



Commercial Medical Policy



Policy Attachment

Attachment to Policy # **00.06.02r**

Attachment: A

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Description: Adult Preventive Services

Title: Preventive Care Services

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The intent of this attachment is to communicate services that may be considered adults' preventive services for individuals or groups for whom these services apply.

Adult Preventive Services

- Visits

- Preventive Exams
- Screenings
 - Adult Abdominal Aortic Aneurysm (AAA) Screening
 - Alcohol Use/Misuse Screening and Behavioral Counseling Intervention
 - High Blood Pressure Screening
 - Colorectal Cancer Screening
 - Depression Screening
 - Glaucoma Screening (For members enrolled in NJ products only)
 - Hepatitis B Virus Screening
 - Hepatitis C Virus Screening
 - Human Immunodeficiency Virus (HIV) Screening
 - Lipid Disorder Screening
 - Lung Cancer Screening
 - Obesity Screening and Behavioral Counseling
 - Prostate Cancer Screening- Digital Rectal Exam (For members enrolled in NJ products only)
 - Prostate Specific Antigen (PSA) Screening (For members enrolled in NJ products only)
 - Syphilis Screening
 - Abnormal Blood Glucose and Type 2 Diabetes Mellitus Screening and Intensive Behavioral Counseling Interventions
- Therapy and Counseling
 - Behavioral Counseling for Prevention of Sexually Transmitted Infections
 - Services Included as Part of the Comprehensive Preventive Exam
 - Behavioral Counseling for Skin Cancer Prevention
 - High Blood Pressure Screening (Office-based)
 - Intensive Behavioral Counseling to Promote a Healthful Diet and Physical Activities for Cardiovascular Disease Prevention
 - Nutritional Counseling for Weight Management
 - Counseling for the Prevention of Falls
 - Tobacco Use Counseling
- Medications
 - Aspirin
 - Prescription Bowel Preparation Medication
 - Tobacco cessation medication
 - Vitamin D
- Miscellaneous
 - Hemoglobin Testing (For members enrolled in NJ products only)
 - Immunizations

Appropriate gender-specific recommended preventive services is covered as a preventive service for transgender individuals as determined by the individual's healthcare provider.

VISITS

PREVENTIVE EXAMS

Preventive exams are covered as a preventive service for all adults, 1 preventive exam every year.

CPT Procedure Code Number(s) and Narrative(s)	99385, 99386, 99387, 99395, 99396, 99397
ICD-10 Diagnosis Code Number(s)	N/A

and Narrative(s)	
HCPCS Level II Code Number(s) and Narrative(s)	G0438 Annual Wellness Visit; includes a personalized prevention plan of service (PPS) Initial Visit G0439 Annual Wellness Visit; includes a personalized prevention plan of service (PPS) Subsequent Visit

SCREENINGS

ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

Abdominal aortic aneurysm (AAA) screening is covered as a preventive service for asymptomatic males ages 65 to 75 years with a history of smoking. The frequency for this preventive service is once in a lifetime.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR ABDOMINAL AORTIC ANEURYSM SCREENING, HCPCS CODE G0389 IS COVERED AS PREVENTIVE FOR THE FOLLOWING DIAGNOSIS CODES: F17.210 Nicotine dependence, cigarettes, uncomplicated F17.211 Nicotine dependence, cigarettes, in remission F17.213 Nicotine dependence, cigarettes, with withdrawal F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders Z72.0 Tobacco use Z87.891 Personal history of nicotine dependence
HCPCS Level II Code Number(s) and Narrative(s)	G0389 Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening

ALCOHOL USE/MISUSE SCREENING AND BEHAVIORAL COUNSELING INTERVENTION

Alcohol use/misuse screening is covered as a preventive service for all adults. For adults who have a positive screening result for alcohol use/misuse, behavioral counseling in a primary care setting is covered as a preventive service.

CPT Procedure Code Number(s) and Narrative(s)	99408, 99409
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A

HCPCS Level II Code Number(s) and Narrative(s)	G0442 Annual alcohol misuse screening, 15 minutes G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
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HIGH BLOOD PRESSURE SCREENING

Ambulatory blood pressure monitoring is covered as a preventive service for individuals with an elevated office blood pressure without known hypertension when any of the following is met:

- For individuals 18 years and older with an increased risk for high blood pressure once a year
- For individuals 18 to 39 years with no other risk factors once every three to five years
- For Individuals 40 years or older once a year
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As an alternative, a home blood pressure device may be covered as a preventive service when the above criteria is met.

CPT Procedure Code Number(s) and Narrative(s)	93784, 93786, 93788, 93790
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR BLOOD PRESSURE MONITORING, CPT CODES 93784, 93786, 93788, 93790 AND HCPCS CODES A4663 AND A4670 WILL ONLY BE COVERED AS A PREVENTIVE SERVICE FOR THE FOLLOWING DIAGNOSIS CODE: R03.0 Elevated blood-pressure reading, without diagnosis of hypertension
HCPCS Level II Code Number(s) and Narrative(s)	A4663 Blood pressure cuff only A4670 Automatic blood pressure monitor

COLORECTAL CANCER SCREENING

Colorectal cancer screening is covered as a preventive service when any of the following criteria are met:

- Ages 50 to 75 years
- Younger than 50 years of age with an increased or high risk of developing colorectal cancer

Colorectal cancer screening includes any of the following tests:

- Fecal occult blood testing
- Highly sensitive fecal immunochemical testing
- Flexible sigmoidoscopy
- Barium enema
- CT colonography
- Stool DNA testing
- Colonoscopy

* For the factors that determine risk and the associated frequency schedule, refer to medical policy 11.03.12, Colorectal Cancer Screening.

Pre-procedure consultation for a colorectal cancer screening procedure is covered as a preventive service for individuals who are eligible for coverage of a colorectal cancer screening procedure when the attending provider determines that the pre-procedure consultation will be medically appropriate.

During the pre-procedure consultation, the healthcare provider examines the individual to determine if the individual is healthy enough for the procedure and explains the process to the individual, including the required preparation for the procedure, all of which are necessary to protect the health of the individual. It is not expected that this service would be reported on the same date as the screening procedure.

Appropriate supplies and services associated with colorectal cancer screening will be considered preventive when billed with a colorectal cancer screening procedure. These supplies and services include, but are not limited to anesthesia and pathology/laboratory services.

CPT Procedure Code Number(s) and Narrative(s)	THE FOLLOWING CODE REPRESENTS FECAL OCCULT BLOOD TESTING:
	82270
	THE FOLLOWING CODES REPRESENT FLEXIBLE SIGMOIDOSCOPY:
	45330, 45331, 45333, 45338, 45346, 45349
	THE FOLLOWING CODES REPRESENT BARIUM ENEMA:
	74270, 74280
	THE FOLLOWING CODES REPRESENT CT COLONOGRAPHY:
	74261
	74262
	74263
	THE FOLLOWING CODES REPRESENT STOOL DNA TESTING:
	81528
	THE FOLLOWING CODES REPRESENT COLONOSCOPY:
	44388
	44389
	44392
	44394
	44401
	44403
	44406
	44407
	45378
	45380
	45384
	45385
	45388

45390

THE FOLLOWING CODE REPRESENTS ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES. IT IS CONSIDERED PREVENTIVE WHEN REPORTED IN CONJUNCTION WITH A PREVENTIVE COLONOSCOPY OR SIGMOIDOSCOPY:

00810

THE FOLLOWING CODES MAY BE USED TO REPRESENT PRE-PROCEDURE CONSULTATIONS FOR SCREENING FLEXIBLE SIGMOIDOSCOPY OR CT COLONOGRAPHY WHEN REPORTED WITH THE APPROPRIATE DIAGNOSIS CODE

99201

99202

99203

99211

99212

99213

99241

99242

99243

ICD-10 Diagnosis Code Number(s) and Narrative(s)

FOR INDIVIDUALS AT INCREASED OR HIGH-RISK REPORT THE FOLLOWING DIAGNOSIS CODES TO BE COVERED AS A PREVENTIVE SERVICE:

D12.2 Benign neoplasm of ascending colon

D12.3 Benign neoplasm of transverse colon

D12.4 Benign neoplasm of descending colon

D12.5 Benign neoplasm of sigmoid colon

D12.6 Benign neoplasm of colon, unspecified

K50.00 Crohn's disease of small intestine without complications

K50.011 Crohn's disease of small intestine with rectal bleeding

K50.012 Crohn's disease of small intestine with intestinal obstruction

K50.013 Crohn's disease of small intestine with fistula

K50.014 Crohn's disease of small intestine with abscess

K50.018 Crohn's disease of small intestine with other complication

K50.019 Crohn's disease of small intestine with unspecified

complications

K50.10 Crohn's disease of large intestine without complications

K50.111 Crohn's disease of large intestine with rectal bleeding

K50.112 Crohn's disease of large intestine with intestinal obstruction

K50.113 Crohn's disease of large intestine with fistula

K50.114 Crohn's disease of large intestine with abscess

K50.118 Crohn's disease of large intestine with other complication

K50.119 Crohn's disease of large intestine with unspecified complications

K50.80 Crohn's disease of both small and large intestine without complications

K50.811 Crohn's disease of both small and large intestine with rectal bleeding

K50.812 Crohn's disease of both small and large intestine with intestinal obstruction

K50.813 Crohn's disease of both small and large intestine with fistula

K50.814 Crohn's disease of both small and large intestine with abscess

K50.818 Crohn's disease of both small and large intestine with other complication

K50.819 Crohn's disease of both small and large intestine with unspecified complications

K50.90 Crohn's disease, unspecified, without complications

K50.911 Crohn's disease, unspecified, with rectal bleeding

K50.912 Crohn's disease, unspecified, with intestinal obstruction

K50.913 Crohn's disease, unspecified, with fistula

K50.914 Crohn's disease, unspecified, with abscess

K50.918 Crohn's disease, unspecified, with other complication

K50.919 Crohn's disease, unspecified, with unspecified

complications

K51.00 Ulcerative (chronic) pancolitis without complications

K51.011 Ulcerative (chronic) pancolitis with rectal bleeding

K51.012 Ulcerative (chronic) pancolitis with intestinal obstruction

K51.013 Ulcerative (chronic) pancolitis with fistula

K51.014 Ulcerative (chronic) pancolitis with abscess

K51.018 Ulcerative (chronic) pancolitis with other complication

K51.019 Ulcerative (chronic) pancolitis with unspecified complications

K51.20 Ulcerative (chronic) proctitis without complications

K51.211 Ulcerative (chronic) proctitis with rectal bleeding

K51.212 Ulcerative (chronic) proctitis with intestinal obstruction

K51.213 Ulcerative (chronic) proctitis with fistula

K51.214 Ulcerative (chronic) proctitis with abscess

K51.218 Ulcerative (chronic) proctitis with other complication

K51.219 Ulcerative (chronic) proctitis with unspecified complications

K51.30 Ulcerative (chronic) rectosigmoiditis without complications

K51.311 Ulcerative (chronic) rectosigmoiditis with rectal bleeding

K51.312 Ulcerative (chronic) rectosigmoiditis with intestinal obstruction

K51.313 Ulcerative (chronic) rectosigmoiditis with fistula

K51.314 Ulcerative (chronic) rectosigmoiditis with abscess

K51.318 Ulcerative (chronic) rectosigmoiditis with other complication

K51.319 Ulcerative (chronic) rectosigmoiditis with unspecified complications

K51.40 Inflammatory polyps of colon without complications

K51.411 Inflammatory polyps of colon with rectal bleeding

K51.412 Inflammatory polyps of colon with intestinal obstruction

K51.413 Inflammatory polyps of colon with fistula

K51.414 Inflammatory polyps of colon with abscess

K51.418 Inflammatory polyps of colon with other complication

K51.419 Inflammatory polyps of colon with unspecified complications

K51.50 Left sided colitis without complications

K51.511 Left sided colitis with rectal bleeding

K51.512 Left sided colitis with intestinal obstruction

K51.513 Left sided colitis with fistula

K51.514 Left sided colitis with abscess

K51.518 Left sided colitis with other complication

K51.519 Left sided colitis with unspecified complications

K51.80 Other ulcerative colitis without complications

K51.811 Other ulcerative colitis with rectal bleeding

K51.812 Other ulcerative colitis with intestinal obstruction

K51.813 Other ulcerative colitis with fistula

K51.814 Other ulcerative colitis with abscess

K51.818 Other ulcerative colitis with other complication

K51.819 Other ulcerative colitis with unspecified complications

K51.90 Ulcerative colitis, unspecified, without complications

K51.911 Ulcerative colitis, unspecified with rectal bleeding

K51.912 Ulcerative colitis, unspecified with intestinal obstruction

K51.913 Ulcerative colitis, unspecified with fistula

K51.914 Ulcerative colitis, unspecified with abscess

K51.918 Ulcerative colitis, unspecified with other complication

K51.919 Ulcerative colitis, unspecified with unspecified complications

K52.1 Toxic gastroenteritis and colitis

K52.89 Other specified noninfective gastroenteritis and colitis

K52.9 Noninfective gastroenteritis and colitis, unspecified

K63.5 Polyp of colon

Z12.11 Encounter for screening for malignant neoplasm of colon

Z12.12 Encounter for screening for malignant neoplasm of rectum

Z80.0 Family history of malignant neoplasm of digestive organs

Z80.8 Family history of malignant neoplasm of other organs or systems

Z83.71 Family history of colonic polyps

Z83.79 Family history of other diseases of the digestive system

Z85.03 Personal history of other malignant neoplasm of large intestine

Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Z85.068 Personal history of other malignant neoplasm of small intestine

Z86.010 Personal history of colonic polyps

Z87.19 Personal history of other diseases of the digestive system

FOR PRE-PROCEDURE CONSULTATION FOR SCREENING FLEXIBLE SIGMOIDOSCOPY OR CT COLONOGRAPHY, CPT CODES 99201, 99202, 99203, 99211, 99212, 99213, 99241, 99242, 99243 ARE COVERED AS PREVENTIVE FOR THE FOLLOWING DIAGNOSIS CODES:

Z12.11 Encounter for screening for malignant neoplasm of colon

Z12.12 Encounter for screening for malignant neoplasm of rectum

HCPCS Level II Code Number(s) and Narrative(s)

THE FOLLOWING CODE REPRESENTS HIGHLY SENSITIVE FECAL IMMUNOCHEMICAL TESTING:

G0328 Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.

THE FOLLOWING CODE REPRESENTS STOOL DNA TESTING:

G0464 Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)

THE FOLLOWING CODE REPRESENTS FLEXIBLE SIGMOIDOSCOPY:

G0104 Colorectal cancer screening; flexible sigmoidoscopy

THE FOLLOWING CODES REPRESENT BARIUM ENEMA:

G0106 Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema

G0120 Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema

G0122 Colorectal cancer screening; barium enema

THE FOLLOWING CODES REPRESENT COLONOSCOPY:

G0105 Colorectal cancer screening; colonoscopy on individual at high risk

G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

THE FOLLOWING CODE REPRESENTS PRE-PROCEDURE CONSULTATION FOR SCREENING COLONOSCOPY

S0285 Colonoscopy consultation performed prior to a screening colonoscopy procedure

DEPRESSION SCREENING

Annual depression screening is covered as a preventive service for all adults when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and follow-up.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	G0444 Annual depression screening, 15 minutes

GLAUCOMA SCREENING (FOR MEMBERS ENROLLED IN NEW JERSEY PRODUCTS ONLY)

In accordance with the State of New Jersey's mandate, for members who are enrolled in New Jersey

products, glaucoma screening is covered as a preventive service for adults 35 years or older every 5 years.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	Z13.5 Encounter for screening for eye and ear disorders
HCPCS Level II Code Number(s) and Narrative(s)	G0117 Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist G0118 Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist

HEPATITIS B VIRUS SCREENING

Hepatitis B screening is covered as a preventive service for all asymptomatic adults at high risk for HBV infection

CPT Procedure Code Number(s) and Narrative(s)	86704 86705 86706 87340 87341 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH HEPATITIS B VIRUS SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	N/A

HEPATITIS C VIRUS SCREENING

Hepatitis C virus screening is covered as a preventive service for any of the following criteria:

- All asymptomatic adults, 18 years of age or older with no history of liver disease or functional abnormalities
- One-time screening for those born between 1945 and 1965

CPT Procedure Code Number(s) and Narrative(s)	86803 87522 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH HEPATITIS C VIRUS SCREENING, THEY
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	ARE COVERED AS A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	G0472 Hepatitis C antibody screening for individual at high risk and other covered indication(s)

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING

Human immunodeficiency virus (HIV) screening is covered as a preventive service for individuals whose history reveals new or persistent risk factors since the last negative test result.

CPT Procedure Code Number(s) and Narrative(s)	86689 86701 86702 86703 87389 87390 87391 87806 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH HIV SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR HIV SCREENING, CPT CODES 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 WILL ONLY BE COVERED AS A PREVENTIVE SERVICE FOR THE FOLLOWING DIAGNOSIS CODES: Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission Z11.4 Encounter for screening for human immunodeficiency virus [HIV]
HCPCS Level II Code Number(s) and Narrative(s)	G0432 Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening G0433 Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening G0435 Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening G0475 HIV antigen/antibody, combination assay, screening

S3645 HIV-1 antibody testing of oral mucosal transudate

LIPID DISORDER SCREENING

Lipid disorder screening is covered as a preventive service for males 35 years or older every 5 years. For individuals 20 years or older with an increased risk for coronary heart disease or who have lipid levels close to those warranting therapy, lipid disorder screening is covered at shorter intervals as warranted.

CPT Procedure Code Number(s) and Narrative(s)	80061, 82465, 83718, 84478 82465 83718 84478 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH LIPID DISORDER SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR LIPID DISORDER SCREENING, CPT CODES 80061, 82465, 83718, AND 84478 ARE COVERED AS PREVENTIVE FOR THE FOLLOWING DIAGNOSIS CODES: Z00.00 Encounter for general adult medical examination without abnormal findings Z00.01 Encounter for general adult medical examination with abnormal findings Z13.220 Encounter for screening for lipoid disorders
HCPCS Level II Code Number(s) and Narrative(s)	N/A

LUNG CANCER SCREENING

Lung cancer screening with low-dose computed tomography is covered as a preventive service for adults ages 55 to 80 years who have a 30 pack-year smoking history (number of pack-years = packs smoked per day × years as a smoker) and currently smoke or have quit within the past 15 years.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR LUNG CANCER SCREENING, HCPCS G0297 WILL BE COVERED AS A PREVENTIVE SERVICE WITH THE FOLLOWING DIAGNOSIS CODES: F17.210 Nicotine dependence, cigarettes, uncomplicated F17.211 Nicotine dependence, cigarettes, in remission

	<p>F17.213 Nicotine dependence, cigarettes, with withdrawal</p> <p>F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders</p> <p>F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders</p> <p>Z72.0 Tobacco use</p> <p>Z87.891 Personal history of nicotine dependence</p>
HCPCS Level II Code Number(s) and Narrative(s)	G0297 Low dose CT scan (LDCT) for lung cancer screening

OBESITY SCREENING AND BEHAVIORAL COUNSELING

Obesity screening is covered as part of the preventive exam for all adults. For individuals with a body mass index (BMI) of 30 kg/m² or higher, counseling is covered as a preventive service. If the individual requires less than 15 minutes of counseling, it is considered part of the preventive exam. If the counseling is 15 minutes or more, the appropriate obesity counseling codes should be reported. Healthcare providers should offer or refer individuals with a body mass index (BMI) of 30 kg/m² or higher for intensive, multi-component behavioral interventions.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	<p>FOR OBESITY SCREENING AND BEHAVIORAL COUNSELING, HCPCS G0447 WILL BE COVERED AS A PREVENTIVE SERVICE WITH THE FOLLOWING DIAGNOSIS CODES:</p> <p>Z68.30 Body Mass Index (BMI) 30.0-30.9, adult</p> <p>Z68.31 Body Mass Index (BMI) 31.0-31.9, adult</p> <p>Z68.32 Body Mass Index (BMI) 32.0-32.9, adult</p> <p>Z68.33 Body Mass Index (BMI) 33.0-33.9, adult</p> <p>Z68.34 Body Mass Index (BMI) 34.0-34.9, adult</p> <p>Z68.35 Body Mass Index (BMI) 35.0-35.9, adult</p> <p>Z68.36 Body Mass Index (BMI) 36.0-36.9, adult</p> <p>Z68.37 Body Mass Index (BMI) 37.0-37.9, adult</p> <p>Z68.38 Body Mass Index (BMI) 38.0-38.9, adult</p> <p>Z68.39 Body Mass Index (BMI) 39.0-39.9, adult</p>

	Z68.41 Body Mass Index (BMI) 40.0-44.9, adult
	Z68.42 Body Mass Index (BMI) 45.0-49.9, adult
	Z68.43 Body Mass Index (BMI) 50.0-59.9, adult
	Z68.44 Body Mass Index (BMI) 60.0-69.9, adult
	Z68.45 Body Mass Index (BMI) 70 or greater, adult
HCPCS Level II Code Number(s) and Narrative(s)	G0447 Face-to-Face behavioral counseling for obesity, 15 minutes

PROSTATE CANCER SCREENING--DIGITAL RECTAL EXAM (FOR MEMBERS ENROLLED IN NJ PRODUCTS ONLY)

In accordance with the State of New Jersey's mandate, for members who are enrolled in New Jersey products, digital rectal exam is covered as a preventive service when the following criteria are met:

- Asymptomatic males 50 years and older
- Asymptomatic males 40 years and older with a family history of prostate cancer or other prostate cancer risk factors

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR PROSTATE CANCER SCREENING--DIGITAL RECTAL EXAM, HCPCS G0102 WILL BE COVERED AS A PREVENTIVE SERVICE WITH THE FOLLOWING DIAGNOSIS CODES: Z12.5 Encounter for screening for malignant neoplasm of prostate Z80.42 Family history of malignant neoplasm of prostate
HCPCS Level II Code Number(s) and Narrative(s)	G0102 Prostate cancer screening; digital rectal examination

PROSTATE SPECIFIC ANTIGEN (PSA) SCREENING (FOR MEMBERS ENROLLED IN NJ PRODUCTS ONLY)

In accordance with the State of New Jersey's mandate, for members who are enrolled in New Jersey products, annual prostate specific antigen (PSA) screening is covered as a preventive service when the following criteria are met:

- Asymptomatic males 50 years and older
- Asymptomatic males 40 years and older with family history of prostate cancer or other prostate cancer risk factors

CPT Procedure Code Number(s) and Narrative(s)	84152 84153 84154 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH PROSTATE SPECIFIC ANTIGEN (PSA)
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	<p>SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE:</p> <p>36415 36416 99000</p>
<p>ICD-10 Diagnosis Code Number(s) and Narrative(s)</p>	<p>FOR PROSTATE SPECIFIC ANTIGEN (PSA) SCREENING, 84152, 84153, AND 84154 WILL BE COVERED AS A PREVENTIVE SERVICE WITH THE FOLLOWING DIAGNOSIS CODES:</p> <p>Z12.5 Encounter for screening for malignant neoplasm of prostate</p> <p>Z80.42 Family history of malignant neoplasm of prostate</p>
<p>HCPCS Level II Code Number(s) and Narrative(s)</p>	<p>G0103 Prostate cancer screening; prostate specific antigen test (PSA)</p>

SYPHILIS SCREENING

Syphilis screening is covered as a preventive service for all adults at increased risk for syphilis infection, including individuals diagnosed with other sexually transmitted infections (STI).

<p>CPT Procedure Code Number(s) and Narrative(s)</p>	<p>86592 86780</p> <p>WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH SYPHILIS SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE:</p> <p>36415 36416 99000</p>
<p>ICD-10 Diagnosis Code Number(s) and Narrative(s)</p>	<p>N/A</p>
<p>HCPCS Level II Code Number(s) and Narrative(s)</p>	<p>N/A</p>

ABNORMAL BLOOD GLUCOSE AND TYPE 2 DIABETES MELLITUS SCREENING AND INTENSIVE BEHAVIORAL COUNSELING INTERVENTIONS

Abnormal blood glucose and type 2 diabetes mellitus screening is covered as a preventive service as part of a cardiovascular risk assessment in adults 40 to 70 years who are overweight or obese. Intensive behavioral counseling interventions for abnormal blood glucose to promote a healthful diet and physical activity are covered as a preventive service for individuals 40 to 70 years who are overweight or obese with abnormal blood glucose for up to 24 sessions a year.

<p>CPT Procedure Code Number(s) and Narrative(s)</p>	<p>0403T 82947 82950 82951</p>
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	82952 83036 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH TYPE 2 DIABETES MELLITUS SCREENING, THEY ARE COVERED AS A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	FOR TYPE 2 DIABETES MELLITUS SCREENING, HCPCS CODES 82947, 82950, 82951, 82952, AND 83036 ARE COVERED AS PREVENTIVE WITH THE FOLLOWING DIAGNOSIS CODE: Z13.1 Encounter for screening for diabetes mellitus FOR INTENSIVE BEHAVIORAL COUNSELING INTERVENTIONS FOR ABNORMAL BLOOD GLUCOSE, CPT CODE 0403T IS COVERED AS PREVENTIVE WITH THE FOLLOWING DIAGNOSIS CODE: R73.03 Prediabetes R73.09 Other abnormal glucose
HCPCS Level II Code Number(s) and Narrative(s)	N/A

THERAPY AND COUNSELING

BEHAVIORAL COUNSELING FOR PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

Behavioral counseling for prevention of sexually transmitted infections is covered as a preventive service for all sexually active adults at increased risk for transmitted infections.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	G0445 Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior

SERVICES INCLUDED AS PART OF THE COMPREHENSIVE PREVENTIVE EXAM

The following services are covered as part of a preventive exam and are not eligible for separate reimbursement:

- Behavioral Counseling for Skin Cancer Prevention
- High Blood Pressure Screening (office-based)

INTENSIVE BEHAVIORAL COUNSELING TO PROMOTE A HEALTHFUL DIET AND PHYSICAL ACTIVITIES FOR CARDIOVASCULAR DISEASE PREVENTION

Intensive behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention is covered as a preventive service when all of the following criteria are met:

- Adults ages 18 years or older
- Diagnosis of overweight or obese
- Known cardiovascular disease risk factors including, but not limited to hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome

Intensive behavioral counseling will be considered part of a preventive exam if less than 15 minutes.

CPT Procedure Code Number(s) and Narrative(s)	N/A
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

NUTRITIONAL COUNSELING FOR WEIGHT MANAGEMENT

Nutritional counseling for weight management is covered as a preventive service for all adults up to 6 visits per year.

CPT Procedure Code Number(s) and Narrative(s)	97802 97803
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes S9449 Weight management classes, nonphysician provider, per session S9452 Nutrition classes, nonphysician provider, per session S9470 Nutritional counseling, dietitian visit

COUNSELING FOR THE PREVENTION OF FALLS

Counseling for the prevention of falls is covered as a preventive service for community-dwelling adults ages 65 years or older with an increased risk of falls. Some risk factors for falls are a history of falls, a history of mobility problems, and a poor performance on the timed Get-Up-and-Go test. As defined by USPSTF, "community-dwelling" is defined as living in a setting other than an assisted living facility, nursing home, or

other institutional care setting. Counseling for the prevention of falls is considered part of a preventive exam, if less than 15 minutes.

CPT Procedure Code Number(s) and Narrative(s)	99401 99402 99403 99404
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	N/A

TOBACCO USE COUNSELING

Counseling for tobacco use is covered as a preventive service for all adults who use tobacco products.

CPT Procedure Code Number(s) and Narrative(s)	99406 99407
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	N/A

MEDICATIONS

Medications listed below are considered preventive when prescribed by a health care provider. For members without a pharmacy benefit, these medications will be covered under their medical benefit if preventive criteria are met:

Coverage of preventive medications under the member's medical benefit is contingent on the member submitting a receipt for the preventive medication.

Cost-share may be applied to the branded preventive medication if there is an alternative generic medication available, unless a healthcare provider determines the generic is medically inappropriate.

ASPIRIN

Aspirin is covered as a preventive service for any of the following indications:

- Males 45 to 79 years with no history of coronary heart disease or stroke when the potential benefit of a reduction in myocardial infarctions outweighs the potential harm of an increase in gastrointestinal hemorrhage
- Females 55 to 79 years with no history of coronary heart disease or stroke when the potential benefit of a reduction in ischemic strokes outweigh the potential harm of an increase in gastrointestinal hemorrhage.

PRESCRIPTION BOWEL PREPARATION MEDICATION

Bowel preparation medications for a colorectal cancer screening procedure (i.e. flexible sigmoidoscopy, colonoscopy, virtual colonoscopy) are covered as a preventive service when medically appropriate and prescribed by a healthcare provider.

Over-the-counter medications or isotonic liquids will not be covered as a preventive service.

TOBACCO CESSATION MEDICATION

Tobacco cessation medication is covered as a preventive service for all adults who use tobacco products and nicotine replacement (i.e., nicotine gums and nicotine patches).

VITAMIN D

Vitamin D (the median dose of vitamin D is 800 IU) is covered as a preventive service for community-dwelling adults ages 65 years or older with an increased risk of falls because of a history of recent falls or vitamin D deficiency.

MISCELLANEOUS

HEMOGLOBIN TESTING (FOR MEMBERS ENROLLED IN NEW JERSEY PRODUCTS ONLY)

In accordance with the State of New Jersey's mandate, for members who are enrolled in New Jersey products, annual hemoglobin testing is covered as a preventive service for adults 20 years of age or older.

CPT Procedure Code Number(s) and Narrative(s)	85018 WHEN THE FOLLOWING CODES ARE REPORTED IN CONJUNCTION WITH HEMOGLOBIN TESTING, WHEN HEMOGLOBIN TESTING IS CONSIDERED PREVENTIVE, THEY ARE CONSIDERED A PREVENTIVE SERVICE: 36415 36416 99000
ICD-10 Diagnosis Code Number(s) and Narrative(s)	Z00.00 Encounter for general adult medical examination without abnormal findings Z00.01 Encounter for general adult medical examination with abnormal findings Z13.0 Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
HCPCS Level II Code Number(s) and Narrative(s)	N/A

IMMUNIZATIONS

In accordance with the Advisory Committee on Immunization Practices (ACIP), routine immunization recommendations, routine immunizations, and their administration are covered as a preventive service for all adults.

For the immunization's schedule refer to medical policy 08.01.04- Preventive Immunization.

CPT Procedure Code Number(s)	90620 90621
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and Narrative(s)

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IMMUNIZATION ADMINISTRATION

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90471

	90472 90473 90474
ICD-10 Diagnosis Code Number(s) and Narrative(s)	N/A
HCPCS Level II Code Number(s) and Narrative(s)	<p>Q2035 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)</p> <p>Q2036 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)</p> <p>Q2037 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)</p> <p>Q2038 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUZONE)</p> <p>IMMUNIZATION ADMINISTRATION</p> <p>G0008 Administration of influenza virus vaccine</p> <p>G0009 Administration of pneumococcal vaccine</p> <p>G0010 Administration of hepatitis B vaccine</p> <p>J3530 Nasal vaccine inhalation</p>

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Version Reissued Date: N/A