

Effective for new groups and existing groups when they renew **on or after September 23, 2010**, most preventive care services. Groups maintaining "grandfathered" status under the Patient Protection and Affordable Care Act (commonly referred to as health care reform) are not subject to this requirement, but many of these groups have opted to cover preventive services with no cost sharing.

This means that members will have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit.

Tufts Health Plan has delayed implementation of the following change until further notice:

Upon full implementation, Tufts Health Plan will accept and recognize the use of modifier 33 when billed with services on the U.S. Preventive Services Task Force List that have an A or B rating.

The American Medical Association created this modifier to allow providers to identify a preventive service for which patient cost sharing does not apply under the Patient Protection and Affordable Care Act, which prohibits patient cost sharing for non-grandfathered plans.

Modifier 33 is appropriate to use with a CPT code that is a diagnostic/treatment service being performed as a preventive service.

Reference the [Modifier Payment Policy](#) for more information regarding modifiers.

Providers and their office staff are required to use self-service channels to verify effective dates and copayments for commercial members prior to initiating services.

The following tables represent services by categories which have been identified as preventive in nature:

Routine Health Screenings

Asymptomatic Bacteriuria, Rh (D) Blood Typing (first pregnancy related visit), Iron Deficiency Anemia: Pregnant Women

CPT codes 81000 (urinalysis), 86901 (Blood typing; Rh (D)), and 85025 (Blood count; complete) will be considered preventive when billed with **one** of the following ICD-9 diagnosis codes:

ICD-9 Diagnosis Code	Description
V22.0	Supervision of normal pregnancy
V22.1	Supervision of other than normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.41	Pregnancy with history of labor pre-term
V23.49	Pregnancy with other poor obstetric history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.85	Pregnancy resulting from assisted reproductive technology
V23.86	Pregnancy with history of in-utero procedure during previous pregnancy
V23.89	Other high-risk pregnancy
V23.9	Unspecified high-risk pregnancy

Screening for Gonorrhea and Syphilis (Pregnant Women)

The following CPT/HCPCS codes are considered preventive when billed with the **above** diagnosis codes **or** with **ICD-9 V74.5**

(Screening examination for venereal disease):

CPT/HCPCS Code	Description
87590	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , amplified probe technique
87850	Infectious agent antigen detection by immunoassay with direct optical observation; <i>Neisseria gonorrhoeae</i>
86592	Syphilis test, non-treponemal antibody; qualitative
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B

Cervical Cancer

The following CPT/HCPCS codes are considered preventive when billed with **ICD-9 V76.2 (Screening for malignant neoplasm of the cervix)**:

CPT/HCPCS Code	Description
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system)
88143	Cytopathology, cervical or vaginal (any reporting system)
88147	Cytopathology smears, cervical or vaginal; screening by automated system
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreeing
88150	Cytopathology, slides, cervical or vaginal; manual screening
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreeing
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreeing
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreeing using cell selection and review
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation
88160	Cytopathology, smears, any other source; screening and interpretation
88161	Cytopathology, smears, any other source; preparation, screening and interpretation
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreeing
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreeing
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreeing using cell selection and review

CPT/HCPCS Code	Description
88172	Cytopathology, evaluation of fine needle aspirate
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

Colorectal Cancer: Adults ages 50-75

The following CPT/HCPCS codes are considered preventive when billed with **ICD-9 V76.51 (Special screening for malignant neoplasms, colon)**:

CPT/HCPCS Code	Description
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method

CPT/HCPCS Code	Description
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema

CPT/HCPCS Code	Description
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0122	Colorectal cancer screening; barium enema

HIV: Adults and adolescents at increased risk

The following CPT codes are considered preventive:

CPT Code	Description
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2

HIV: Pregnant Women

The above CPT/HCPCS codes are considered preventive when billed with the following ICD-9 diagnosis codes:

ICD-9 Diagnosis Code	Description
V22.0	Supervision of normal pregnancy
V22.1	Supervision of other than normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.41	Pregnancy with history of labor pre-term
V23.49	Pregnancy with other poor obstetric history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.85	Pregnancy resulting from assisted reproductive technology
V23.86	Pregnancy with history of in-utero procedure during previous pregnancy
V23.89	Other high-risk pregnancy
V23.9	Unspecified high-risk pregnancy

Hepatitis B Virus: Pregnant women

The following CPT/HCPCS codes are considered preventive when billed with the above ICD-9 diagnosis codes:

CPT/HCPCS Code	Description
86704	Hepatitis B core antibody (HBcAb); total
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B

Lipid Disorders in Adults: Men 35 and older, men 20-34 with an increased risk for coronary heart disease (CHD), women 45 and older, and women 20-44 with an increased risk for CHD

The following CPT codes are considered preventive when billed with ICD-9 V77.91 (Screening for lipid disorders):

CPT Code	Description
80061	Lipid panel
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	Lipoprotein, direct measurement; VLDL cholesterol
83721	Lipoprotein, direct measurement; LDL cholesterol

Chlamydia and Gonorrhea: Women age 24 & Younger or 25 & Older at increased risk

The following CPT/HCPCS codes are considered preventive when billed with ICD-9 V74.5 (Screening examination for venereal disease):

CPT/HCPCS Code	Description
87110	Culture, chlamydia, any source
87270	Infectious agent antigen detection by immunofluorescent technique
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method
87490	Infectious agent detection by nucleic acid (DNA or RNA); direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); quantification
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B

Syphilis: Men and women at increased risk

The following CPT/HCPCS codes are considered preventive when billed with ICD-9 V74.5 (Screening examination for venereal disease).

CPT/HCPCS Code	Description
86592	Syphilis test, non-treponemal antibody; qualitative
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B

Abdominal Aortic Aneurysm: Men aged 65-75

The following CPT/HCPCS codes are considered preventive when billed with ICD-9 V15.82 (Personal history of tobacco use, presenting hazards to health) or V81.2 (Screening for other and unspecified cardiovascular conditions):

CPT/HCPCS Code	Description
76700	Ultrasound, abdominal, real time with image documentation; complete
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening

Breast Cancer: Screening with Mammography: Women 50-74 years

The following CPT/HCPCS codes are considered preventive when billed with ICD-9 V76.12 (Other screening mammogram):

CPT/HCPCS Code	Description
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images
77057	Screening mammography, bilateral (2-view film study of each breast)
G0202	Screening mammography, producing direct digital image, bilateral, all views

Depression: Adolescents aged 12-17

The following HCPCS code is considered preventive:

HCPCS Code	Description
G0444	Annual depression screening, 15 mins

Depression: Adults aged 18 and over

The following HCPCS code is considered preventive:

HCPCS Code	Description
G0444	Annual depression screening, 15 mins

Obesity: Children and adolescents aged 6-17

The following HCPCS codes is considered preventive:

HCPCS Code	Description
G0449	Annual face-to-face obesity screening, 15 minutes

Osteoporosis: Postmenopausal women aged 65 and older with no risk factors, or aged 60 and older with risk factors

The following CPT codes are considered preventive when billed with ICD-9 V82.81 (Special screening for osteoporosis):

CPT Code	Description
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

CPT Code	Description
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment

Type 2 Diabetes Mellitus: Men and Women - Sustained BP 135/80+

The following CPT codes are considered preventive when billed with ICD-9 V77.1 (Screening for diabetes mellitus):

CPT Code	Description
80422	Glucagon tolerance panel; for insulinoma
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond 3 specimens

Visual Impairment: Children younger than 5 years

The following CPT codes are considered preventive when billed with ICD-9 V20.2 (Routine infant or child health check):

CPT Code	Description
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)

Pediatric Screenings

Physical Examination (History, measurements, and sensory screening)

The following CPT codes are considered preventive:

CPT Code	Description
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CPT Code	Description
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years

Developmental/Behavioral Assessment

In addition to the above CPT codes, the following CPT code is considered preventive:

CPT Code	Description
96110	Developmental screening; , with interpretation and report, per standardized instrument form

Newborn Metabolic/Hemoglobin Screening

The following CPT codes are considered preventive:

CPT Code	Description
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85018	Blood count; hemoglobin
85013	Blood count; spun microhematocrit

Hemocrit or Hemoglobin

The following CPT codes are considered preventive:

CPT Code	Description
85014	Blood count; hematocrit
85018	Blood count; hemoglobin
85013	Blood count; spun microhematocrit
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)

Lead

CPT code 83655 (Lead) is considered preventive when billed with **ICD-9 V82.5 (Screening for chemical poisoning and other contamination)**.

Tuberculin Test

The following CPT codes are considered preventive:

CPT Code	Description
86580	Skin test; tuberculosis, intradermal
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response

Dyslipdemia

The following CPT codes are considered preventive when billed with **ICD-9 V77.91 (Screening for lipid disorders)**:

CPT Code	Description
82465	Cholesterol, serum or whole blood, total
80061	Lipid panel

STI Screening

The following CPT/HCPCS codes are considered preventive:

CPT/HCPCS Code	Description
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	Fluorescent noninfectious agent antibody; titer, each antibody
86592	Syphilis test, non-treponemal antibody; qualitative

CPT/HCPCS Code	Description
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B

Cervical Dysplasia

Please refer to the Routine Health Screenings section of this document. Included codes are listed under **Cervical Cancer**.

Counseling Services

Tobacco Use: Counseling and intervention for Adults (including pregnant women)

The following CPT/HCPCS codes are considered preventive:

CPT/HCPCS Code	Description
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
S9075	Smoking cessation treatment
S9453	Smoking cessation classes, nonphysician provider, per session
99078	Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

CPT/HCPCS Code	Description
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Aspirin Counseling: Men aged 45 to 79 (For the prevention of myocardial infarctions), and women aged 55 to 78 (For the prevention of ischemic strokes).

The following CPT codes are considered preventive:

CPT Code	Description
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

Alcohol Misuse: Screening and Behavioral Counseling for Adults

The following CPT/HCPCS codes are considered preventive:

CPT/HCPCS Code	Description
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

BRCA Mutation Counseling related to BRCA screening and Breast Cancer: Preventative Medication Discussion – Women at increased risk

The following CPT codes are considered preventive:

CPT Code	Description
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years

CPT Code	Description
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

Healthy Diet: Counseling - Adults with hyperlipidemia and other risk factors for cardiovascular disease

The following HCPCS code is considered preventive:.

HCPCS Code	Description
G0446	Bi-annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk individual, 15 minutes

Obesity: Screening and Intensive Counseling-Adults

The following HCPCS codes are considered preventive:

HCPCS Code	Description
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0449	Annual face-to-face obesity screening, 15 minutes

Sexually Transmitted Infections: Behavioral Counseling - Sexually Active Adolescents and Adults at Increased Risk

The following HCPCS code is considered preventive.

HCPCS Code	Description
G0445	Semi -Annual High Intensity behavioral counseling to prevent STIs, individual, face to face includes education skills training & guidance on how to change sexual behavior

Pediatric and Adolescent Immunizations

The following pediatric and adolescent immunizations are considered preventative:

Immunization/Vaccine	CPT Code	Description
Hepatitis A	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
	90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
Hepatitis B	90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use

Immunization/Vaccine	CPT Code	Description
	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
Rotavirus	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
Haemophilus Influenzae Type B	90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
	90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
DTP	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
	90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
	90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
	90719	Diphtheria toxoid, for intramuscular use
Pneumococcal	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Inactivated Poliovirus	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
MMR	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use
Meningococcal	90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, (Hib-MenCY), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use
	90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
HPV	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
	90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use

Immunization/Vaccine	CPT Code	Description
Influenza	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)
	90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use
	90655	Influenza virus vaccine, split virus, preservative-free, when administered to children 6-35 months of age, for intramuscular use
	90656	Influenza virus vaccine, split virus, preservative-free, when administered to individuals 3 years and older, for intramuscular use
	90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
	90660	Influenza virus vaccine, live, for intranasal use
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use

Adult Immunizations

The following adult immunizations are considered preventive:

Immunization/Vaccine	CPT Code	Description
Hepatitis A	90632	Hepatitis A vaccine, adult dosage, for intramuscular use
Hepatitis B	90746	Hepatitis B vaccine, adult dosage, for intramuscular use
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
DTP	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
	90719	Diphtheria toxoid, for intramuscular use
Zoster	90736	Zoster (shingles) vaccine, live, for subcutaneous injection
HPV	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use

Immunization/Vaccine	CPT Code	Description
	90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
Varicella	90716	Varicella virus vaccine, live, for subcutaneous use
MMR (Measles, Mumps, Rubella)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
Influenza	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
	90660	Influenza virus vaccine, live, for intranasal use
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
Pneumococcal (polysaccharide)	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Meningococcal	90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use

Preventive Immunization Administration Codes

The following immunization administration CPT codes are considered preventive when billed with one of the following ICD-9 diagnosis codes:

CPT Code	Description
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
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)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
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)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
V20.2	Routine infant or child health check
V03.5	Need for prophylactic vaccination and inoculation against diphtheria alone
V03.81	Need for prophylactic vaccination against hemophilus influenza type B (Hib)
V03.82	Need for prophylactic vaccination against streptococcus pneumoniae (pneumococcus)

CPT Code	Description
V03.89	Need for prophylactic vaccination against other specified vaccination
V04.0	Need for prophylactic vaccination and inoculation against poliomyelitis
V04.81	Need for prophylactic vaccination and inoculation, Influenza
V04.89	Need for prophylactic vaccination and inoculation, Other viral diseases
V05.3	Need for prophylactic vaccination and inoculation against viral hepatitis
V05.4	Need for prophylactic vaccination and inoculation against varicella
V06.1	Diphtheria-tetanus-pertussis, combined [DTP] [DtaP]
V06.4	Need for prophylactic vaccination with measles-mumps-rubella (MMR) vaccine
V06.5	Tetanus-diphtheria [Td] [DT]
V06.8	Need for prophylactic vaccination and inoculation against other combinations of diseases
V70.0	Routine general medical examination at health care facility

Preventive Office Visits

The following CPT codes are considered preventive:

CPT Code	Description
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
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years

CPT Code	Description
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

Pharmacy

Fluoride and Folic Acid

For Massachusetts and Rhode Island employer groups we will be adjusting our copay tiers to a \$0 copayment for Fluoride when prescribed to children up to the age of 7, and a \$0 copayment for Folic Acid when prescribed to women of child-bearing age.

Smoking Cessation Drugs

For Rhode Island employer groups we will be adjusting our copay tiers for smoking cessation treatment to a \$0 copayment for prescription smoking cessation drugs. Dispensing limits apply.

Compensation/Reimbursement Information

Providers are compensated according to the Tufts Health Plan network physician reimbursement or contracted rates regardless of where the service is rendered. Claims are subject to payment edits that are updated at regular intervals and generally based on CMS, specialty society guidelines, drug manufacturers' package label inserts, and National Correct Coding Initiative (CCI).