.119,O98.12,O98.13,O98.211,O98.212,O98.213,O98.219,O98.22,O98.23,O98.311,O98.312,O98.313,O98.319,O98.32,O98.33,O99.320,O99.321,O99.322,O99.323,O99.324,O99.325,P00.2,Z00.00,Z00.01,Z04.41,Z04.42,Z11.3,Z11.4,Z11.59,Z11.9,Z14.01,Z14.02,Z20.2,Z20.5,Z20.6,Z20.828,Z21,Z22.4,Z41.8,Z48.21,Z48.22,Z48.24,Z48.280,Z48.288,Z48.290,Z48.298,Z49.31,Z49.32,Z51.89,Z52.000,Z52.001,Z52.008,Z52.010,Z52.011,Z52.018,Z52.090,Z52.091,Z52.098,Z52.10,Z52.11,Z52.19,Z52.20,Z52.21,Z52.29,Z52.3,Z52.4,Z52.5,Z52.6,Z52.89,Z52.9,Z57.8,Z71.7,Z72.51,Z72.52,Z72.53,Z79.899,Z86.2,Z92.25,Z94.0,Z94.1,Z94.2,Z94.3,Z94.5,Z94.6,Z94.7,Z94.81,Z94.82,Z94.83,Z94.84,Z94.89,Z94.9,Z95.3,Z95.4,Z99.2
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Diabetes Diagnosis Code List:

Refer to the Preventive Care Services table (above), and the Expanded Women's Preventive Health table (below) regarding the following Diabetes Diagnosis Codes."

ICD-9 Codes (Discontinued 10/01/15)	ICD-10 Codes
Secondary Diabetes Mellitus: 249.00, 249.01, 249.10, 249.11,	Diabetes mellitus due to underlying condition: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51,

249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91	E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9
Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93	Drug or chemical induced diabetes mellitus: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9 Type 1 diabetes mellitus: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9 Type 2 diabetes mellitus: E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9 Other specified diabetes mellitus: E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)
- Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD-9 Codes (Discontinued 10/01/15)	ICD-10 Codes
440.0, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.30, 440.31, 440.32, 440.8, 440.9	I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561,

Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)
- Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD-9 Codes (Discontinued 10/01/15)	ICD-10 Codes
	I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above.

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

Service:	Code(s):	Preventive Benefit Instructions:
Well-Woman Visits HHS Requirement: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. Also see "Wellness Examinations" section in the Preventive Care Services table above.	Procedure Code(s): Well-woman visits: <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. Prenatal Office Visit: <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> • 99201, 99202, 99203, 99204, 99205; 99211, 99212, 99213, 99214, 99215, G0463 <i>Physician prenatal education, group setting:</i> <ul style="list-style-type: none"> • 99078 Prenatal Care Visits: <ul style="list-style-type: none"> • 59425, 59426 Global Obstetrical Codes: <ul style="list-style-type: none"> • 59400, 59510, 59610, 59618 Diagnosis Code(s): <ul style="list-style-type: none"> • See Pregnancy Diagnosis Code list above. 	Well-woman visits: <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. Prenatal Office Visit: <ul style="list-style-type: none"> • Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code List above). Prenatal Care Visits: <ul style="list-style-type: none"> • Pregnancy Diagnosis Codes are not required. Global Obstetrical Codes: <ul style="list-style-type: none"> • The routine, low-risk, prenatal visits portion of the code is covered as preventive. • Pregnancy Diagnosis Codes are not required.
Screening for Gestational Diabetes HHS Requirement: Women who are 24 to 28 weeks	Procedure Code(s): <ul style="list-style-type: none"> • 82947, 82948, 82950, 82951, 82952, 83036, 36415, 36416 Diagnosis Code(s): <ul style="list-style-type: none"> • Pregnancy Diagnosis Code. (See 	<ul style="list-style-type: none"> • Payable with Pregnancy Diagnosis Code (regardless of gestational week) Criteria for 36415 and 36416: Payable when billed with ALL of

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above.

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

Service:	Code(s):	Preventive Benefit Instructions:
<p>pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.</p> <p>Also see Diabetes Screening and the Gestational Diabetes Mellitus Screening sections in the Preventive Care Services table above.</p>	<p>Pregnancy Diagnosis Code list above.)</p>	<p>the following:</p> <ul style="list-style-type: none"> • With one of the listed Diabetes Screening procedure codes listed in this row AND • With a Pregnancy Diagnosis Code. <p>NOTE: If a Diabetes Diagnosis code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes table above</p>
<p>Human Papillomavirus DNA Testing (HPV) HHS Requirement: High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.</p>	<p>Procedure Code(s):</p> <ul style="list-style-type: none"> • 87624, 87625 • G0476 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • ICD-9: V70.0, V72.31, V73.81, or V76.2 • ICD-10: Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4 	<ul style="list-style-type: none"> • Patients age 30 and up. • Payable as a preventive screening with one of the diagnosis codes listed in this row.
<p>Counseling for Sexually Transmitted Infections</p> <p>HHS Requirement: Counseling on sexually transmitted infections for all sexually active women.</p>	<ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above.
<p>Counseling and Screening for Human Immune-deficiency Virus</p> <p>HHS Requirement: Counseling and screening for human immune-deficiency virus infection for all sexually active women.</p>	<p>Counseling:</p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> • See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above. 	<p>Counseling:</p> <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. <p>Screening Tests:</p> <ul style="list-style-type: none"> • See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above.
<p>Contraceptive Methods (Including</p>	<p>Code Group 1: Sterilizations:</p>	<p>Code Group 1:</p> <ul style="list-style-type: none"> • Does not have diagnosis code

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above.

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

Service:	Code(s):	Preventive Benefit Instructions:
Sterilizations) HHS Requirement: For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed). For patient education and counseling: <ul style="list-style-type: none"> See the Wellness Examinations section of the Preventive Care Services table above. <p><u>NOTES:</u> <i>Certain employers may qualify for an exemption from covering contraceptive methods and sterilizations on account of religious objections.</i></p> <p><i>Refer to the Prescription Drug Rider, for specific prescription drug product coverage and exclusion terms.</i></p>	<p><i>Tubal Ligation, oviduct occlusion:</i></p> <ul style="list-style-type: none"> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 <p><i>(See Code Group 4 below for tubal ligation followup.)</i></p> <p><u>Contraceptive Methods:</u> <i>Diaphragm or cervical cap:</i></p> <ul style="list-style-type: none"> 57170, A4261, A4266 IUD(copper): J7300 IUD (Skyla®): J7301 IUD (other): J7297 <p><i>See Code Group 2 for additional IUD codes.</i></p> <hr/> <p><u>Code Group 2:</u> <u>Contraceptive Methods:</u></p> <ul style="list-style-type: none"> <i>Implantable devices:</i> J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion) <i>IUDs:</i> J7298, S4989 58300, S4981 (insertion) 58301 (removal) <p><i>See Code Group 1 for additional IUD codes.</i></p> <ul style="list-style-type: none"> J1050 (injection) 96372 (administration) <hr/> <p><u>Code Group 2 Diagnosis Code(s):</u> <i>These are required for group 2:</i> <u>Contraceptive Management:</u></p> <ul style="list-style-type: none"> ICD-9: V25.01, V25.02, V25.03, V25.09, V25.11, V25.12, V25.13, V25.40, V25.41, V25.42, V25.43, V25.49, V25.5, V25.8, V25.9 ICD-10: Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9 <hr/> <p><u>Code Group 3:</u> <i>Anesthesia for Sterilization:</i></p> <ul style="list-style-type: none"> 00851, 00940, 00942, 00950, 	<p>requirements for preventive benefits to apply.</p> <hr/> <p>Code Group 2 :</p> <ul style="list-style-type: none"> Preventive when billed with one of the diagnosis Code Group 2 Diagnosis Codes in this row. <hr/> <p>Code Group 3:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 3 Diagnosis Code

Expanded Women's Preventive Health

These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.

For additional services covered for women, see the Preventive Care Services table above.

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

Service:	Code(s):	Preventive Benefit Instructions:
	<p>00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Code Group 3 Diagnosis Code: <i>Sterilization:</i></p> <ul style="list-style-type: none"> • <u>ICD-9: V25.2</u> • <u>ICD-10: Z30.2</u> <hr/> <p>Code Group 4: <i>Tubal ligation followup hysterosalpingogram:</i></p> <ul style="list-style-type: none"> • 58340, 74740 <p>Code Group 4 Diagnosis Code: <i>Tubal ligation status:</i></p> <ul style="list-style-type: none"> • <u>ICD-9: V26.51</u> • <u>ICD-10: Z98.51</u> <hr/> <p>Code Group 5: IUD Follow up Visit:</p> <ul style="list-style-type: none"> • 99211, 99212 <p>Code Group 5 Diagnosis Code:</p> <ul style="list-style-type: none"> • <u>ICD-10: Z30.431</u> 	<p>in this row.</p> <hr/> <p>Code Group 4:</p> <ul style="list-style-type: none"> • Preventive when billed with the Code Group 4 Diagnosis Code listed in this row. <hr/> <p>Code Group 5:</p> <ul style="list-style-type: none"> • Preventive when billed with the Code Group 5 Diagnosis code listed in this row.
<p>Breastfeeding Support, Supplies, and Counseling</p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p>	<p><u>Support and Counseling:</u> Procedure Code(s):</p> <ul style="list-style-type: none"> • S9443, 99241, 99242, 99243, 99244, 99245 • 99341, 99342, 99343, 99344, 99345 • 99347, 99348, 99349, 99350 <ul style="list-style-type: none"> • Also see the codes in the Wellness Examinations section of the Preventive Care Services table above. <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • <u>ICD-9: V24.1</u> • <u>ICD-10: Z39.1</u> <p><u>Breast Pump Equipment & Supplies:</u> Procedure Code(s): <i>Personal Use Electric</i></p> <ul style="list-style-type: none"> • E0603 <p><i>Breast Pump Supplies</i></p> <ul style="list-style-type: none"> • A4281, A4282, A4283, A4284, A4285, A4286 <p>Diagnosis Code(s):</p> <ul style="list-style-type: none"> • Pregnancy Diagnosis Code (see 	<p><u>Support and Counseling:</u></p> <ul style="list-style-type: none"> • The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350 • The Diagnosis Code listed in this row is not required for S9443 <p><u>Breast Pump Equipment & Supplies:</u></p> <ul style="list-style-type: none"> • E0603 is limited to one purchase per birth. • E0603 and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.

Expanded Women's Preventive Health <i>These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12.</i> <i>For additional services covered for women, see the Preventive Care Services table above.</i> <i>Certain codes may not be payable in all circumstances due to other policies.</i>		
Service:	Code(s):	Preventive Benefit Instructions:
	Pregnancy Diagnosis Code list above), OR <ul style="list-style-type: none"> • <u>ICD-9</u>: V24.1 • <u>ICD-10</u>: Z39.1 	
Screening and Counseling for Interpersonal and Domestic Violence HHS Requirement: Screening and counseling for interpersonal and domestic violence.	Procedure Code(s): <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. Diagnosis Code(s): <ul style="list-style-type: none"> • See the Wellness Examinations section of the Preventive Care Services table above. 	<ul style="list-style-type: none"> • N/A

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Committee [CDG.016.09, Effective 01/01/2016]

1. Department of Labor: http://www.dol.gov/ebsa/consumer_info_health.html.
2. July 19, 2010 IRS Interim Rules: http://www.irs.gov/irb/2010-29_IRB/index.html.
3. USPSTF Published Recommendations, Index:
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>
4. Centers for Disease Control and Prevention / Immunization Schedules:
<http://www.cdc.gov/vaccines/schedules/index.html>.
5. U.S. Food and Drug Administration (FDA), Complete List of Vaccines Licensed for Immunization and Distribution in the US:
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>.
6. ACIP Abbreviations for Vaccines (including Trade Names):
<http://www.cdc.gov/vaccines/acip/committee/guidance/vac-abbrev.html> .
7. ACIP Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html>.
8. American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services:
http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf
9. American Academy of Pediatrics: <http://www.aap.org/>.
10. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare (For ages 0 - 21): http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
11. Women's Preventive Services: Required Health Plan Coverage Guidelines:
<http://www.hrsa.gov/womensguidelines/>
12. Grade Definitions for USPSTF Recommendations
<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2016	<ul style="list-style-type: none"> Added reference links to related policies titled: <ul style="list-style-type: none"> <i>Breast Imaging for Screening and Diagnosing Cancer</i> <i>Cardiovascular Disease Risk Tests</i> <i>Cytological Examination of Breast Fluids for Cancer Screening</i> <i>Fecal DNA Testing</i> <i>Vaccines</i> Revised coverage rationale: <ul style="list-style-type: none"> Updated conditions of coverage for; <p>Plan years that begin on or after September 23, 2010</p> <ul style="list-style-type: none"> Removed language indicating: <ul style="list-style-type: none"> In addition to [the noted] mandated services, under the Preventive Care Services benefit, Oxford also covers screening using CT colonography, prostate specific antigen (PSA), and screening mammography for adult women without age limits <p>Plan years that begin on or after August 1, 2012</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> In addition to [the noted] mandated services, under the Preventive Care Services benefit, Oxford also covers screening using CT colonography, prostate specific antigen (PSA), and screening mammography for adult women without age limits Updated summary of preventive care services benefit; added reference link to the Reimbursement Policy titled <i>Preventive Medicine and Screening</i> for situations which may affect reimbursement of preventive care services Revised list of applicable procedure and diagnosis codes: <p>Preventive Care Services</p> <ul style="list-style-type: none"> Immunizations <ul style="list-style-type: none"> Updated service description; removed language indicating brand names are included as examples for convenience only; coverage is based solely on the procedure codes Newborn Screenings <ul style="list-style-type: none"> Updated preventive benefit instructions; added age guideline of "0-90 days" for newborn screening and blood draw Tobacco Smoking Cessation in Adults <ul style="list-style-type: none"> Modified preventive benefit instructions; removed duplicative language (no change to guideline) Screening for Lung Cancer with Low-Dose Computed Tomography <ul style="list-style-type: none"> Updated preventive benefit instructions; added language to indicate a listed diagnosis code is required for preventive benefit to apply <p>Preventive Immunizations</p> <ul style="list-style-type: none"> Measles, Mumps, Rubella (MMR) <ul style="list-style-type: none"> Updated category listing; removed "combination or individual" from service description <p>Expanded Women's Preventive Health</p> <ul style="list-style-type: none"> Human Papillomavirus DNA Testing (HPV) <ul style="list-style-type: none"> Modified service description; removed duplicative language from summary of HHS requirement (no change to guideline) Archived previous policy version PREVENTIVE 006.37 T0