

## PREVENTIVE CARE SERVICES

**Guideline Number:** CDG-A-036

**Effective Date:** August 1, 2013

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### Applicable Products:

- ☒ UHIC
- ☐ Community and State
- ☒ MAHP (MDIPA and Optimum Choice Inc.)
- ☒ Neighborhood Health Partnership

### Related Policies:

[Breast Pumps](#)  
[Breast Imaging for Screening and Diagnosing Cancer](#)  
[Cardiovascular Disease Risk Tests](#)  
[Computed Tomographic Colonography](#)  
[Cytological Examination of Breast Fluids for Cancer Screening](#)  
[Fecal DNA Testing](#)  
[Genetic Testing for Hereditary Breast Ovarian Cancer Syndrome \(HBOC\)](#)  
[Preventive Medicine and Screening Policy](#)  
[Vaccines \(Drug Policy\)](#)

**Related Coverage Determination Guidelines:** None

### INSTRUCTIONS FOR USE

*This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.*

*UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.*

### COVERAGE RATIONALE

#### Plan Document Language

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

*Throughout this document the following acronyms are used:*

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

## **Indications for Coverage**

### **Introduction:**

UnitedHealthcare covers certain medical services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, 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, UnitedHealthcare 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, UnitedHealthcare 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, UnitedHealthcare 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 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 (ie. covered at 100% of Eligible Expenses without deductible, coinsurance or copayment). **NOTE:** For Network providers, UnitedHealthcare 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 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; counseling for chemoprevention for women at high risk for breast cancer; screening for gonorrhea, chlamydia, syphilis in defined high risk groups; osteoporosis screening. Screening pregnant women for anemia iron deficiency, bacteriuria; hepatitis B virus, Rh incompatibility; and instructions to promote and aid with breast feeding.
2. 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 renting 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; 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 PPACA. However, these services are covered under UnitedHealthcare'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:

1. has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
2. has had screening done within the recommended interval with the findings considered normal; or
3. has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.

4. has 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:

1. had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
2. had 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. had 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). The preventive benefit does not include a pre- or post-operative examination.
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 the 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.
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, however, that benefit adjudication is contingent upon accurate claims submission by the provider, including diagnosis, procedure, age and gender.

#### **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 Preventive Medicine and Screening Reimbursement Policy for situations which may affect reimbursement of preventive care services [Preventive Medicine and Screening Policy](#)

- *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. The cost of drugs, medications, vitamins or supplements, or over the counter contraceptive barrier methods that are recommended or prescribed for preventive measures are not covered as a preventive care benefit. Examples include, but are not limited to:
  - a. Aspirin for any indication, including but not limited to, aspirin for prevention of cardiovascular disease.
  - b. Chemoprevention for any indication, including but not limited to, chemoprevention for breast cancer.
  - c. Supplements, including but not limited to: oral fluoride supplementation, and folic acid supplementation.
  - d. Tobacco cessation products or medications.
  - e. Male or Female condoms.

Our template Outpatient Prescription Drug Rider for fully insured business excludes coverage for over-the-counter (OTC) drugs that do not require a prescription order or refill by federal or state law before being dispensed, unless we designate an OTC drug as eligible for coverage as a prescription drug product and it is obtained with a prescription order or refill from a physician. Refer to the Outpatient Prescription Drug Rider, or SPD for self funded plans, for specific prescription drug product coverage and exclusion terms, and myuhc.com for information regarding coverage for contraceptive drugs.

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
  - d. required to obtain or maintain a license of any type.
5. Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies for details.

### **ADDITIONAL INFORMATION:**

*Immunizations that are required for **travel** (e.g. typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are excluded from standard coverage. However, travel immunizations are available as a buy-up coverage option on certain plans. Please see enrollee specific plan document for details.*

### **For ASO plans with SPD language other than fully-insured Generic COC language**

Certain ASO plans may have a different list of preventive care benefits. Please refer to the enrollee's plan specific SPD for coverage.

### **DEFINITIONS**

**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.*

## APPLICABLE CODES

The Current Procedural Terminology (CPT<sup>®</sup>) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee 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.

*CPT<sup>®</sup> is a registered trademark of the American Medical Association.*

### Modifier 33:

UnitedHealthcare considers the procedures and diagnostic codes and Claims Edit Criteria 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.

Preventive Care Services Codes:	
Limited to specific procedure codes?	<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO

### ICD-10 Codes

In preparation for the transition from ICD-9 to ICD-10 medical coding on **October 1, 2014\***, a sample listing of the ICD-10 CM codes associated with this policy has been provided below for your reference. This list of codes may not be all inclusive and will be updated to reflect any applicable revisions to the ICD-10 code set and/or clinical guidelines outlined in this policy.

*\*The effective date for ICD-10 code set implementation is subject to change.*



## Preventive Care Services

*Also see the Expanded Women's Preventive Health table below.*

*See the History Section for coding effective dates.*

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Abdominal Aortic Aneurysm Screening</b>  USPSTF Rating (Feb. 2005): B One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>76700, 76705, 76770, 76775, G0389</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V15.82</li> <li><u>ICD-10:</u> Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219</li> </ul>	<ul style="list-style-type: none"> <li>Male</li> <li>Age 65 through 75</li> <li>One of the Diagnosis Codes listed in this row.</li> </ul>
<b>Anemia, Iron Deficiency Anemia Screening</b>  USPSTF Rating (May 2006): B Routine screening for iron deficiency anemia in asymptomatic pregnant women.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>85013, 85014, 85018</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section).</li> </ul>	<ul style="list-style-type: none"> <li>Payable with a Pregnancy Diagnosis Code (see list at end of section)</li> </ul> <p><u>Criteria for 36415 and 36416:</u>            Payable when billed with one of the listed anemia screening procedure codes AND with a Pregnancy Diagnosis Code(see list at end of section)</p>
<b>Bacteriuria Screening</b>  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.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>81007</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section).</li> </ul>	<ul style="list-style-type: none"> <li>Payable with a Pregnancy Diagnosis Code (see list at end of section)</li> </ul>
<b>Chlamydia Infection Screening</b>  USPSTF Rating (June 2007): A Screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.  USPSTF Rating (June 2007): B Screening for chlamydial infection for all pregnant women aged 24 and younger and for	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section), <b>OR</b></li> <li><u>ICD-9:</u> V70.0, V73.88, V73.98, V74.5, V75.9</li> <li><u>ICD-10:</u> Z00.00, Z11.3, Z11.8, Z11.9, Z20.2</li> </ul>	<ul style="list-style-type: none"> <li>All women.</li> <li>Payable with Pregnancy Diagnosis Code (see list at end of section)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>With one of the Diagnosis Codes listed in this row.</li> </ul> <p><u>Criteria for 36415 and 36416:</u>            Payable when billed with <b>both</b> of the following:</p> <ol style="list-style-type: none"> <li>With 86631 or 86632</li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>With one of the Diagnosis Codes listed in</li> </ol>

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
older pregnant women who are at increased risk.		this row <b>OR</b> with a Pregnancy Diagnosis Code (see list at end of section)
<b>Gonorrhea Screening</b>  USPSTF Rating (May 2005): B Screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>87590, 87591, 87592, 87801, 87850</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section), <b>OR</b></li> <li><u>ICD-9</u>: V70.0, V74.5, V75.9</li> <li><u>ICD-10</u>: Z00.00, Z11.3, Z11.9, Z20.2</li> </ul>	<ul style="list-style-type: none"> <li>Female.</li> <li>Payable with either a Pregnancy Diagnosis Code (see list at end of section) or one of the Diagnosis Codes listed in this row.</li> </ul>
<b>Hepatitis B Virus Infection Screening</b>  USPSTF Rating (June 2009): A Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>87340, 87341</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section).</li> </ul>	<ul style="list-style-type: none"> <li>Payable with a Pregnancy Diagnosis Code (see list at end of section)</li> </ul> <u>Criteria for 36415 and 36416:</u> Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row <b>AND</b> with a Pregnancy Diagnosis Code (see list at end of section)
<b>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults</b>  USPSTF Ratings (July 2005): <ul style="list-style-type: none"> <li>Screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection: Rating: A</li> <li>Screening for HIV adolescents and adults who are not at increased risk for HIV infection: Rating: C</li> </ul>	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>86689, 86701, 86702, 86703, G0432, G0433, G0435, S3645</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code (see list at end of section) <b>OR</b></li> <li><u>ICD-9</u>: V02.9, V70.0, V73.89, V74.5, V75.9</li> <li><u>ICD-10</u>: Z00.00, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6</li> </ul>	<ul style="list-style-type: none"> <li>Preventive when billed with either a Pregnancy Diagnosis Code (see list at end of section) <u>or</u> one of the Diagnosis Codes listed in this row.</li> </ul> <u>Criteria for 36415 and 36416:</u> Payable when billed with <b>both</b> of the following: <ul style="list-style-type: none"> <li>With one of the listed HIV Screening procedure codes listed in this row <b>AND</b></li> </ul>



## Preventive Care Services

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*See the History Section for coding effective dates.*

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<ul style="list-style-type: none"> <li>- Screen all pregnant women for HIV: Rating: A</li> </ul> <p>The Centers for Disease Control and Prevention recommends that all persons, including those not at increased risk, be screened for HIV.</p>	<p><b><i>Also see Expanded Women's Preventive Health table below.</i></b></p>	<ul style="list-style-type: none"> <li>▪ With one of the following:               <ul style="list-style-type: none"> <li>○ one of the Diagnosis Codes listed in this row, <b>OR</b></li> <li>○ with a Pregnancy Diagnosis Code (see list at end of section)</li> </ul> </li> </ul>
<p><b>RH Incompatibility Screening</b></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><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• 86901</li> <li>• 36415, 36416</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• Pregnancy Diagnosis Code (see list at end of section).</li> </ul>	<ul style="list-style-type: none"> <li>• Payable with a Pregnancy Diagnosis Code (see list at end of section)</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Payable when billed with 86901 <b>AND</b> with a Pregnancy Diagnosis Code (see list at end of section)</p>
<p><b>Syphilis Screening</b></p> <p>USPSTF Rating (July 2004): A</p> <ul style="list-style-type: none"> <li>• Screen persons at increased risk for syphilis infection.</li> <li>• Screen all pregnant women for syphilis infection.</li> </ul>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• 86592, 86593</li> <li>• 36415, 36416</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• Pregnancy Diagnosis Code (see list at end of section) <b>OR</b></li> <li>• <u>ICD-9:</u> V70.0, V74.5, V74.9, V75.9</li> <li>• <u>ICD-10:</u> Z00.00, Z11.2, Z11.3, Z11.9, Z20.2</li> </ul>	<ul style="list-style-type: none"> <li>• Payable with a Pregnancy Diagnosis Code (see list at end of section) <b>OR</b> one of the Diagnosis Code listed in this row.</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Payable when billed with <b>both</b> of the following:</p> <ul style="list-style-type: none"> <li>• With one of the listed Syphilis Screening procedure codes listed in this row <b>AND</b></li> <li>• With one of the following:               <ul style="list-style-type: none"> <li>• one of the listed diagnosis codes in this row <b>OR</b></li> <li>• with a Pregnancy Diagnosis Code(see list at end of section)</li> </ul> </li> </ul>

## Preventive Care Services

*Also see the Expanded Women's Preventive Health table below.*

*See the History Section for coding effective dates.*

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Genetic Counseling and Evaluation for BRCA Testing</b> USPSTF Rating (Sept. 2005): B Women whose family history is associated with an increased risk for deleterious mutations in <i>BRCA1</i> or <i>BRCA2</i> genes be referred for genetic counseling and evaluation for BRCA testing.	<b>Procedure Code(s):</b> <i>Medical genetics and genetic counseling services:</i> <ul style="list-style-type: none"> <li>96040, S0265</li> </ul> <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> <li>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V10.3, V10.43, V16.3, V16.41</li> <li><u>ICD-10</u>: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02</li> </ul>	<ul style="list-style-type: none"> <li>Payable as preventive with one of the Diagnosis Codes listed in this row in primary position.</li> </ul>
<b>Diabetes Screening</b> USPSTF Rating (June 2008): B Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80mm Hg.  <i>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</i>	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>82947, 82948, 82950, 82951, 82952, 83036</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> REQUIRED DIAGNOSIS CODES (at least one): <ul style="list-style-type: none"> <li><u>ICD-9</u>: V70.0 or V77.1,</li> <li><u>ICD-10</u>: Z00.00, Z13.1</li> </ul> <b>AND ONE OF THE FOLLOWING HYPERTENSION DIAGNOSIS CODES:</b> ESSENTIAL HYPERTENSION: <ul style="list-style-type: none"> <li><u>ICD-9</u>: 401.0, 401.1, 401.9</li> <li><u>ICD-10</u>: I10</li> </ul> HYPERTENSIVE HEART DISEASE: <ul style="list-style-type: none"> <li><u>ICD-9</u>: 402.00, 402.01, 402.10, 402.11, 402.90, 402.91</li> <li><u>ICD-10</u>: I11.0, I11.9</li> </ul> HYPERTENSIVE CHRONIC KIDNEY DISEASE: <ul style="list-style-type: none"> <li><u>ICD-9</u>: 403.00, 403.01, 403.10, 403.11, 403.90, 403.91</li> <li><u>ICD-10</u>: I12.0, I12.9</li> </ul> HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE:	<ul style="list-style-type: none"> <li>Payable with one of the Required Diagnosis Codes listed in this row  <b>AND</b> <ul style="list-style-type: none"> <li>With one of the listed Hypertension Diagnosis Codes in this row.</li> </ul> </li> </ul> <p><u>Criteria for 36415 and 36416:</u>            Payable when billed with <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>With one of the listed Diabetes Screening procedure codes listed in this row  <b>AND</b> <ul style="list-style-type: none"> <li>With one of the Required Diagnosis Codes  <b>AND</b> <ul style="list-style-type: none"> <li>With one of the listed Hypertension Diagnosis Codes.</li> </ul> </li> </ul> </li> </ul> <p>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will <b>not</b> be applied: See Diabetes Diagnosis Codes table below.</p>

## Preventive Care Services

*Also see the Expanded Women's Preventive Health table below.*

*See the History Section for coding effective dates.*

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
	<ul style="list-style-type: none"> <li>• <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</li> <li>• <u>ICD-10</u>: I13.0, I13.10, I13.11, I13.2</li> </ul> <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> <li>• <u>ICD-9</u>: 405.01, 405.09, 405.11, 405.19, 405.91, 405.99</li> <li>• <u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</li> </ul> <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> <li>• <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</li> <li>• <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</li> </ul> <p><b>See Expanded Women's Preventive Health table below for Gestational Diabetes Screening.</b></p>	

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Rubella Screening By History of Vaccination or by Serology</b>  USPSTF Rating (1996): B Screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter.	<b>Procedure Code(s):</b> <u>History of Vaccination:</u> <ul style="list-style-type: none"> <li>No codes (included in exam)</li> </ul> <u>Serology:</u> <ul style="list-style-type: none"> <li>86762</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V70.0 or V73.3</li> <li><u>ICD-10:</u> Z00.00, Z11.59, Z20.4</li> </ul>	<ul style="list-style-type: none"> <li>Gender - Female.</li> <li>Payable with one of the listed diagnosis codes in this row.</li> </ul> <u>Criteria for 36415 and 36416:</u> Payable for females when billed with 86762 <b>AND</b> one of the listed diagnosis codes in this row
<b>Screening Mammography</b>  USPSTF Rating: B (2002 Recommendation): The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>G0202, 77052, 77057</li> <li>Revenue code: 0403</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Payable for all adult women regardless of diagnosis code or age.</li> </ul>
<b>Cervical Cancer Screening, Pap Smear</b>  USPSTF Rating (March 2012): A 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.	<b>Procedure Code(s):</b> <b>Code Group 1:</b> <ul style="list-style-type: none"> <li>G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</li> </ul> <b>Code Group 2:</b> <ul style="list-style-type: none"> <li>88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175</li> </ul> <b>Diagnosis Code(s):</b> <b>Code Group 2:</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V70.0, V72.31, V72.32, V76.2</li> <li><u>ICD-10:</u> Z00.00, Z01.419, Z12.4</li> </ul>	Females, no age limits.  <b>Code Group 1:</b> <ul style="list-style-type: none"> <li>Payable regardless of diagnosis code.</li> </ul> <b>Code Group 2:</b> <ul style="list-style-type: none"> <li>Payable with one of the Diagnosis Codes listed in this row.</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<p><b>Cholesterol Screening (Lipid Disorders Screening)</b></p> <p><u>Screening Men (June 2008):</u></p> <ul style="list-style-type: none"> <li>Screening men aged 35 and older for lipid disorders. USPSTF Rating: A</li> <li>Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B</li> </ul> <p><u>Screening Women at Increased Risk (June 2008):</u></p> <ul style="list-style-type: none"> <li>Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: A</li> <li>Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. USPSTF Rating: B</li> </ul>	<p><b><u>Procedure Code(s):</u></b></p> <ul style="list-style-type: none"> <li>80061, 82465, 83718, 83719, 83721, 84478</li> <li>36415, 36416</li> </ul> <p><b><u>Diagnosis Code(s):</u></b> REQUIRED DIAGNOSIS CODES (at least one):</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V70.0 or V77.91</li> <li><u>ICD-10:</u> Z00.00, Z13.220</li> </ul> <p><b><u>Additional Diagnosis Codes:</u></b> <i>See Claims Edit Criteria Column For When Required:</i></p> <p>FAMILY or PERSONAL HISTORY:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V15.82, V17.3, V17.49</li> <li><u>ICD-10:</u> Z72.0, Z82.49, Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219</li> </ul> <p>OBESITY:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 278.00, 278.01</li> <li><u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9</li> </ul> <p>BODY MASS INDEX 40 AND OVER, ADULT:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V85.41 – V85.45</li> <li><u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</li> </ul> <p>ESSENTIAL HYPERTENSION:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 401.0, 401.1, 401.9</li> <li><u>ICD-10:</u> I10</li> </ul> <p>SECONDARY HYPERTENSION:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 405.01, 405.09, 405.11, 405.19, 405.91, 405.99</li> <li><u>ICD-10:</u> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</li> </ul> <p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 642.01, 642.03, 642.04,</li> </ul>	<p><u>Men age 35 and older:</u></p> <ul style="list-style-type: none"> <li>with one of the Required Diagnosis Codes listed in this row.</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Payable for men 35 and older when billed with one of the listed Cholesterol Screening procedure codes <b>AND</b> with one of the Required Diagnosis Codes listed in this row.</p> <p><u>Men aged 20 to 34 (ends on 35<sup>th</sup> birthday):</u></p> <ul style="list-style-type: none"> <li>with one of the Required Diagnosis Codes listed in this row</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>with one of the listed Additional Diagnosis Codes listed in this row</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Payable for men age 20 to 34 (ends on 35<sup>th</sup> birthday) when billed with <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>with one of the listed Cholesterol Screening procedure codes <b>AND</b></li> <li>with one of the Required Diagnosis Codes listed in this row <b>AND</b></li> <li>with one of the Additional Diagnosis Codes listed in this row</li> </ul>

## Preventive Care Services

Also see the Expanded Women's Preventive Health table below.

See the History Section for coding effective dates.

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
	<p>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</p> <ul style="list-style-type: none"> <li>• <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</li> </ul> <p>SECONDARY DIABETES MELLITUS:</p> <ul style="list-style-type: none"> <li>• See Diabetes Diagnosis Code List table below.</li> </ul> <p>DIABETES MELLITUS:</p> <ul style="list-style-type: none"> <li>• See Diabetes Diagnosis Code List table below.</li> </ul> <p>ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> <li>• See Atherosclerosis Diagnosis Code List table below</li> </ul> <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> <li>• <u>ICD-9:</u> 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07</li> <li>• <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</li> </ul>	<p><u>Women age 20 and older:</u></p> <ul style="list-style-type: none"> <li>• with one of the Required Diagnosis Codes listed in this row <b>AND</b></li> <li>• with one of the listed Additional Diagnosis Codes listed in this row</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Payable for women age 20 and older when billed with <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• with one of the listed Cholesterol Screening procedure codes <b>AND</b></li> <li>• with one of the Required Diagnosis Codes listed in this row. <b>AND</b></li> <li>• with one of the listed Additional Diagnosis Codes listed in this row</li> </ul> <p><b>NOTE:</b> If any of the following lipid disorders diagnosis codes are present in any position the preventive benefit will <b>not</b> be applied:</p> <ul style="list-style-type: none"> <li>• <u>ICD-9:</u> 272.0, 272.2, 272.4, 272.8</li> <li>• <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</li> </ul>



## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<p><b>Colorectal Cancer Screening</b></p> <p><b>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy</b>            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> <p><b>Computed Tomographic Colonography (Virtual Colonoscopy):</b>            USPSTF Rating (Oct. 2008): I            The USPSTF concludes that the evidence is insufficient to assess 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.</p>	<p><b>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</b></p> <p><b>Procedure Code(s):</b>  <u>Code Group 1:</u></p> <ul style="list-style-type: none"> <li>G0104, G0105, G0106, G0120, G0121, G0122, G0328</li> </ul> <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> <li>44388, 44389, 44392, 44393, 44394, 45330, 45331, 45333, 45338, 45339, 45378, 45380, 45381, 45383, 45384, 45385, 82270, 82274</li> </ul> <p><b>Diagnosis Code(s)</b>            (for Code Group 2 and 3):</p> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V16.0, V18.51, V18.59, V70.0, V76.41, V76.50, V76.51</li> <li><u>ICD-10:</u> Z00.00, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</li> </ul> <p><u>Code Group 3:</u></p> <ul style="list-style-type: none"> <li>88304, 88305</li> </ul> <p><b>Computed Tomographic Colonography (Virtual Colonoscopy):</b>  <b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>74263</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<p>All codes in the Colorectal Cancer Screening section are reimbursable as preventive based on the criteria listed below, regardless of age.</p> <p><b>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</b>  <u>Code Group 1:</u></p> <ul style="list-style-type: none"> <li>Paid as preventive regardless of diagnosis code.</li> </ul> <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> <li>Code Group 2 are paid as preventive if:               <ol style="list-style-type: none"> <li>1) billed with one of the Diagnosis Codes listed in this row.</li> </ol> <b>OR</b> <ol style="list-style-type: none"> <li>2) billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.</li> </ol> </li> </ul> <p><u>Code Group 3:</u></p> <ul style="list-style-type: none"> <li>Code Group 3 are paid as preventive if:               <ol style="list-style-type: none"> <li>1) billed with one of the Diagnosis Codes listed in this row</li> </ol> <b>AND</b> <ol style="list-style-type: none"> <li>2) billed with one of the Procedure Codes from Code Group 1 or Code Group 2.</li> </ol> </li> </ul> <p><b>Computed Tomographic Colonography (Virtual Colonoscopy):</b></p> <ul style="list-style-type: none"> <li>Paid as preventive regardless of diagnosis.</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<p><b>Wellness Examinations</b> (well baby, well child, well adult)</p> <p>USPSTF Rating: None UHC supports AAP and AAFP age and frequency guidelines.</p> <p><b>HHS Requirements:</b> These codes also include the following HHS requirements for Women:</p> <ul style="list-style-type: none"> <li>• Breastfeeding support and counseling</li> <li>• Contraceptive methods counseling</li> <li>• Domestic violence screening</li> <li>• Annual HIV counseling</li> <li>• Sexually Transmitted Infections counseling</li> <li>• Well-woman visits</li> </ul>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>○ G0402, G0438, G0439</li> <li>○ G0445, S0610, S0612, S0613</li> <li>○ 99381, 99382, 99383, 99384, 99385, 99386, 99387</li> <li>○ 99391, 99392, 99393, 99394, 99395, 99396, 99397</li> <li>○ 99401, 99402, 99403, 99404</li> <li>○ 99411, 99412</li> <li>○ 99461</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• n/a</li> </ul> <p style="text-align: center;"><b><i>Also see Expanded Women's Preventive Health table below.</i></b></p>	<ul style="list-style-type: none"> <li>• Always payable as preventive regardless of diagnosis code.</li> <li>• G0445 is limited to twice per year.</li> </ul>
<p><b>Immunizations</b></p> <p>USPSTF Rating: None</p> <p>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 &amp; 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.</p> <p>Brand names are included here</p>	<p><b>Procedure Code(s):</b> <i>(Underlined codes have coverage limitations listed in right hand column):</i></p> <p><u>Immunization Administration:</u></p> <ul style="list-style-type: none"> <li>• 90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010</li> </ul> <p><u>Immunizations:</u></p> <p><b>Hepatitis A:</b> <i>Havrix®, VAQTA®, Twinrix®</i></p> <ul style="list-style-type: none"> <li>• 90632, 90633, 90634, 90636</li> </ul> <p><b>Hemophilus influenza b:</b> <i>HibTITER®, PedvaxHIB®, ActHIB®</i></p> <ul style="list-style-type: none"> <li>• 90645, 90646, 90647, 90648</li> </ul> <p><b>HPV:</b></p> <ul style="list-style-type: none"> <li>• <u>90649</u> (<i>Gardasil®</i>)</li> <li>• <u>90650</u> (<i>Cervarix®</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Always preventive regardless of diagnosis code (for covered preventive immunizations).</li> </ul> <p>Coverage for certain vaccines is limited as follows:</p> <ul style="list-style-type: none"> <li>• 90649 is limited to ages 9-26. Coverage ends on 27<sup>th</sup> birthday.</li> <li>• 90650 is limited to females, ages 9-26. Coverage ends on 27<sup>th</sup> birthday. This vaccine is not covered for males.</li> <li>• 90660 is limited to ages 2-49. Coverage ends on 50<sup>th</sup> birthday.</li> <li>• 90662 is limited to ages 65+.</li> <li>• 90736 is limited to age 60+</li> </ul>

## Preventive Care Services

Also see the *Expanded Women's Preventive Health* table below.

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<p>as examples for convenience only. Coverage pursuant to this Coverage Determination Guideline is based solely on the procedure codes.</p>	<p><b>Influenza virus ('flu'):</b>  <i>Afluria® Fluarix® Fluvirin® Fluzone® High-Dose Fluzone® FluLaval® FluMist®, Flublok®</i></p> <ul style="list-style-type: none"> <li>90654, 90655, 90656, 90657, 90658, <u>90660</u>, 90661, <u>90662</u>, 90664, 90666, 90667, 90668, 90672, 90686, Q2033, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039</li> </ul> <p><b>Pneumococcal conjugate:</b>  <i>Prevnar® Prevnar13®</i></p> <ul style="list-style-type: none"> <li>90669, 90670, S0195</li> </ul> <p><b>Rotavirus: ROTATEQ® Rotarix®</b></p> <ul style="list-style-type: none"> <li>90680, 90681</li> </ul> <p><b>Dtap / Dtpap-IPV, Dtap-Hib-IPV / DTP / DT / Tetanus / Polio / TdaP/ Measles, Mumps, Rubella / MMR:</b></p> <ul style="list-style-type: none"> <li>90696, 90698, 90700, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90713, 90714, 90715, 90719, 90720, 90721, 90723</li> </ul> <p><b>Varicella ('chicken pox') Varivax®:</b></p> <ul style="list-style-type: none"> <li>90716</li> </ul> <p><b>Pneumococcal: PNEUMOVAX®</b></p> <ul style="list-style-type: none"> <li>90732</li> </ul> <p><b>Meningococcal:</b>  <i>Menomune® Menactra®</i></p> <ul style="list-style-type: none"> <li>90733, 90734</li> </ul> <p><b>Zoster/Shingles: Zostavax®</b></p> <ul style="list-style-type: none"> <li><u>90736</u></li> </ul> <p><b>Hepatitis B:</b>  <i>RECOMBIVAXHB® Engerix-B®</i></p> <ul style="list-style-type: none"> <li>90740, 90743, 90744, 90746, 90747, 90748</li> </ul> <p><b>Revenue Code: 0771</b></p> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>n/a</li> </ul>	

## Preventive Care Services

Also see the Expanded Women's Preventive Health table below.

See the History Section for coding effective dates.

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Newborn Screenings</b>  All newborns  USPSTF Rating (July 2008): B Hearing Screening - screening for hearing loss in all newborn infants  USPSTF Rating (March 2008): A Hypothyroidism Screening - screening for congenital hypothyroidism in newborns  USPSTF Rating (March 2008): A Phenylketonuria Screening - screening for phenylketonuria (PKU) in newborns  USPSTF Rating (Sept. 2007): A Sickle Cell Screening - screening for sickle cell disease in newborns	<b>Procedure Code(s):</b>  <b>Hearing Screening:</b> <ul style="list-style-type: none"> <li>V5008, 92551, 92558, 92585, 92586, 92587, 92588</li> </ul> <b>Hypothyroidism Screening:</b> <ul style="list-style-type: none"> <li>84437, 84443, 36415, 36416</li> </ul> <b>Phenylketonuria Screening:</b> <ul style="list-style-type: none"> <li>S3620, 84030, 36415, 36416</li> </ul> <b>Sickle Cell Screening:</b> <ul style="list-style-type: none"> <li>S3850, 83020, 83021, 83030, 83033, 83051, 36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Age 0 – 90 days regardless of diagnosis code.</li> </ul> <p><u>Criteria for 36415 and 36416:</u>            Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
<b>Metabolic Screening Panel</b>	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>S3620, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, 36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Age 0 – 90 days, regardless of diagnosis code.</li> </ul> <p><u>Criteria for 36415 and 36416:</u>            Age 0-90 days, payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.</p>
<b>Osteoporosis Screening</b>  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.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>76977, 77078, 77080, 77081, G0130</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V17.81, V70.0, V82.81</li> <li><u>ICD-10:</u> Z00.00, Z13.820, Z82.62</li> </ul>	<ul style="list-style-type: none"> <li>All women, with one of the Diagnosis Codes listed in this row.</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<p><b>Prostate Cancer Screening</b></p> <p>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.</p> <p>USPSTF Rating (May 2012): D The USPSTF recommends against prostate specific antigen (PSA) based screening for prostate cancer.</p> <p>NOTE: While this screening is not recommended by the 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.</p>	<p><b>Procedure Code(s):</b>  <u>Code Group 1:</u></p> <ul style="list-style-type: none"> <li>• G0102, G0103</li> <li>• 36415, 36416</li> </ul> <p><u>Code Group 2:</u>            (requires diagnosis code)</p> <ul style="list-style-type: none"> <li>• 84152, 84153, 84154</li> <li>• 36415, 36416</li> </ul> <p><b>Diagnosis Code(s):</b>  <u>Code Group 1:</u></p> <ul style="list-style-type: none"> <li>• n/a</li> </ul> <p><u>Code Group 2:</u></p> <ul style="list-style-type: none"> <li>• <u>ICD-9:</u> V16.42, V70.0, V76.44</li> <li>• <u>ICD-10:</u> Z00.00, Z12.5, Z80.42</li> </ul>	<p><u>Code Group 1:</u> All men age 40 or older, regardless of diagnosis code.</p> <p><b>Criteria for 36415 and 36416:</b></p> <ul style="list-style-type: none"> <li>• Payable when billed with G0103</li> </ul> <p><u>Code Group 2:</u> All men age 40 or older when billed with one of the Diagnosis Codes listed in this row.</p> <p><b>Criteria for 36415 and 36416:</b></p> <ul style="list-style-type: none"> <li>• Payable when billed:               <ul style="list-style-type: none"> <li>▪ with 84152, 84153 or 84154 <b>AND</b></li> <li>▪ with one of the Diagnosis Codes listed in this row</li> </ul> </li> </ul>
<p><b>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</b></p> <p>USPSTF Rating (April 2004): B The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.</p>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• 99408, 99409, G0442, G0443</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• n/a</li> </ul>	<ul style="list-style-type: none"> <li>• Payable as preventive regardless of diagnosis code.</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Aspirin for the Prevention of Cardiovascular Disease (Counseling)</b>  USPSTF Rating (March 2009): A The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.  USPSTF Rating (March 2009): A The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>This service is included in a preventive care wellness examination or focused E&amp;M visit.</li> </ul>
<b>Screening for High Blood Pressure</b>  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"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>This service is included in a preventive care wellness examination.</li> </ul>
<b>Chemoprevention of Breast Cancer (Counseling)</b>  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.	<b>Procedure Code(s):</b> <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> <li>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V16.3, V16.41</li> <li><u>ICD-10:</u> Z80.3, Z80.41, Z15.01, Z15.02</li> </ul>	<ul style="list-style-type: none"> <li>Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.</li> </ul>



## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Primary Care Interventions to Promote Breastfeeding</b>  USPSTF Rating (Oct. 2008): B The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	<ul style="list-style-type: none"> <li>n/a</li> </ul> <p style="text-align: center;"><i>Also see Expanded Women's Preventive Health table below.</i></p>	<ul style="list-style-type: none"> <li>Included in primary care or OB/GYN office visits.</li> </ul>
<b>Prevention of Dental Caries in Preschool Children (Counseling)</b>  USPSTF Rating (April 2004): B The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	<ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Included in the payment for a Preventive Care visit. (See Wellness Examination codes above.)</li> </ul>
<b>Screening for Depression in Adults</b>  USPSTF Rating (Dec. 2009): B The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>99420, G0444</li> </ul> <b>Diagnosis Code(s):</b> <i>Required for 99420 only:</i> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V79.0</li> <li><u>ICD-10</u>: Z13.89</li> </ul>	One of the Diagnosis Codes listed in this row is required for 99420.  The Diagnosis Codes listed in this row are <b>not</b> required for G0444.
<b>Major Depressive Disorder in Children and Adolescents (Screening)</b>  USPSTF Rating (March 2009): B The USPSTF recommends screening of adolescents (12-18 years of age) for major	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>99420, G0444</li> </ul> <b>Diagnosis Code(s):</b> <i>Required for 99420 only:</i> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V79.0</li> <li><u>ICD-10</u>: Z13.89</li> </ul>	One of the Diagnosis Codes listed in this row is required for 99420.  The Diagnosis Codes listed in this row are <b>not</b> required for G0444.

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.		
<p><b>Behavioral Counseling in Primary Care to Promote a Healthy Diet</b></p> <p>USPSTF Rating (Jan. 2003): B            The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.</p>	<p><b>Procedure Code(s):</b>  <i>Medical Nutrition Therapy or Counseling:</i></p> <ul style="list-style-type: none"> <li>97802, 97803, 97804, G0270, G0271, S9470</li> </ul> <p><i>Preventive Medicine Individual Counseling:</i></p> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404</li> </ul> <p><i>Behavioral Counseling or Therapy:</i></p> <ul style="list-style-type: none"> <li>G0446, G0447</li> </ul> <p><b>Diagnosis Code(s):</b>  <b>SCREENING:</b></p> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V77.91</li> <li><u>ICD-10</u>: Z13.220</li> </ul> <p><b>HISTORY:</b></p> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V15.82, V17.3, V17.49</li> <li><u>ICD-10</u>: Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219</li> </ul> <p><b>OBESITY:</b></p> <ul style="list-style-type: none"> <li><u>ICD-9</u>: 278.00, 278.01, V85.41, V85.42, V85.43, V85.44, V85.45</li> <li><u>ICD-10</u>: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</li> </ul> <p><b>ESSENTIAL HYPERTENSION:</b></p> <ul style="list-style-type: none"> <li><u>ICD-9</u>: 401.0, 401.1, 401.9</li> <li><u>ICD-10</u>: I10</li> </ul> <p><b>SECONDARY HYPERTENSION:</b></p> <ul style="list-style-type: none"> <li><u>ICD-9</u>: 405.01, 405.09, 405.11, 405.19, 405.91, 405.99</li> <li><u>ICD-10</u>: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</li> </ul>	<ul style="list-style-type: none"> <li>G0446 is limited to once per year.</li> </ul> <p><u>One of the Diagnosis Codes listed in this row are:</u></p> <ul style="list-style-type: none"> <li>Required for 97802-97804, 99401-99404, G0270, G0271 and S9470</li> <li><u>NOT</u> required for G0446 and G0447</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
	<p>HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM:</p> <ul style="list-style-type: none"> <li>• <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</li> <li>• <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</li> </ul> <p>SECONDARY DIABETES MELLITUS:</p> <ul style="list-style-type: none"> <li>• See Diabetes Diagnosis Code List table below.</li> </ul> <p>DIABETES MELLITUS:</p> <ul style="list-style-type: none"> <li>• See Diabetes Diagnosis Code List table below.</li> </ul> <p>ATHEROSCLEROSIS:</p> <ul style="list-style-type: none"> <li>• See Atherosclerosis Diagnosis Code List table below.</li> </ul> <p>CORONARY ATHERO-SCLEROSIS:</p> <ul style="list-style-type: none"> <li>• <u>ICD-9</u>: 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07</li> <li>• <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</li> </ul>	

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
<b>Screening for Obesity in Adults</b>  USPSTF Rating (June 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 <sup>2</sup> or higher to intensive, multicomponent behavioral interventions.	<b>Procedure Code(s):</b> <i>Medical Nutrition Therapy:</i> <ul style="list-style-type: none"> <li>97802, 97803, 97804</li> </ul> <i>Preventive Medicine Individual Counseling:</i> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404</li> </ul> <i>Behavioral Counseling or Therapy:</i> <ul style="list-style-type: none"> <li>G0446, G0447</li> </ul> <b>Diagnosis Code(s):</b> <i>Body Mass Index 30.0 – 39.9:</i> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38, V85.39</li> <li><u>ICD-10:</u> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</li> </ul> <i>Body Mass Index 40.0 and over:</i> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V85.41, V85.42, V85.43, V85.44, V85.45</li> <li><u>ICD-10:</u> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</li> </ul> <i>Obesity:</i> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 278.00, 278.01</li> <li><u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9</li> </ul>	<ul style="list-style-type: none"> <li>G0446 is limited to once per year.</li> </ul> <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> <li>Required for 97802-97804 and 99401-99404.</li> <li>NOT required for G0446 and G0447</li> </ul>
<b>Screening for Obesity in Children and Adolescents</b>  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.	<b>Procedure Code(s):</b> <i>Medical Nutrition Therapy:</i> <ul style="list-style-type: none"> <li>97802, 97803, 97804</li> </ul> <i>Preventive Medicine Individual Counseling:</i> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404</li> </ul> <i>Behavioral Counseling or Therapy:</i> <ul style="list-style-type: none"> <li>G0446, G0447</li> </ul> <b>Diagnosis Code(s):</b> <i>Obesity:</i> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 278.00, 278.01</li> <li><u>ICD-10:</u> E66.01, E66.09, E66.1, E66.8, E66.9</li> </ul>	<ul style="list-style-type: none"> <li>G0446 is limited to once per year.</li> </ul> <u>One of the Diagnosis Codes listed in this row are:</u> <ul style="list-style-type: none"> <li>Required for 97802-97804 and 99401-99404.</li> <li>NOT required for G0446 and G0447</li> </ul>
<b>Behavioral Counseling to Prevent Sexually Transmitted Infections</b>	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404</li> <li>G0445</li> </ul>	<ul style="list-style-type: none"> <li>G0445 is limited to twice per year.</li> </ul>

## Preventive Care Services

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<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
USPSTF Rating (Oct. 2008): B The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	<b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	
<b>Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women Counseling and Interventions (Adults)</b>  USPSTF Rating (April 2009): A The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>99406, 99407</li> <li>G0436, G0437</li> <li>99401, 99402, 99403, 99404</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Payable as preventive regardless of diagnosis code.</li> </ul>
<b>Screening for Visual Impairment in Children</b>  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.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>99173</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>Less than age 5 years.</li> </ul>
<b>Behavioral Counseling to Prevent Skin Cancer</b>  USPSTF Rating (May 2012): B The USPSTF recommends	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>This service is included in a preventive care wellness examination or focused E&amp;M visit.</li> </ul>

## Preventive Care Services

Also see the Expanded Women's Preventive Health table below.

See the History Section for coding effective dates.

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

<b>Service:</b> <i>A date in this column refers to the date the USPSTF announcement was released.</i>	<b>Code(s):</b> <b>Note:</b> ICD-10 codes are effective 10/1/14.	<b>Claims Edit Criteria:</b>
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		
<b>Prevention of Falls in Community-Dwelling Older Adults</b> USPSTF Rating (May 2012): B 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.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>This service is included in a preventive care wellness examination or focused E&amp;M visit.</li> </ul>
<b>Screening for Intimate Partner Violence</b> USPSTF Rating (January 2013): B The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>	<ul style="list-style-type: none"> <li>This service is included in a preventive care wellness examination.</li> </ul>
<b>Bright Futures:</b>		
<b>Anemia Screening in Children</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>85014, 85018</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V20.2, V20.31, V20.32, V78.0</li> <li><u>ICD-10:</u> Z00.110, Z00.111, Z00.129, Z13.0</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul> <u>Criteria for 36415 and 36416:</u> <ul style="list-style-type: none"> <li>Ages prenatal to 21 (ends on</li> </ul>



## Preventive Care Services

Also see the Expanded Women's Preventive Health table below.

See the History Section for coding effective dates.

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

Service: <i>A date in this column refers to the date the USPSTF announcement was released.</i>	Code(s): <b>Note:</b> ICD-10 codes are effective 10/1/14.	Claims Edit Criteria:
		21 <sup>st</sup> birthday) payable when billed with 85014 or 85018, <b>AND</b> with one of the Diagnosis Codes listed in this row.
<b>Hearing Tests</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>92551, 92552, 92553</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V20.2, V72.19</li> <li><u>ICD-10:</u> Z00.129, Z01.10</li> </ul>	<ul style="list-style-type: none"> <li>Ages prenatal to 21 (ends on 21st birthday). Limit of once per year. Payable as preventive with one of the Diagnosis Codes listed in this row.</li> </ul>
<b>Developmental/Autism Screening</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>96110</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V20.2</li> <li><u>ICD-10:</u> Z00.129, Z13.4</li> </ul>	<ul style="list-style-type: none"> <li>Ages prenatal to 21 (ends on 21st birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row.</li> </ul>
<b>Lead Screening</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>83655</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V20.2, V15.86</li> <li><u>ICD-10:</u> Z00.129, Z77.011</li> </ul>	<ul style="list-style-type: none"> <li>Ages prenatal to 21 (ends on 21st birthday). No frequency limit. Payable as preventive with one of the Diagnosis Codes listed in this row.</li> </ul> <p><u>Criteria for 36415 and 36416:</u></p> <ul style="list-style-type: none"> <li>Ages prenatal to 21 (ends on 21<sup>st</sup> birthday) payable when billed with 83655 <b>AND</b> one of the Diagnosis Codes listed in this row.</li> </ul>
<b>TB Testing</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>86580, 99211</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> 795.51, 795.52, V20.2, V74.1</li> <li><u>ICD-10:</u> R76.11, R76.12, Z00.129, Z111</li> </ul>	<ul style="list-style-type: none"> <li>Ages prenatal to 21(ends on 21<sup>st</sup> birthday). No frequency limit.</li> <li>CPT code 86580 is payable as preventive with one of the Diagnosis Codes listed in this row.</li> <li>CPT code 99211 is only payable as preventive with diagnosis code 795.51, 795.52 or V74.1</li> </ul>

## Preventive Care Services

Also see the Expanded Women's Preventive Health table below.

See the History Section for coding effective dates.

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

Service: <i>A date in this column refers to the date the USPSTF announcement was released.</i>	Code(s): <b>Note:</b> ICD-10 codes are effective 10/1/14.	Claims Edit Criteria:
<b>Dyslipidemia Screening</b> (Bright Futures)	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>80061, 82465, 83718, 83719, 83721, 84478</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9:</u> V20.2, V77.91</li> <li><u>ICD-10:</u> Z00.129, Z13.220</li> </ul>	<ul style="list-style-type: none"> <li>Ages 24 months to 21 years (ends on 21<sup>st</sup> birthday).</li> <li>Payable as preventive with one of the Diagnosis Codes listed in this row.</li> </ul> <p><u>Criteria for 36415 and 36416:</u> Ages 24 months to 21 years (ends on 21<sup>st</sup> birthday) payable when billed with one of the listed Dyslipidemia Screening Procedure Codes listed in this row, <b>AND</b> with one of the Diagnosis Codes listed in this row.</p>

## 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):

ICD9 Codes:	ICD10 Codes: <i>(These codes are effective 10/1/14)</i>
V22.0, V22.1, V22.2	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
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	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, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9
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	O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, 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

## 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.

ICD9 Codes:	ICD10 Codes: (These codes are effective 10/1/14)
<p>Secondary Diabetes Mellitus:  249.00, 249.01,  249.10, 249.11,  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</p>	<p>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, 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</p> <p>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</p>
<p>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</p>	<p>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</p> <p>Type 2 diabetes mellitus: E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, 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</p> <p>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</p>

## 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 Healthy Diet

ICD9 Codes:	ICD10 Codes: (These codes are effective 10/1/14)
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, 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 or guidelines.*

Service:	Code(s): <small>Note: ICD-10 codes are effective 10/1/14.</small>	Claims Edit Criteria:
<b>Well-Woman Visits</b>  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.  <i>Also see "Wellness Examinations" section in the Preventive Care Services table above.</i>	<b>Procedure Code(s):</b> <u>Well-woman visits:</u> <ul style="list-style-type: none"> <li>See the Wellness Examinations section of the Preventive Care Services table above.</li> </ul> <u>Prenatal Office Visits:</u> <i>Evaluation and Management (Office Visits):</i> <ul style="list-style-type: none"> <li>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</li> </ul> <i>Physician prenatal education, group setting:</i> <ul style="list-style-type: none"> <li>99078</li> </ul> <u>Prenatal Care Visits:</u> <ul style="list-style-type: none"> <li>59425, 59426</li> </ul> <u>Global Obstetrical Codes:</u> <ul style="list-style-type: none"> <li>59400, 59510, 59610, 59618</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>See Pregnancy Diagnosis Code list above.</li> </ul>	<u>Well-woman visits:</u> <ul style="list-style-type: none"> <li>See the Wellness Examinations section of the Preventive Care Services table above.</li> </ul> <u>Prenatal Office Visits:</u> <ul style="list-style-type: none"> <li>Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above).</li> </ul> <u>Prenatal Care Visits:</u> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Codes are not required.</li> </ul> <u>Global Obstetrical Codes:</u> <ul style="list-style-type: none"> <li>The routine, low-risk, prenatal visits portion of the code is covered as preventive.</li> <li>Pregnancy Diagnosis Codes are not required.</li> </ul>
<b>Screening for Gestational Diabetes</b>  HHS Requirement: Women who are 24 to 28 weeks pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.  <i>Also see Diabetes Screening section in the Preventive Care Services table above.</i>	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>82947, 82948, 82950, 82951, 82952, 83036</li> <li>36415, 36416</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Code. (See Pregnancy Diagnosis Code list above.)</li> </ul>	<ul style="list-style-type: none"> <li>Payable with Pregnancy Diagnosis Code (regardless of gestational week)</li> </ul> <u>Criteria for 36415 and 36416:</u> Payable when billed with <b>ALL</b> of the following: <ul style="list-style-type: none"> <li>With one of the Diabetes Screening Procedure codes listed in this row <b>AND</b></li> <li>With a Pregnancy Diagnosis Code</li> </ul> NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will <b>not</b> be applied. See Diabetes Diagnosis Codes table above.

## 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 or guidelines.*

Service:	Code(s): <small>Note: ICD-10 codes are effective 10/1/14.</small>	Claims Edit Criteria:
<b>Human Papillomavirus DNA Testing</b> HHS Requirement: Every 3 years for women who are 30 or older who have normal pap smear results.	<b>Procedure Code(s):</b> <ul style="list-style-type: none"> <li>87620, 87621, 87622</li> </ul> <b>Diagnosis Code(s):</b> <ul style="list-style-type: none"> <li><u>ICD-9</u>: V70.0, V72.31, V73.81, or V76.2</li> <li><u>ICD-10</u>: Z00.00, Z01.419, Z11.51, Z12.4</li> </ul>	<ul style="list-style-type: none"> <li>Females age 30 and up.</li> <li>Payable as a preventive screening with one of the Diagnosis Codes listed in this row.</li> </ul>
<b>Counseling for Sexually Transmitted Infections</b> HHS Requirement: Counseling on sexually transmitted infections for all sexually active women.	<ul style="list-style-type: none"> <li>See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul>	<ul style="list-style-type: none"> <li>See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul>
<b>Counseling and Screening for Human Immune-deficiency Virus</b> HHS Requirement: Counseling and screening for human immune-deficiency virus infection for all sexually active women.	<b>Counseling:</b> <ul style="list-style-type: none"> <li>See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul> <b>Screening Tests:</b> <ul style="list-style-type: none"> <li>See the <b>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults</b> section of the Preventive Services table above.</li> </ul>	<b>Counseling:</b> <ul style="list-style-type: none"> <li>See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul> <b>Screening Tests:</b> <ul style="list-style-type: none"> <li>See the <b>HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults</b> section of the Preventive Services table above.</li> </ul>
<b>Contraceptive Methods (Including Sterilizations)</b> HHS Requirement: For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed).  <b>For patient education and counseling:</b> <ul style="list-style-type: none"> <li>See the <b>Wellness Examinations</b> section of the</li> </ul>	<b>Code Group 1:</b> <u>Sterilizations:</u> <ul style="list-style-type: none"> <li><i>Tubal Ligation, oviduct occlusion:</i> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264</li> </ul> <u>Contraceptive Methods:</u> <ul style="list-style-type: none"> <li><i>Diaphragm or cervical cap:</i> 57170, A4261, A4266</li> <li><i>IUD:</i> J7300, Q0090</li> </ul> <i>See Code Group 2 for additional IUD codes.</i>	<b>Code Group 1 :</b> <ul style="list-style-type: none"> <li>For females.</li> </ul>
	<b>Code Group 2:</b> Contraceptive Methods: <ul style="list-style-type: none"> <li><i>Implantable devices &amp; IUDs:</i> 11976,</li> </ul>	<b>Code Group 2:</b> <ul style="list-style-type: none"> <li>For females.</li> <li>Preventive when billed with</li> </ul>



## 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 or guidelines.*

Service:	Code(s): Note: ICD-10 codes are effective 10/1/14.	Claims Edit Criteria:
<p>Preventive Care Services table above.</p> <p><b>NOTES:</b> Certain health plans sponsored by religious employers may qualify for an exemption from covering contraceptive methods and sterilizations.</p> <p>Refer to the Outpatient Prescription Drug Rider, or SPD for self funded plans, for specific prescription drug product coverage and exclusion terms, and myuhc.com for information regarding coverage for contraceptive drugs.</p>	<p>11981, 11982, 11983, 58300, 58301, J7302, J7306, J7307, S4981, S4989</p> <ul style="list-style-type: none"> <li>• Injections: J1050</li> </ul> <p><b>Code Group 2A:</b> Administration for Contraceptive Injections:</p> <ul style="list-style-type: none"> <li>• 96372</li> </ul> <p><u>Code Group 2 Diagnosis Code(s)</u> <i>These are required for Code Group 2 and Code Group 2A:</i> Contraceptive Management: <u>ICD-9:</u> 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 <u>ICD-10:</u> 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</p> <p><b>Code Group 3:</b> Anesthesia for Sterilization:</p> <ul style="list-style-type: none"> <li>• 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</li> </ul> <p>Code Group 3 Diagnosis Code: Sterilization:</p> <ul style="list-style-type: none"> <li>• ICD-9: V25.2</li> <li>• ICD-10: Z73.02</li> </ul>	<p>one of the Code Group 2 Diagnosis Codes, listed in this row.</p> <p><b>Code Group 2A:</b></p> <ul style="list-style-type: none"> <li>• For females.</li> <li>• Preventive when billed with: <ul style="list-style-type: none"> <li>◦ one of the injections listed in Code Group 2, <b>AND</b></li> <li>◦ one of the Code Group 2 Diagnosis Codes.</li> </ul> </li> </ul> <p><b>Code Group 3:</b></p> <ul style="list-style-type: none"> <li>• For females.</li> <li>• Preventive when billed with the Code Group 3 Diagnosis Code listed in this row</li> </ul>
<p><b>Breastfeeding Support, Supplies, and Counseling</b></p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling,</p>	<p><u>Support and Counseling:</u> <b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• S9443</li> <li>• 99241, 99242, 99243, 99244, 99245</li> <li>• 99341, 99342, 99343, 99344, 99345</li> <li>• 99347, 99348, 99349, 99350</li> </ul>	<p><u>Support and Counseling:</u></p> <ul style="list-style-type: none"> <li>• The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350</li> <li>• The Diagnosis Code listed in this row is not required for S9443</li> </ul>

## 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 or guidelines.*

Service:	Code(s): Note: ICD-10 codes are effective 10/1/14.	Claims Edit Criteria:
from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.	<p>Also see the codes in the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</p> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• <u>ICD-9</u>: V24.1</li> <li>• <u>ICD-10</u>: Z39.1</li> </ul> <p><u>Breast Pump Equipment &amp; Supplies:</u></p> <p><b>Procedure Code(s):</b></p> <p><i>Hospital Grade Rental:</i></p> <ul style="list-style-type: none"> <li>• E0604</li> </ul> <p><i>Personal Use Electric:</i></p> <ul style="list-style-type: none"> <li>• E0603</li> </ul> <p><i>Breast Pump Supplies:</i></p> <ul style="list-style-type: none"> <li>• A4281, A4282, A4283, A4284, A4285, A4286</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• <u>ICD-9</u>: V24.1</li> <li>• <u>ICD-10</u>: Z39.1</li> </ul>	<p><u>Breast Pump Equipment &amp; Supplies:</u></p> <ul style="list-style-type: none"> <li>• Code E0604 is allowed when the "RR" rental modifier is attached.</li> <li>• The Diagnosis Code listed in this row is required for E0603, E0604 and A4281 – A4286.</li> </ul>
<p><b>Screening and Counseling for Interpersonal and Domestic Violence</b></p> <p>HHS Requirement: Screening and counseling for interpersonal and domestic violence.</p>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul> <p><b>Diagnosis Code(s):</b></p> <ul style="list-style-type: none"> <li>• See the <b>Wellness Examinations</b> section of the Preventive Care Services table above.</li> </ul>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>

Limited to place of service (POS)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Limited to specific provider type?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Limited to specific revenue codes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
See Mammography and Immunizations sections above for the applicable revenue codes.	

## REFERENCES

1. Department of Labor: [http://www.dol.gov/ebsa/consumer\\_info\\_health.html](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](http://www.irs.gov/irb/2010-29_IRB/index.html)
3. USPSTF Pocket Guide to Clinical Preventive Services: <http://www.ahrq.gov/clinic/uspstfix.htm>
4. Centers for Disease Control and Prevention / Immunization Schedules: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>
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/recs/acip/vac-abbrev.htm>
7. ACIP Recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>
8. American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services: <http://www.aafp.org/online/en/home/clinical/exam.html>
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://brightfutures.aap.org/pdfs/Guidelines\\_PDF/20-Appendices\\_PeriodicitySchedule.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf)
11. Women's Preventive Services: Required Health Plan Coverage Guidelines: <http://www.hrsa.gov/womensguidelines/>
12. Grade Definitions for USPSTF Recommendations Dated Prior to May 2007: <http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm>
13. Grade Definitions for USPSTF Recommendations Dated After May 2007: <http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm>

## GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
09/23/10	<ul style="list-style-type: none"> <li>• Original Effective Date.</li> </ul>
10/12/10	<ul style="list-style-type: none"> <li>• Added immunization code 90670.</li> <li>• 90660 added note that coverage is limited to ages 2 – 49</li> <li>• 90662 added note that coverage is limited to ages 65+</li> </ul>
11/17/10  V12G	<p><b>Codes.</b> Made the following coding updates:</p> <p><b>New Codes effective on 1/1/2011:</b></p> <ul style="list-style-type: none"> <li>• Smoking Cessation counseling: G0436, G0437</li> <li>• Immunizations: 90460, 90461, Q2035, Q2036, Q2037, Q2038, Q2039</li> <li>• Wellness Examinations: G0438, G0439</li> </ul> <p><b>Terminated (Deleted) Codes as of 12/31/10:</b></p> <ul style="list-style-type: none"> <li>• Immunization (Admin.): 90465, 90466, 90467, 90468</li> </ul> <p><b>Other Updates:</b></p> <ul style="list-style-type: none"> <li>• <b>Cholesterol Screening:</b> Clarified the Claims Edit Criteria column to be "Men 20 through 34 with the listed dx codes (ends on 35<sup>th</sup> birthday)". <i>Previous copy said 20 to 35.</i></li> </ul>

Date	Action/Description
06/01/11  V12I	<ul style="list-style-type: none"> <li>Added 2011 COC references to pg. 1 and 6</li> </ul> <p><b>Updated links to Medical Policies</b> (deleted links to retired policies and replaced with new policies, etc...)</p> <p><b>Indications for Coverage Section:</b></p> <ul style="list-style-type: none"> <li>Summary of Preventive Care Services Benefit under the All Members paragraph, deleted “or substance”</li> <li>Osteoporosis Screening: deleted references to “age 60 or older”</li> <li>Several minor wording updates.</li> </ul> <p><b>Definitions Section:</b> Added definition of Modifier 33.</p> <p><b>Coding Section:</b></p> <ul style="list-style-type: none"> <li>Added Modifier 33 statement.</li> <li><b>Osteoporosis Screening:</b> <ul style="list-style-type: none"> <li>Updated USPSTF ‘B’ rating description to align with January 2011 USPSTF Recommendation Statement.</li> <li>Deleted the “C” rating that was part of the previous USPSTF Recommendation Statement.</li> </ul> </li> <li><b>Screening for Visual Impairment in Children:</b> <ul style="list-style-type: none"> <li>updated USPSTF ‘B’ rating description to align with January 2011 USPSTF Recommendation Statement.</li> </ul> </li> <li><b>Code Descriptions Updated:</b> <ul style="list-style-type: none"> <li>82952 and G0437 (Updated descriptions are effective 1/1/11.)</li> </ul> </li> <li><b>Codes Added:</b> <ul style="list-style-type: none"> <li>Abdominal Aortic Screening: 76700, 76705</li> <li>Cervical Cancer Screening: P3000, P3001</li> <li>Hepatitis B Screening: 87340, 87341</li> <li>HIV Screening: ICD9 diagnosis code V73.89</li> <li>Wellness Examinations: 99461, S0610, S0612, S0613</li> <li>Behavior Counseling/Healthy Diet: S9470</li> </ul> </li> <li><b>Codes Deleted:</b> <ul style="list-style-type: none"> <li>Immunizations: 90470 (Code was retro terminated back to 12/31/10.)</li> <li>Hepatitis B Screening: 87515, 87516, 87517</li> <li>HIV Screening: 87534, 87535, 87536, 87537, 87538, 87539</li> </ul> </li> </ul>
8/16/11  V12J	<p>Coding Changes:</p> <ul style="list-style-type: none"> <li>Bright Futures Services Section: <ol style="list-style-type: none"> <li><b>Anemia Screening in Children</b> is a new section. In this section included CPT codes <b>85014, 85018</b>, and diagnosis code <b>V78.0</b></li> <li><b>TB Testing</b> section: <ul style="list-style-type: none"> <li><b>Added</b> codes <b>99211</b> and diagnosis code <b>795.5</b></li> <li>Deleted Instructions: “ Payable as preventive with at least one of the listed dx codes.” And replaced that with, “CPT code 86580 is payable as preventive with at least one of the listed dx codes. CPT code 99211 is only payable as preventive with either dx code 795.5 or V74.1”</li> </ul> </li> </ol> </li> </ul>
10/01/11  V12K and V12L	<p>Coding Changes:</p> <ul style="list-style-type: none"> <li>Pregnancy ICD9 Codes Section: <ul style="list-style-type: none"> <li>Added V23.42 and V23.87. (These are new codes as of 10/1/11.)</li> </ul> </li> <li>TB Testing: <ul style="list-style-type: none"> <li>Deleted ICD9 Code 795.5. (Incomplete code as of 10/1/11.)</li> <li>Added ICD9 Codes 795.51 and 795.52 (new codes as of 10/1/11)</li> </ul> </li> <li>Immunizations: <ul style="list-style-type: none"> <li>Added 90654 (benefits for 90654 are effective 10/1/11).</li> </ul> </li> </ul>
11/13/11  V12J	<p>Coding Section - Updated the codes and the Claims Edit Criteria column for each of the following:</p> <p>Anemia, Iron Deficiency Anemia Screening:</p> <ul style="list-style-type: none"> <li>Added CPT code 85013</li> </ul> <p>Chlamydia Infection Screening:</p> <ul style="list-style-type: none"> <li>Added ICD9 codes V74.5 &amp; V75.9</li> </ul> <p>Gonorrhea Screening:</p>

Date	Action/Description
	<ul style="list-style-type: none"> <li>○ Added ICD9 code V75.9</li> <li>○ Updated the description of V74.5</li> <li>HIV – Human Immunodeficiency Virus – Screening: <ul style="list-style-type: none"> <li>○ Added ICD9 codes V74.5 &amp; V75.9</li> <li>○ Updated the description of V02.9</li> </ul> </li> <li>Syphilis Screening: <ul style="list-style-type: none"> <li>○ Added ICD9 code V75.9</li> </ul> </li> <li>Genetic Counseling and Evaluation for BRCA testing: <ul style="list-style-type: none"> <li>○ Updated name of section.</li> <li>○ Removed “Counseling codes” wording from Claims Edit Criteria column.</li> <li>○ Updated the descriptions of V10.3 and V10.43</li> </ul> </li> <li>Cholesterol Screening: <ul style="list-style-type: none"> <li>○ Updated the Claims Edit Criteria Column to reflect the V77.91 dx code requirement.</li> </ul> </li> <li>Colorectal Cancer Screening: <ul style="list-style-type: none"> <li>○ Added clarification at the top of the Claims Edit Criteria Column that the benefit is reimbursable as preventive based on the criteria, regardless of age.</li> <li>○ For 74263, in Claims Edit Criteria column added “regardless of diagnosis”</li> <li>○ Added code 45381</li> </ul> </li> <li>Bright Futures Section: <ul style="list-style-type: none"> <li>○ Added the clarification, “(ends on 21st birthday)” to the following sections: <ul style="list-style-type: none"> <li>○ Bright Futures Services (section header)</li> <li>○ Anemia Screening in Children</li> <li>○ Hearing Tests</li> <li>○ Developmental/Autism Screening</li> <li>○ Lead Screening</li> <li>○ TB Testing</li> <li>○ Dyslipidemia Screening</li> </ul> </li> </ul> </li> </ul>
1/1/12  V12M: 1/1/12 items	Updated Instructions for Use section, pg. 1. <u>Coding Section:</u> <ul style="list-style-type: none"> <li>▪ Added G0450 to the following sections (new code effective 1/1/12): <ul style="list-style-type: none"> <li>○ <b>Chlamydia Infection Screening</b></li> <li>○ <b>Gonorrhea Screening</b></li> <li>○ <b>Hepatitis B Virus Infection Screening</b></li> <li>○ <b>Syphilis Screening</b></li> </ul> </li> <li>▪ <b>Wellness Examinations (well baby, well child, well adult):</b> <ul style="list-style-type: none"> <li>○ Added G0445 (new code effective 1/1/12)</li> <li>○ Added codes 99411 and 99412</li> </ul> </li> <li>▪ <b>Immunizations:</b> <ul style="list-style-type: none"> <li>○ Updated descriptions on 90460 and 90461.</li> </ul> </li> <li>▪ <b>Newborn / Hearing Screening:</b> <ul style="list-style-type: none"> <li>○ Added code 92558 (new code effective 1/1/12)</li> <li>○ Updated descriptions on 92587 and 92588</li> </ul> </li> <li>▪ <b>Osteoporosis Screening:</b> <ul style="list-style-type: none"> <li>○ Deleted 77079 and 77083. (These two codes are expired as of 12/31/11).</li> </ul> </li> <li>▪ <b>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse:</b> <ul style="list-style-type: none"> <li>○ Added codes G0442 and G0443 (new codes effective 1/1/12)</li> </ul> </li> <li>▪ <b>Screening for Depression in Adults:</b> <ul style="list-style-type: none"> <li>○ Added code G0444 (new code effective 1/1/12)</li> </ul> </li> <li>▪ <b>Major Depressive Disorder in Children and Adolescents:</b> <ul style="list-style-type: none"> <li>○ Added code G0444 (new code effective 1/1/12)</li> </ul> </li> <li>▪ <b>Behavioral Counseling in Primary Care to Promote a Health Diet:</b> <ul style="list-style-type: none"> <li>○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12)</li> </ul> </li> <li>▪ <b>Screening for Obesity in Adults:</b></li> </ul>

Date	Action/Description
	<ul style="list-style-type: none"> <li>○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12)</li> <li>▪ <b>Screening for Obesity in Children and Adolescents:</b> <ul style="list-style-type: none"> <li>○ Added codes G0446, G0447 and G0449 (new codes eff. 1/1/12)</li> </ul> </li> <li>▪ <b>Behavioral Counseling to Prevent Sexually Transmitted Infections:</b> <ul style="list-style-type: none"> <li>○ Added code G0445 (new code effective 1/1/12)</li> </ul> </li> <li>▪ <b>Screening for Visual Impairment in Children:</b> <ul style="list-style-type: none"> <li>○ Deleted statement, "Payable with E&amp;M and modifier 25."</li> </ul> </li> <li>▪ <b>Developmental/Autism Screening (Bright Futures section):</b> <ul style="list-style-type: none"> <li>○ Updated description on 96110.</li> <li>○ Made the following correction to Claims Edit Criteria column: <ul style="list-style-type: none"> <li>▪ Previously: "Payable separately with a preventive benefit."</li> <li>▪ Correction: "Payable separately with a preventive visit."</li> </ul> </li> </ul> </li> </ul>
2/1/12  V12M: 2/1/12 items and V12N	<p>Added blood draw codes 36415 and 36416, and specific Claims Edit Criteria, to the following categories:</p> <ul style="list-style-type: none"> <li>▪ Anemia, Iron Deficiency Anemia Screening</li> <li>▪ Chlamydia</li> <li>▪ Hepatitis B Screening</li> <li>▪ HIV Screening</li> <li>▪ Rh Incompatibility Screening</li> <li>▪ Syphilis Screening</li> <li>▪ Diabetes Screening</li> <li>▪ Rubella Screening</li> <li>▪ Cholesterol Screening</li> <li>▪ Hypothyroidism Screening (newborn)</li> <li>▪ Phenylketonuria Screening (newborn)</li> <li>▪ Sickle Cell Screening (newborn)</li> <li>▪ Prostate Cancer Screening</li> <li>▪ Bright Futures - Anemia Screening in Children</li> <li>▪ Bright Futures - Lead Screening</li> <li>▪ Bright Futures - Dyslipidemia Screening</li> <li>▪ Metabolic Screening Panel</li> </ul> <p><u>Code 90649 (HPV quadrivalent):</u> Removed female gender benefit limitation. Effective 2/1/12, coverage for 90649 is no longer limited to females due to updated ACIP recommendation and MMWR publication which now includes definitive recommendation for males.</p>
4/1/12  V12P 4/1/12 items	<p>Due to CMS HCPCS coding update, the following changes were made:</p> <ul style="list-style-type: none"> <li>▪ Code G0446: revised code description and Claims Edit Criteria. (Previously was bi-annual, now is annual.) This affects the following sections: <ul style="list-style-type: none"> <li>○ Behavioral Counseling in Primary Care to Promote a Healthy Diet</li> <li>○ Screening for Obesity in Adults</li> <li>○ Screening for Obesity in Children and Adolescents</li> </ul> </li> <li>▪ Deleted code G0449. This affects the following sections: <ul style="list-style-type: none"> <li>○ Behavioral Counseling in Primary Care to Promote a Healthy Diet</li> <li>○ Screening for Obesity in Adults</li> <li>○ Screening for Obesity in Children and Adolescents</li> </ul> </li> <li>▪ Deleted code G0450. This affects the following sections: <ul style="list-style-type: none"> <li>○ Chlamydia Screening</li> <li>○ Gonorrhea Screening</li> <li>○ Hepatitis B Virus Screening</li> <li>○ Syphilis Screening</li> </ul> </li> </ul> <p>Prostate Cancer Screening (Claims Edit Criteria Column Only):</p> <ul style="list-style-type: none"> <li>▪ Corrected typo in the "Criteria for 36415 and 36416" (Previously listed 85152, 85153 and 85154. Corrected to: 84152, 84153 or 84154).</li> </ul>
8/1/12  V12P 8/1/12 items	<p><b><u>Indications for Coverage Section:</u></b></p> <ul style="list-style-type: none"> <li>○ Introduction: Added paragraph regarding 8/1/12 HHS Womens benefits.</li> <li>○ Summary of Preventive Care Services Benefit: <ul style="list-style-type: none"> <li>▪ Women's Health: Added paragraph regarding 8/1/12 HHS Womens benefits.</li> <li>▪ Men's Health: Added clarifications regarding USPSTF recommendations.</li> </ul> </li> <li>○ Related Services:</li> </ul>



Date	Action/Description
	<ul style="list-style-type: none"> <li>▪ Added clarification that preventive benefits do not include pre- or post-operative examination.</li> <li>▪ Added #2 example, for Women's outpatient sterilizations.</li> </ul> <p><b><u>Coverage Limitations and Exclusions Section:</u></b></p> <ul style="list-style-type: none"> <li>○ #2, added "or over the counter contraceptive barrier methods"</li> <li>○ #2e, added "Male or Female condoms"</li> <li>○ #2 subparagraph, added reference to myuhc.com</li> <li>○ #5 added, "or not medically necessary"</li> </ul> <p><b><u>References Section:</u></b></p> <ul style="list-style-type: none"> <li>○ Added reference #14</li> </ul> <p><b><u>Coding Section:</u></b></p> <ul style="list-style-type: none"> <li>○ <b><u>Added separate coding table for Expanded Women's Preventive Health: These are effective for plan years that begin on or after August 1, 2012:</u></b> <ul style="list-style-type: none"> <li>▪ Well-Woman Visits</li> <li>▪ Screening for Gestational Diabetes</li> <li>▪ Human Papillomavirus DNA Testing</li> <li>▪ Counseling for Sexually Transmitted Infections</li> <li>▪ Counseling and Screening for Human Immunodeficiency Virus</li> <li>▪ Contraceptive Methods (Including Sterilizations)</li> <li>▪ Breastfeeding Support, Supplies and Counseling</li> <li>▪ Screening and Counseling for Interpersonal and Domestic Violence</li> </ul> </li> <li>○ <b><u>Coding Section - Other Updates:</u></b> <ul style="list-style-type: none"> <li>▪ Due to May 2012 USPSTF announcement: Added a row for Behavioral Counseling to Preventive Skin Cancer (no coding).</li> </ul> </li> </ul> <p><b>The following is effective July 1, 2012, date of service point in time (<u>not</u> at renewal):</b></p> <p>Coding Section:</p> <ul style="list-style-type: none"> <li>▪ Added flu immunization code Q2034 (new HCPCS code effective 7/1/12)</li> </ul> <p><b>The following are effective August 1, 2012, date of service point in time (<u>not</u> at renewal):</b></p> <ul style="list-style-type: none"> <li>▪ <b>Code V70.0:</b> Added ICD-9 diagnosis code V70.0 to the following sections: <ul style="list-style-type: none"> <li>- Chlamydia Infection Screening</li> <li>- Gonorrhea Screening</li> <li>- HIV Screening (Also added 86689 and S3645, see below)</li> <li>- Syphilis Screening</li> <li>- Diabetes Screening</li> <li>- Rubella Screening</li> <li>- Cervical Cancer Screening, Pap Smear</li> <li>- Cholesterol Screening</li> <li>- Colorectal Cancer Screening</li> <li>- Osteoporosis Screening</li> <li>- Prostate Cancer Screening</li> </ul> </li> </ul> <p>NOTE: The new section for Human Papillomavirus DNA Testing (above) also includes V70.0</p> <ul style="list-style-type: none"> <li>▪ <b>Chlamydia Screening:</b> Added 87801</li> <li>▪ <b>Gonorrhea Screening:</b> Added 87801</li> <li>▪ <b>Bright Futures, Anemia Screening in Children:</b> Added ICD-9 diagnosis codes: V20.2, V20.31 and V20.32</li> <li>▪ <b>HIV Screening:</b> Added 86689 and S3645; Added V70.0 (see above)</li> <li>▪ <b>Screening Mammography:</b> <ul style="list-style-type: none"> <li>- Removed 2009 USPSTF age 50-74 B rating for mammography.</li> <li>- Added the 2002 USPSTF age 40+, B rating for mammography.</li> </ul> </li> </ul>
1/1/13	<p>New template format.</p> <p>Updated the Applicable Products section, pg.1.</p> <p>Deleted Appendix A (list of USPSTF Grade Definitions).</p> <p><b><u>Coding Section:</u></b></p> <p><i>The following are effective January 1, 2013, date of service point in time (<u>not</u> at renewal):</i></p>



Date	Action/Description
	<ul style="list-style-type: none"> <li>• Minor wording changes.</li> <li>• Added statement to table headers, "Certain codes, when billed in addition to other codes, may not be payable due to Reimbursement Policy."</li> <li>• Deleted Modifier 25 denial instructions (several rows) and replaced with statement, "These codes may be subject to our Reimbursement Policies and may not be payable when billed in addition to another code or service."</li> <li>• Added Month/Year for each USPSTF Rating.</li> <li>• In several USPSTF ratings, updated with full descriptions.</li> <li>• Added descriptions above codes in several rows</li> <li>• Removed code ranges and replaced with individual codes.</li> <li>• Added row for <b>Prevention of Falls in Community-Dwelling Older Adults</b> (no coding / no impact)</li> <li>• <b>Immunizations:</b> <ul style="list-style-type: none"> <li>○ Added name brands for certain immunizations (for convenience). Also added disclaimer.</li> <li>○ <b>Deleted 90701 and 90718</b> (codes expire 12/31/12)</li> <li>○ <b>Added 90672.</b> New code effective 1/1/13.</li> <li>○ Claims Edit Criteria: Added following <u>clarifications</u>: <ul style="list-style-type: none"> <li>▪ 90649 ends on 27<sup>th</sup> birthday</li> <li>▪ 90650 ends on 27<sup>th</sup> birthday and not covered for males</li> <li>▪ 90660 ends on 50<sup>th</sup> birthday</li> </ul> </li> </ul> </li> <li>• <b>Prostate Cancer Screening:</b> Added sentence, "NOTE: While this screening is not recommended by the 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."</li> <li>• <b>Contraceptive Methods:</b> <ul style="list-style-type: none"> <li>○ <b>Deleted J1051, J1055 and J1056</b> (codes expire 12/31/12)</li> <li>○ <b>Added J1050</b> (new code effective 1/1/13)</li> <li>○ <b>Added Code Group 2A</b> (Administration for Contraceptives Injections), code <b>96372.</b></li> </ul> </li> </ul>
4/1/13	<p><b>Coding Section:</b>  <i>The following are effective April 1, 2013, date of service point in time (<u>not</u> at renewal):</i></p> <ul style="list-style-type: none"> <li>• <b>Cervical Cancer Screening, Pap Smear:</b> <ul style="list-style-type: none"> <li>○ Removed 2003 USPSTF rating for sexually active women (no age limits).</li> <li>○ Added March 2012 USPSTF rating for all women age 21 to 65 years. And updated Claims Edit criteria to reflect age limits of 21 to 65 years, (no frequency limit.)</li> </ul> </li> <li>• <b>Colorectal Cancer Screening:</b> <ul style="list-style-type: none"> <li>○ Moved 88304 and 88305 into a separate group (Code Group 3.)</li> <li>○ Added Claims Edit Criteria for Code Group 3 (with a requirement that these 2 codes be billed with one of the listed diagnosis codes AND with one of the procedure codes from Code Group 1 or Code Group 2.)</li> </ul> </li> <li>• <b>Immunizations:</b> Deleted G9141 (code expired 12/31/12)</li> <li>• <b>Screening for Obesity in Adults:</b> <ul style="list-style-type: none"> <li>○ Removed 2003 USPSTF rating.</li> <li>○ Added June 2012 USPSTF rating, including BMI of 30+</li> <li>○ In response to the June 2012 USPSTF updated rating, added diagnosis codes for BMI of 30.0 – 39.0 (V85.30 – V85.39)</li> </ul> </li> <li>• <b>Expanded Women's Preventive, Breast Pump Equipment &amp; Supplies:</b> <ul style="list-style-type: none"> <li>○ Added V24.1 to diagnosis coding.</li> <li>○ Added to Claims Edit Criteria: "Diagnosis code V24.1 is required for E0603, E0604 and A4281 – A4286"</li> </ul> </li> <li>• <b>Reference section,</b> added links to USPSTF rating description information web pages.</li> <li>• <b>Appendix A,</b> USPSTF Grade Definitions page added back to this policy.</li> </ul>

Date	Action/Description
<p>4/23/13</p> <p>(Note: this update is retro-active to 4/1/13)</p>	<p><b>Coding Section:</b>  <i>The following is effective April 1, 2013, date of service point in time (not at renewal):</i></p> <ul style="list-style-type: none"> <li>• <b>Cervical Cancer Screening, Pap Smear,</b> <ul style="list-style-type: none"> <li>○ Claims Edit Criteria column revised: <ul style="list-style-type: none"> <li>▪ Removed the age limitations (deleted statements regarding age limits of 21 to 65 years)</li> <li>▪ Added statement “Females, no age limits.”</li> </ul> </li> </ul> </li> </ul> <p><b>Updated Instructions for Use Paragraph</b> (pg. 1): MCG™ Care Guidelines</p>
<p>6/1/13</p>	<p>Annual Review.</p> <p><b>Coding Section:</b>  <i>The following changes are effective June 1, 2013, date of service point in time (<u>not</u> at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> <li>• Reworded the table header statement regarding other policies (for clarity)</li> <li>• Deleted several duplicate Reimbursement Policy disclaimers.</li> <li>• Reworded several items in the Claims Edit Criteria column (for clarity)</li> <li>• <b>Added ICD-10 Diagnosis Codes.</b> Added note that ICD-10 codes are effective 10/1/14.</li> <li>• <b>Immunizations:</b> Added notation at end of the “regardless of diagnosis code” bullet that it is for covered preventive immunizations.</li> <li>• <b>Prostate Cancer Screening:</b> Code Group 2, <b>deleted diagnosis code V84.03</b> (due to Inappropriate Diagnosis Code Reimbursement Policy effective 6/1/13.)</li> <li>• <b>Screening for Intimate Partner Violence:</b> new section (no coding, no impact)</li> <li>• Moved diagnosis codes for Atherosclerosis and for Diabetes into separate tables.</li> </ul> <p><u>Expanded Women’s Preventive Health Table:</u></p> <ul style="list-style-type: none"> <li>• Reworded the table header statement regarding other policies (for clarity).</li> <li>• Added ICD-10 Diagnosis Codes. Added note that ICD-10 codes are effective 10/1/14.</li> <li>• <b>Contraceptive Methods,</b> Code Group 3 (anesthesia), added code <b>00851</b></li> </ul>
<p>7/1/13</p>	<p><b>Coding Section:</b>  <i>The following changes are effective July 1, 2013, date of service point in time (<u>not</u> at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> <li>• <b>Immunizations:</b> Influenza Virus, added code Q2033 (new code effective 7/1/13).</li> </ul> <p><u>Expanded Women’s Preventive Health Table:</u></p> <ul style="list-style-type: none"> <li>• <b>Contraceptive Methods,</b> Code Group 1, Contraceptive Methods, IUDs, added code Q0090 (new code effective 7/1/13)</li> </ul>
<p>8/1/13</p>	<p><b>Coding Section:</b>  <i>The following change is effective August 1, 2013, date of service point in time (not at renewal):</i></p> <p><u>Preventive Care Services Table:</u></p> <ul style="list-style-type: none"> <li>• Immunizations: Influenza Virus, added code <b>90686</b></li> </ul> <p><b>Appendix A and References sections:</b>  Updated the links to USPSTF Grade Recommendations information pages.</p>

## Appendix A – USPSTF Grade Definitions

### Grade Definitions for USPSTF Recommendations Dated Prior to May 2007:

<http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm>

**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.*

### Grade Definitions for USPSTF Recommendations Dated After May 2007:

<http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm>

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
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</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.
<b>C</b>	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
<b>D</b>	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.
<b>I Statement</b>	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.