

# PREVENTIVE CARE GUIDE



**BlueCross BlueShield**  
of Vermont

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## PURPOSE OF THIS GUIDE

We created this guide to help you understand your plan's zero-cost preventive care benefit. This guide explains:

- Preventive care available at no cost to you; and
- Billing information your provider may need to report your preventive care.

Some of the language found within this guide is technical. We hope that by providing you with the types of care covered by your preventive benefit, you will be able to get the most from your plan. We also hope this will be a useful tool for your providers.

## RECOMMENDATIONS FOR PREVENTIVE CARE BENEFITS

The Affordable Care Act and Vermont state mandates define your plan's zero-cost preventive benefit. Your preventive services are eligible at no cost to you when they align with the recommendations of four expert medical and scientific bodies:

- The United States Preventive Services Task Force (USPSTF) list of A- or B-rated services;
- The Advisory *Committee* on Immunization Practices (ACIP);
- The Health Resources and Services Administration's (HRSA) infant, children and adolescent preventive services guidelines; and
- The Health Resources and Services Administration's (HRSA) women's preventive services guidelines.

The experts listed above provide guidance and research to determine the most effective care for national population health. This means that your plan covers services that most of the public needs at no cost to you. We also include Vermont state mandates, as required.

Some services require prior approval. You may review our prior approval requirements online at <https://www.bluecrossvt.org/providers/prior-approval-authorization>.

## FOR MEMBERS

When the care you receive falls outside of the zero-cost preventive definition listed above and the services and codes outlined in this document, you may pay cost-share (such as deductible, co-insurance, or co-payments) like you would for any other service.

## FOR PROVIDERS

ICD-10 Codes in **bold** denote codes that, according to proper coding convention within the International Classification of Diseases, may only be reported as the principal/first-listed diagnosis. Please see your ICD-10 manual for clarification and additional instructions. Procedure codes listed may come from Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS). Diagnosis codes indicated are from the 10<sup>th</sup> edition of the International Classification of Diseases (ICD-10).

Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes in **bold** are combination vaccines containing at least two toxoids. All vaccines listed are eligible with no diagnosis code requirements.

Claim editing logic applies and supersedes all coding provided in this document.

## HAVE QUESTIONS?

Call our customer service team at the number on the back of your ID card. We are here to help!

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## CHILDREN AND ADOLESCENTS FROM BIRTH TO AGE 17

### General Screenings and Tests

Administrative Note: If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT® code 36415 or 36416) is also eligible at no cost to the member.

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b> Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, <b>Z00.110, Z00.111, Z00.121, Z00.129, Z00.70, Z00.71</b> , Z13.4, Z13.89, <b>Z76.1, Z76.2</b>						In a primary care setting	
<b>Anemia Screening</b> Procedure Codes: 85013, 85014, 85018, 85025, 85027 Diagnosis Codes: <b>Z00.121, Z00.129</b>							
<b>Behavioral Assessment</b> This service is included in the coding for a preventive medicine exam.							
<b>Blood Pressure Screening</b> This service is included in the coding for a preventive medicine exam.							

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**Children and Adolescents from Birth to Age 17 – General Screenings and Tests**

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
<p><b>Cervical Cancer Screening and Human Papillomavirus (HPV) Testing</b></p> <p>Procedure Codes: 0354U, 0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476*, P3000, P3001, Q0091</p> <p>Diagnosis Codes: <b>Z01.411, Z01.419, Z01.42, Z11.51, Z12.4</b></p> <p>*also eligible with Z11.3 and Z12.72</p>							
<p><b>Chlamydia Screening</b></p> <p>Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800, 0353U</p> <p>Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42, Z11.3, Z11.8, Z12.4, Z12.72</b></p>							
<p><b>Congenital Hypothyroidism</b></p> <p>Procedure Codes: 84436, 84437, 84439, 84443</p> <p>Diagnosis Codes: <b>Z00.110, Z00.111, Z00.121, Z00.129, Z13.29</b></p>	Newborns						
<p><b>Depression Screening</b></p> <p>Procedure Codes: G0444, 96127, 96161, 99403, 99404</p> <p>Diagnosis Codes: <b>Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419, Z13.89</b></p> <p>This service is also included in the coding for a preventive medicine exam.</p>						In a primary care setting	

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## Children and Adolescents from Birth to Age 17 – General Screenings and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
<b>Developmental Screening</b> Procedure Codes: 96110 <sup>1</sup> , G0451 Diagnosis Codes: any eligible diagnosis		Ages 9 months, 18 months, and 30 months					
<b>Dyslipidemia Screening for Cholesterol</b> Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z13.220				Ages 2 years and 4 years		Follow Up	
<b>Fluoride Varnish Application</b> Procedure Codes: 99188 Diagnosis Codes: any eligible diagnosis	Every 3 to 6 months for children from primary tooth eruption to age 6						
<b>Gonorrhea Screening</b> Procedure Codes: 87590, 87591, 87850, 0354U Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z12.4, Z12.72							
<b>Hearing Screening</b> Procedure Codes: 92551, 92552, 92587, 92650, 92651, 92652, V5008 Diagnosis Codes: Z00.110, Z00.111, <b>Z00.121, Z00.129</b> , Z01.10, Z01.118	Recommended at ages: Newborn; between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between age 11-14 years; once between age 15-17 years; also recommended for those that have a positive risk assessment.						
<b>Hepatitis B Screening</b> Procedure Codes: 87340*, G0499 Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42</b> , Z11.59, Z12.4, Z12.72 *also eligible with Z21							

<sup>1</sup> Prior approval may be required.

## Children and Adolescents from Birth to Age 17 – General Screenings and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
<b>Height, Weight and Body Mass Index (BMI) Review</b> This service is included in the coding for a preventive medicine exam.							
<b>HIV Screening</b> Procedure Codes: 86689*, 86701*, 86702*, 86703*, 87389, 87390, 87534, 87535, G0432*, G0433*, G0435*, G0475* Diagnosis Codes, Z11.4, Z11.59 *also eligible with <b>Z00.121, Z00.129 and Z71.7</b>							
<b>Lead Screening</b> Procedure Codes: 83655 Diagnosis Codes: any eligible diagnosis	Up to age 6						
<b>MonkeyPox Screening</b> Procedure Code: 87593 Diagnosis Codes: any eligible diagnosis							
<b>Obesity Counseling<sup>2</sup></b> Procedure Codes: 97802*, 97803*, 97804*, 99401, 99402, 99403, 99404, G0446, G0447, S9452*, S9470* Diagnosis Codes: <b>Z00.121, Z00.129</b> *also eligible with Z71.3 General obesity screening is included in the coding for a preventive medicine exam.							
<b>Oral Health Risk</b>							

<sup>2</sup> Visit limits and prior approval requirements may apply for nutritional counseling services. Please see the benefit materials for additional information.

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## Children and Adolescents from Birth to Age 17 – General Screenings and Tests

This service is included in the coding for a preventive medicine exam.			
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## Children and Adolescents from Birth to Age 17 – General Screenings and Tests

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
<b>Phenylketonuria (PKU) Screening</b> Procedure Codes: 84030 Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z13.228	Newborns						
<b>Sexually Transmitted Infection Counseling</b> Procedure Codes: 99401, 99402, 99403, 99404 Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z01.411, Z01.419							
<b>Sexually Transmitted Infection Screening</b> Procedure Codes: 87081, 87084, 87800* Diagnosis Codes: Z01.411, Z01.419, Z01.42, Z12.4, Z12.72 *also eligible with Z00.121, Z00.129, and Z11.8							
<b>Sickle-Cell Disease Screening</b> Procedure Codes: 83020, 83021 Diagnosis Codes: Z13.0	Infants up to 1 year of age						
<b>Syphilis Screening</b> Procedure Codes: 0210U, 86592, 86780 Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z11.3, Z72.51, Z72.52, Z72.53							
<b>Tobacco Use Counseling</b> Procedure Codes: 99406, 99407 Diagnosis Codes: any eligible diagnosis							

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**Children and Adolescents from Birth to Age 17 – General Screenings and Tests**

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 years
<p><b>Vision Screening</b></p> <p>Procedure Codes: 99173</p> <p>Diagnosis Codes: <b>Z00.110, Z00.111, Z00.121, Z00.129</b>, Z01.00, Z01.01</p>							
<p><b>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b></p> <p>Procedure Codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Diagnosis Codes: Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9</p>							
<p><b>Preventive Medicine Exam</b></p> <p>Procedure Codes: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394</p> <p>Diagnosis Codes: eligible with any diagnosis</p> <p>Contraceptive counseling is included in the coding for a preventive medicine exam.</p>							
					Recommended annually		

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## CHILDREN AND ADOLESCENTS FROM BIRTH TO AGE 17

### Vaccines and Immunizations

Administrative Note: This vaccine schedule represents the CDC’s Advisory Committee on Immunization Practices’ recommended vaccines for all children. Procedure codes listed may come from Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS).

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
<b>Hepatitis B (HepB)</b> Procedure Codes: <b>90697 (DTaPIPv-Hib-HepB)</b> , 90740, 90743, 90744, 90747, <b>90748 (Hib-HepB)</b>																
<b>Rotavirus RV1 (2-dose) or RV5 (3-dose)<sup>3</sup></b> Procedure Codes: 90680, 90681																
<b>Diphtheria, tetanus, and acellular pertussis (DTaP)</b> Procedure Codes: <b>90696 (DTap-IPV)</b> , <b>90697 (DTaPIPv-Hib-HepB)</b> , <b>90698 (DTap-IPV/Hib)</b> , 90700, 90702																
<b>Tetanus, diphtheria, and acellular pertussis (TDaP)</b> Procedure Codes: 90714 (TD only), 90715																

<sup>3</sup> Whether or not a third dose of rotavirus vaccine is needed depends on which version of the vaccine was administered.

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## Children and Adolescents from Birth to Age 17 – Vaccines and Immunizations

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
<b>Haemophilus influenzae type B (Hib)</b> Procedure Codes: <b>90644 (Hib-MenCY)</b> , 90647, 90648, <b>90697 (DTaPIPV-Hib-HepB)</b> , <b>90698 (DTap-IPV/Hib)</b> , <b>90723 (DTap-HepB-IPV)</b> , <b>90748 (HepB-Hib)</b>																
<b>Pneumococcal conjugate (PCV13)</b> Procedure Codes: 90670																
<b>Inactivated poliovirus (IPV)</b> Procedure Codes: <b>90696 (DTap-IPV)</b> , <b>90697 (DTaPIPV-Hib-HepB)</b> , <b>90698 (DTap-IPV/Hib)</b> , 90713, <b>90723 (DTap-HepB-IPV)</b>																
<b>Influenza (IIV; LAIV)</b> Procedure Codes: 90630, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2035, Q2036, Q2037, Q2038, Q2039					Annually											

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## Children and Adolescents from Birth to Age 17 – Vaccines and Immunizations

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
<b>Measles, mumps, and rubella (MMR)</b> Procedure Codes: 90707, <b>90710 (MMRV)</b>																
<b>Varicella (VAR)</b> Procedure Codes: <b>90710 (MMRV)</b> , 90716																
<b>Hepatitis A (HepA)</b> Procedure Codes: 90633, 90634																
<b>Human Papillomavirus (HPV)</b> Procedure Codes: 90649, 90650, 90651																
<b>Meningococcal</b> Procedure Codes: 90619, 90620, 90621, <b>90644 (Hib-MenCY)</b> , 90733, 90734																
<b>Vaccine Administration</b> Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010	Vaccine administration codes must be indicated as appropriate															

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**CHILDREN AND ADOLESCENTS FROM BIRTH TO AGE 17**  
**Medications and Supplements**

Category	Products	Recommendation
Fluoride Supplementation	<ul style="list-style-type: none"> <li>• Fluoride Chewable Tablets, 0.25 MG</li> <li>• Fluoride Chewable Tablets, 0.5 MG</li> <li>• Fluoride Drops, 0.125 MG</li> <li>• Fluoride Drops, 0.25 MG</li> <li>• Fluoride Drops, 0.5 MG</li> <li>• Multivitamin w/ Fluoride, Chewable, 0.25 MG</li> <li>• Multivitamin w/ Fluoride, Chewable, 0.5 MG</li> <li>• Multivitamin w/ Fluoride, Drops, 0.25 MG, Suspension</li> <li>• Multivitamin w/ Fluoride, Drops, 0.5 MG, Suspension</li> </ul>	<p>For children starting at 6 months up to 5 years of age without fluoride in their water sources.</p> <p>Generic only with prescription.</p>
Contraceptives	<ul style="list-style-type: none"> <li>• Barrier methods, like diaphragms and sponges</li> <li>• Hormonal methods, like oral contraceptives and vaginal rings</li> <li>• Implanted devices, like intrauterine devices (IUDs)</li> <li>• Emergency contraception, like Plan B® and Ella®</li> </ul>	<p>Available as prescribed to prevent pregnancy for all persons with reproductive capacity.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Pre-Natal Care and Family Planning section of this brochure for additional information on contraception methods.</p>
Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis	<ul style="list-style-type: none"> <li>• Truvada, 200mg/300mg</li> </ul>	<p>For all persons who are at high risk of HIV acquisition and who are not undergoing HIV treatment.</p> <p>Once generic becomes available, zero-cost coverage will only apply to the generic form.</p>

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**ADULTS AGE 18 AND OLDER**  
**General Screenings and Tests**

Administrative Note: If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT® code 36415 or 36416) is also eligible at no cost to the member.

	18	20	30	35	40	45	50	55	60	65	70	75
<b>Abdominal Aortic Aneurysm Screening</b> Procedure Codes: 76706 Diagnosis Codes: any eligible diagnosis										One-time screening for those who have smoked		
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b> Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, <b>Z00.00, Z00.01, Z01.411, Z01.419</b> , Z13.89	In a primary care setting											
<b>Blood Pressure Screening</b> This service is included in the coding for a preventive medicine exam.	In a primary care setting											
<b>BRCA Risk Assessment and Genetic Counseling/Testing<sup>4</sup></b> Procedure Codes: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 96040 Diagnosis Codes: Z31.5, Z80.3, Z80.41		In a primary-care setting										

<sup>4</sup> Prior approval may be required

**Adults Age 18 and Older – General Screenings and Tests**

	18	20	30	35	40	45	50	55	60	65	70	75
<p><b>Cervical Cancer Screening and Human Papillomavirus (HPV) Testing</b></p> <p>Procedure Codes: 0354U, 0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476*, P3000, P3001, Q0091</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b>, Z11.51, Z12.4</p> <p>*also eligible with Z11.3 and Z12.72</p>												
<p><b>Chlamydia Screening</b></p> <p>Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800, 0353U</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b>, Z11.3, Z11.8, Z12.4, Z12.72</p>	Up to age 24 and older persons at higher risk											



## Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
<p><b>Colorectal Cancer Screening<sup>5</sup></b></p> <p>Procedure Codes: 44401, 45330, 45331, 45333, 45334, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 81528, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0104, G0105, G0121, G0328, G0500, S0285</p> <p>Diagnosis Codes: D12.0, D12.2, D12.3, D12.4, D12.5, D12.6, D12.7, D12.8, D12.9, D50.9, K63.5, <b>Z00.00, Z00.01</b>, Z12.10, Z12.11, Z12.12, Z12.13, Z13.811, Z80.0, Z80.9, Z83.71, Z85.030, Z85.038, Z85.040, Z85.048, Z85.060, Z85.068, Z86.010, Z86.018, Z87.19</p>						<p>Frequency of screening will vary depending on the screening method; for screening of younger persons at higher risk, screening encounters should have a screening diagnosis in the primary position and a disease-specific condition in the secondary position.</p>						
<p><b>Depression Screening</b></p> <p>Procedure Codes: G0444, 96127, 96161, 99403, 99404</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419</b>, Z13.89</p> <p>This service is also included in the coding for a preventive medicine exam.</p>	<p>Periodic screenings for all adults in a primary care setting</p>											
<p><b>Diabetes Screening</b></p> <p>Procedure Codes: 82947, 82950, 82951, 83036</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z13.1</p>						<p>Recommended for adults age 40 to 70 who are overweight or obese as part of a cardiovascular risk assessment in a primary care setting</p>						

<sup>5</sup> Prior approval is required for monitored anesthesia care administered for a screening colonoscopy (CPT® 00812). Please see the prior approval list for additional requirements.

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## Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
<b>Dual-Energy X-Ray Absorptiometry Scan for Bone Density</b> Procedure Codes: 77080 Diagnosis Codes: <b>Z00.00, Z00.01, Z13.820</b>												
<b>Falls Prevention</b> This service is included in the coding for a preventive medicine exam.												
<b>Gonorrhea Screening</b> Procedure Codes: 87590, 87591, 87850, 0354U Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z12.4, Z12.72</b>	For sexually active persons 24 years or younger and older persons at increased risk											
<b>Healthy Diet and Exercise Counseling for Obesity<sup>6</sup></b> Procedure Codes: 97802^, 97803^, 97804^, 99401*, 99402*, 99403*, 99404*, G0446^, G0447^, S9452^, S9470^ Diagnosis Codes: <b>Z00.00, Z00.01</b> *also eligible with Z01.411, Z01.419, and Z13.6 ^ also eligible with Z71.3 General obesity screening is included in the coding for a preventive medicine exam.	Periodic screenings for adults in a primary care setting											

<sup>6</sup> Visit limits and prior approval requirements may apply for nutritional counseling services. Please see the benefit materials for additional information

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## Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
<b>Hearing Screening</b> Procedure Codes: 92551, 92552, 92587, V5008 Diagnosis Codes: Z01.10, Z01.118	Once between age 18-21 years and for those that have a positive risk assessment.											
<b>Hepatitis B Screening</b> Procedure Codes: 87340*, G0499 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4, and Z12.72</b> *also eligible with Z21	Recommended in persons at high risk – discuss with your provider											
<b>Hepatitis C Screening</b> Procedure Codes: 86803 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4, Z12.72</b>	Recommended in persons at high risk, and a one-time screening for all adults born between 1945 and 1965											
<b>Human Immunodeficiency Virus (HIV) Screening</b> Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87390, 87534, 87535, G0432, G0433, G0435, G0475 Diagnosis Codes: <b>Z00.00, Z00.01, Z11.4, Z11.59, Z71.7</b>												
<b>Intimate Partner Violence Screening</b> This service is included in the coding for a preventive medicine exam.												

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## Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
<b>Lipid Screening</b> Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: <b>Z00.00, Z00.01,</b> Z13.220												
<b>Low-Dose CT Screening for Lung Cancer<sup>7</sup></b> Procedure Codes: 71271 Diagnosis Codes: any eligible diagnosis							Recommended annually for adults age 50 to 80 who currently smoke or have quit smoking within the last 15 years					
<b>Mammography Screening for Breast Cancer</b> Procedure Codes: 77061*, 77062*, 77063, 76641*, 76642*, 77065*, 77066*, 77067, G0279* Diagnosis Codes: N63.15, N63.25, R92.2, R92.8, <b>Z00.00, Z00.01,</b> Z12.31, Z12.39, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 *only eligible with R92.2 and R92.8					Screening beginning at age 40 and older, and for younger persons at increased risk							
<b>MonkeyPox Screening</b> Procedure Code: 87593 Diagnosis Codes: any eligible diagnosis												
<b>Prostate Screening</b> Procedure Codes: 84066, 84152, 84153, 84154, G0102, G0103 Diagnosis Codes: <b>Z00.00, Z00.01,</b> Z12.5					Beginning age 40 to 69 years							

<sup>7</sup> Prior approval may be required.

**Adults Age 18 and Older – General Screenings and Tests**

<b>Skin Cancer Behavioral Counseling</b> This service is included in the coding for a preventive medicine exam.	Adults up to age 24 who have fair skin										
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## Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
<b>Syphilis Screening</b> Procedure Codes: 0210U, 86592, 86780 Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z11.3, Z72.51, Z72.52, Z72.53	Recommended in persons at high risk – discuss with your provider											
<b>Tobacco Use Counseling</b> Procedure Codes: 99406, 99407 Diagnosis Codes: any eligible diagnosis	Recommended tobacco cessation for all adults who use tobacco products											
<b>Vision Screening</b> Procedure Codes: 99173* Diagnosis Codes: Z00.00, Z00.01, Z01.00, Z01.01 *eligible up to age 21 only												
<b>Preventive Gynecologic and Wellness Exam</b> Procedure Codes: G0445, S0610, S0612, S0613 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419</b> , Z13.89	Recommended annually											

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**Adults Age 18 and Older – General Screenings and Tests**

	18	20	30	35	40	45	50	55	60	65	70	75
<p><b>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b></p> <p>Procedure Codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9</p>	For persons of child-bearing age											
<p><b>Preventive Medicine Exam</b></p> <p>Procedure Codes: 99385, 99386, 99387, 99395, 99396, 99397</p> <p>Diagnosis Codes: eligible with any diagnosis</p>	Recommended annually											

**ADULTS AGE 18 AND OLDER**  
**Vaccines and Immunizations**

Administrative Note: This vaccine schedule represents the CDC’s Advisory Committee on Immunization Practices’ recommended vaccines for all adults. All vaccines listed are eligible with no diagnosis code requirements.

	18 to 21 Years	22 to 26 Years	27 to 49 Years	50 to 59 Years	60 to 64 Years	65+
<b>Influenza</b> Procedure Codes: 90630, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2035, Q2036, Q2037, Q2038, Q2039	Annually					
<b>Tetanus, diphtheria and pertussis (TD/TDaP)</b> Procedure Codes: 90714 (Td only), 90715	Substitute TDaP for TD once, then TD booster every 10 years					
<b>Varicella (VAR)</b> Procedure Codes: <b>90710 (MMRV)</b> , 90716						
<b>Human papillomavirus (HPV)</b> Procedure Codes: 90649, 90650, 90651						
<b>Herpes Zoster (shingles)</b> Procedure Codes: 90736, 90750						
<b>Measles, mumps, rubella (MMR)</b> Procedure Codes: 90707, <b>90710 (MMRV)</b>						
<b>Pneumococcal conjugate (PCV13 and PCV20)</b> Procedure Codes: 90670, 90677						

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## Adults Age 18 and Older – Vaccines and Immunizations

	18 to 21 Years	22 to 26 Years	27 to 49 Years	50 to 59 Years	60 to 64 Years	65+
<b>Pneumococcal polysaccharide (PCV23)</b> Procedure Codes: 90732						
<b>Hepatitis A</b> Procedure Codes: 90632, <b>90636 (HepA-HepB)</b>						
<b>Hepatitis B</b> Procedure Codes: <b>90636 (HepA-HepB)</b> , 90739, 90740, 90746, 90747, <b>90748, (Hib-HepB), 90759</b>						
<b>Meningococcal conjugate (MenACWY)</b> Procedure Codes: 90619, 90733						
<b>Meningococcal B</b> Procedure Codes: 90620, 90621						
<b>Haemophilus influenza type B (Hib)</b> Procedure Codes: 90647, 90648, <b>90748 (Hib-HepB)</b>						
<b>MonkeyPox</b> Procedure Codes: <a href="#">90611</a> , <a href="#">90622</a>						
<b>Vaccine Administration</b> Procedure Codes: 90470, 90471, 90472, 90473, 90474, G0008, G0009, G0010						

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**ADULTS AGE 18 AND OLDER**  
**Medications and Supplements**

Category	Products	Recommendation
Aspirin prophylaxis	<ul style="list-style-type: none"> <li>• 81mg varieties (generic only)</li> </ul>	For the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC), recommended for adults ages 50 to 59 who have a 10 percent or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and who are willing to take low-dose aspirin daily for at least 10 years.
Breast cancer prevention	<ul style="list-style-type: none"> <li>• Tamoxifen citrate tab, 10 mg and 20 mg (generic only)</li> <li>• Raloxifene HCl tab, 60 mg (generic only)</li> </ul>	For those at increased risk for breast cancer
Contraceptives	<ul style="list-style-type: none"> <li>• Barrier methods, like diaphragms and sponges</li> <li>• Hormonal methods, like oral contraceptives and vaginal rings (generic only)</li> <li>• Implanted devices, like intrauterine devices (IUDs)</li> <li>• Emergency contraception, like Plan B® and Ella®</li> <li>• Female sterilization procedures</li> </ul>	<p>Available as prescribed to prevent pregnancy for all persons with reproductive capacity.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Pre-Natal Care and Family Planning brochure for additional information on contraception methods.</p>
Statins	<ul style="list-style-type: none"> <li>• 5mg and 10 mg varieties (generics only)</li> </ul>	Adults ages 40 to 75 without a history of cardiovascular disease (CVD) who use a low-to-moderate dose statin for the prevention of CVD events and mortality when they have one or more cardiovascular disease risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking) and a calculated 10-year risk of a CVD event of 10 percent or greater
Tobacco cessation	<ul style="list-style-type: none"> <li>• Nicotine replacement products, such as patches, gum, and lozenges</li> <li>• Bupropion products (generic only up to 180 days)</li> </ul>	Adults who use tobacco products

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## Adults Age 18 and Older – Medications and Supplements


Category	Products	Recommendation
Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis	<ul style="list-style-type: none"><li data-bbox="772 315 1079 341">• Truvada, 200mg/300mg</li></ul>	<p data-bbox="1310 240 1944 302">For all persons who are at high risk of HIV acquisition and who are not undergoing HIV treatment.</p> <p data-bbox="1310 337 1976 399">Once generic becomes available, zero-cost coverage will only apply to the generic form.</p>


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## PRE-NATAL CARE AND FAMILY PLANNING FOR PERSONS OF CHILD-BEARING CAPACITY OF ALL AGES

### General Screenings and Tests


Administrative Note: If a preventive lab requires a blood draw for specimen collection, the blood draw (CPT code 36415 or 36416) is also eligible at no cost to the member.

The fetal health symbol  indicates that additional diagnosis codes for the indicated test or service are in the section for PRE-NATAL AND FAMILY PLANNING FOR PERSONS OF CHILD-BEARING CAPACITY OF ALL AGES – Fetal Health Diagnoses.

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b> Procedure Codes: 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: F10.10, F10.120, F10.129, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, <b>Z00.00, Z00.01, Z01.411, Z01.419</b> , Z13.89	Recommended screening for all pregnant persons to evaluate alcohol misuse and brief behavioral counseling for risky or hazardous behavior				
<b>Asymptomatic Bacteriuria Screening</b> Procedure Codes: 87081, 87084, 87086, 87088 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419</b> , Z01.42, Z12.4, Z12.72 		Recommended at 12-16 weeks gestation or at first prenatal visit, if later			
<b>Breast Feeding Support</b> Procedure Codes: S9443 Diagnosis Codes: <b>Z00.00, Z00.01</b> , P92.6, R62.51, <b>Z39.1</b>				Lactation counseling with a lactation consultant or registered nurse as needed, or until newborn is thriving	

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## Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests





	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<p><b>Breast Pumps and Related Supplies<sup>8</sup></b></p> <p>Procedure Codes: A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604</p> <p>Diagnosis Codes: O09.A0, O09.A1, O09.A2, O09.A3, 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, P92.6, R62.51, <b>Z00.00, Z00.01, Z39.1</b>, 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</p>			Recommended to support breastfeeding		
<p><b>Chlamydia Screening</b></p> <p>Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800, 0353U</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b>, Z11.3, Z11.8, Z12.4, Z12.72</p> 	Screening recommended at first prenatal visit for all pregnant persons aged 24 or younger and for older pregnant persons who are at increased risk				

<sup>8</sup> Prior approval may be required

**Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests**




	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<p><b>Contraceptive Methods</b></p> <p>Procedure Codes: A4261, A4264, A4266, A4268, A4269, J1050, J7296, J7297, J7298, J7300, J7301, J7302, J7304, J7306, J7307, S4981, S4989, S4993, 00851, 00921<sup>*^</sup>, 11976, 11980, 11981, 11982, 11983, 55250<sup>*^</sup>, 57170, 58120<sup>*+</sup>, 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74018<sup>*+</sup>, 76830<sup>*+</sup>, 76857<sup>*+</sup>, 76998<sup>*+</sup>, 81025<sup>*+</sup>, 96372</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z30.09, Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.2, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9, Z98.52</p> <p><sup>*^</sup> Not eligible for zero-cost preventive benefits when the member has a Consumer-Directed Health Plan (CDHP) or for members of some ASO groups; Only eligible with diagnosis codes Z30.09, Z30.2, or Z98.52.</p> <p><sup>*+</sup> An eligible diagnosis code from Z30 family must be in the primary diagnosis position.</p>				<p>Contraceptive methods, including sterilization procedures (such as but not limited to vasectomy, hysterectomy, implantable contraceptive devices, etc.), and patient education and counseling, as prescribed by a health care provider</p> <p>Additional contraceptive methods located in Section 3: Preventive Care Services Guide for Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity – Vaccines, Contraceptives and Supplements</p>	
<p><b>Depression Screening</b></p> <p>Procedure Codes: G0444, 96127, 96161 99403, 99404</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419</b>, Z13.89</p>	<p>Periodic screenings recommended throughout pregnancy and during the post-partum period, as needed</p>				

## Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<b>Gestational Diabetes Screening</b> Procedure Codes: 82947, 82950, 82951, 83036 Diagnosis Codes: <b>Z00.00, Z00.01, Z13.1</b> 		Recommended gestational diabetes screening by glucose test for persons 24 – 28 weeks pregnant and at the first prenatal visit for those at high risk			
<b>Gonorrhea Screening</b> Procedure Codes: 87590, 87591, 87850, 0354U Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z12.4, Z12.72</b> 	Screening recommended at first prenatal visit for all pregnant persons aged 24 or younger and for older pregnant persons who are at increased risk				
<b>Hepatitis B Screening</b> Procedure Codes: 87340*, G0499 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4 and Z12.72</b>  *also eligible with Z21	Screening recommended at first prenatal visit for all pregnant persons				
<b>Hepatitis C Screening</b> Procedure Codes: 86803 Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.59, Z12.4, Z12.72</b> 	Screening recommended at first prenatal visit for all pregnant persons				

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## Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests




	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<p><b>Human Immunodeficiency Virus (HIV) Screening</b></p> <p>Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87390, 87534, 87535, G0432, G0433, G0435, G0475</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z11.4, Z11.59, Z71.7</p> 	<p>Screening recommended at first prenatal visit for all pregnant persons</p>				
<p><b>MonkeyPox Screening</b></p> <p>Procedure Code: 87593</p> <p>Diagnosis Codes: any eligible diagnosis</p>					
<p><b>Obstetric Professional Care</b></p> <p>Procedure Codes: 59400, 59425, 59426, 59510, 59610, 59618</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b></p> <p>In some cases, a co-payment may apply.</p> 	<p>Routine professional obstetric care, including antepartum (pre-natal) care, delivery with or without an episiotomy, and post-partum care up to 45 days post-partum. Facility services are not included.</p>				
<p><b>Obstetric Panels<sup>9</sup></b></p> <p>Procedure Codes: 80055, 80081</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b>, Z12.4, Z12.72</p> 	<p>Screening recommended at first prenatal visit for all pregnant persons</p>				

<sup>9</sup>CP®Ts 80055 and 80081 are bundled panels including an array of tests needed during early pregnancy, such as complete blood count, blood typing, and antibody and antigen tests for various diseases and infections. CPT® 80081 also includes testing for HIV.

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## Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<p><b>Obstetric Ultrasound</b></p> <p>Procedure Codes: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76817</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z33.1</p> 		Limited to one ultrasound during pregnancy, usually at 18-22 weeks of gestation			
<p><b>Rh Incompatibility Screening</b></p> <p>Procedure Codes: 86901</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b>, Z12.4, Z12.72</p> 	Screening recommended at first prenatal visit for all pregnant persons				
<p><b>Syphilis Screening</b></p> <p>Procedure Codes: 0210U, 86592, 86780</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01</b>, Z11.3, Z72.51, Z72.52, Z72.53</p> 	Screening recommended at first prenatal visit for all pregnant persons				
<p><b>Tobacco Use Intervention and Cessation</b></p> <p>Procedure Codes: 99406, 99407</p> <p>Diagnosis Codes: any eligible diagnosis</p>	Recommended screening for all pregnant persons to evaluate tobacco use and brief behavioral counseling for tobacco cessation				

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**Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages - General Screenings and Tests**

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<p><b>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b></p> <p>Procedure Codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Diagnosis Codes: <b>Z00.001, Z00.01</b>, Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40, Z30.40, Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49, Z30.8, Z30.9</p>				<p>Contraceptive counseling of methods, including sterilization procedures, and patient education and counseling, as prescribed by a health care provider</p>	

## PRE-NATAL CARE AND FAMILY PLANNING FOR PERSONS OF CHILD-BEARING CAPACITY OF ALL AGES

### Vaccines, Contraceptives, and Supplements

Administrative Note: This vaccine schedule represents the CDC's Advisory Committee on Immunization Practices' recommended vaccines for all pregnant persons. All vaccines listed are eligible with no diagnosis code requirements.

#### VACCINES

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
<b>Influenza</b> Procedure Codes: 90630, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90756, Q2035, Q2036, Q2037, Q2038, Q2039	Recommended at any time during pregnancy, before and during influenza season				
<b>Tetanus, diphtheria and pertussis (Tdap)</b> Procedure Codes: 90715		Recommended for pregnant persons 27 – 36 weeks pregnant for optimal timing, though Tdap may be administered at any time during pregnancy			
<b>Vaccine Administration</b> Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, G0008	Vaccine administration codes must be indicated as appropriate				

#### CONTRACEPTIVES AND SUPPLEMENTS


Category	Products	Recommendation
Aspirin	<ul style="list-style-type: none"> <li>81mg varieties (generic only)</li> </ul>	Use of low-dose aspirin as preventive medication after 12 weeks of gestation for those who are at high risk for preeclampsia.

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## Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages – Vaccines, Contraceptives, and Supplements

Category	Products	Recommendation
Contraceptives	<ul style="list-style-type: none"> <li>• Barrier methods, such as diaphragms and sponges</li> <li>• Hormonal methods, such as oral contraceptives and vaginal rings (generic only)</li> <li>• Implanted devices, such as intrauterine devices (IUDs)</li> <li>• Injectables, such as Depo-Provera</li> <li>• Emergency contraception, such as Plan B® and -Ella®</li> <li>• Female sterilization (see Section I)</li> </ul>	<p>Available as prescribed to prevent pregnancy.</p> <p>Oral contraceptives are available as generic-only versions with prescription.</p> <p>Certain contraceptive methods are also available in an office or outpatient setting. Please see the Pre-Natal Care and Family Planning brochure for additional information on contraception methods.</p>
Folic Acid supplementation	<ul style="list-style-type: none"> <li>• 400 mcg or 800 mcg varieties (generic only, over the counter with prescription)</li> </ul>	All who are planning or capable of pregnancy

**PRE-NATAL AND FAMILY PLANNING FOR PERSONS OF CHILD-BEARING CAPACITY OF ALL AGES**  
**Fetal Health Diagnoses**

 Administrative Note: This list of diagnosis codes is eligible and valid for all services with the fetal health symbol, as indicated within this document.

ICD-10 Code(s)	Brief Description of Code(s)
O30.001 O30.002 O30.003 O30.009	Twin pregnancy; unspecified number of placenta and unspecified number of amniotic sacs
O30.011 O30.012 O30.013 O30.019	Twin pregnancy; monochorionic/monoamniotic
O30.031 O30.032 O30.033 O30.039	Twin pregnancy; monochorionic/diamniotic
O30.041 O30.042 O30.043 O30.049	Twin pregnancy; dichorionic/diamniotic
O30.091 O30.092 O30.093 O30.099	Twin pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.101 O30.102 O30.103 O30.109	Triplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs
O30.111 O30.112 O30.113 O30.119	Triplet pregnancy with two or more monochorionic fetuses
O30.121 O30.122 O30.123 O30.129	Triplet pregnancy with two or more monoamniotic fetuses
O30.191 O30.192 O30.193 O30.199	Triplet pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.201 O30.202 O30.203 O30.209	Quadruplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs

ICD-10 Code(s)	Brief Description of Code(s)
O30.211 O30.212 O30.213 O30.219	Quadruplet pregnancy with two or more monochorionic fetuses
O30.221 O30.222 O30.223 O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses
O30.291 O30.292 O30.293 O30.299	Quadruplet pregnancy; unable to determine number of placenta and number of amniotic sacs
O30.801 O30.802 O30.803 O30.809	Other specified multiple gestation; unspecified number of placenta and unspecified number of amniotic sacs
O30.811 O30.812 O30.813 O30.819	Other specified multiple gestation with two or more monochorionic fetuses
O30.821 O30.822 O30.823 O30.829	Other specified multiple gestation with two or more monoamniotic fetuses
O30.891 O30.892 O30.893 O30.899	Other specified multiple gestation; unable to determine number of placenta and number of amniotic sacs
O09.01 O09.02 O09.03	Supervision of pregnancy with history of infertility
O09.11 O09.12 O09.13	Supervision of pregnancy with history of ectopic or molar pregnancy
O09.212 O09.213 O09.219	Supervision of pregnancy with history of pre-term labor
O09.31 O09.32	Supervision of pregnancy with insufficient antenatal care
O09.40 O09.41 O09.42 O09.43	Supervision of pregnancy with grand multiparity
O09.512 O09.513 O09.519	Supervision of elderly primigravida
O09.521 O09.522 O09.523 O09.529	Supervision of elderly multigravida

<b>ICD-10 Code(s)</b>	<b>Brief Description of Code(s)</b>
O09.612 O09.613 O09.619	Supervision of young primigravida
O09.622 O09.623 O09.629	Supervision of young multigravida
O09.70 O09.71 O09.72 O09.73	Supervision of high-risk pregnancy due to social problems
O09.811 O09.812 O09.813	Supervision of pregnancy resulting from assisted reproductive technology
O09.821 O09.822 O09.823 O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy
O09.891 O09.892 O09.893 O09.899	Supervision of other high-risk pregnancy
O09.A0 O09.A1 O09.A2 O09.A3	Supervision of pregnancy with history of molar pregnancy
O36.80X0 O36.80X1 O36.80X2 O36.80X3 O36.80X4 O36.80X5 O36.80X9	Pregnancy with inconclusive fetal viability
<b>Z34.01</b> <b>Z34.02</b> <b>Z34.03</b>	Encounter for supervision of normal first pregnancy
<b>Z34.81</b> <b>Z34.82</b> <b>Z34.83</b>	Encounter for supervision of other normal pregnancy
<b>Z34.91</b> <b>Z34.92</b> <b>Z34.93</b>	Encounter for supervision of normal pregnancy; unspecified

## REVISIONS AND UPDATES

Following is a record of changes we have made to our zero-cost preventive care benefit as we received new or updated information from the regulatory bodies tasked with preventive care recommendations.

Date of Change	Revision Details, Applicable Demographics, and Effective Dates of Changes		
02/19/2020	Change/Revision	Demographic	Effective Date
	Added diagnosis code D50.9 as eligible for colorectal cancer screenings	Adults	Retroactive to 02/01/2020
05/04/2020	Change/Revision	Demographic	Effective Date
	Adjusted age-banding for hearing screenings	Children and Adolescents	Retroactive to 01/01/2019
	Added Hearing Screening section in the adult recommendations to support Bright Futures recommendations	Adults	Retroactive to 01/01/2019
08/31/2020	Change/Revision	Demographic	Effective Date
	Added CPT 0210U as an eligible syphilis screening	All	10/01/2020
01/28/2021	Change/Revision	Demographic	Effective Date
	Removed CPT 99201, CPT 92586, and HCPCS G0297 (retired)	All	Retroactive to 01/01/2021
	Added CPTs 0500T, 71271, 92650, 92651, 92652, P3000, and P3001	All	Retroactive to 01/01/2021
	Language updates, where appropriate, for gender neutralization	All	Retroactive to 01/01/2021
04/09/2021	Change/Revision	Demographic	Effective Date
	Renamed "Maternity and Family Planning" for gender neutralization	Pre-Natal Care and Family Planning	05/01/2021
	Added clarifying note for providers regarding claim editing logic	All	05/01/2021
	Adjusted age-banding for Low-Dose CT Screening for Lung Cancer to age 50	Adults	Retroactive to 03/09/2021
	Renamed "Obesity Counseling and Screening" to "Healthy Diet and Exercise Counseling for Obesity"	Adults	05/01/2021
	Added clarification language for colorectal cancer screenings for those at increased risk due to medical conditions.	Adults	05/01/2021
	Updated recommendations for aspirin prophylaxis to neutralize gender	Adults	05/01/2021
05/19/2021	Change/Revision	Demographic	Effective Date
	Adjusted age recommendation for colorectal cancer screenings. Previously eligible for adults age 50-75; now eligible for adults beginning at age 45 for general screenings.	Adults	06/01/2021

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Date of Change	Revision Details, Applicable Demographics, and Effective Dates of Changes		
10/26/2021	Change/Revision	Demographic	Effective Date
	Added provider specialties to Breast Feeding Support recommendation to clarify that preventive benefits are only eligible with lactation consultants and registered nurses.	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	11/1/2021
12/16/2021	Change/Revision	Demographic	Effective Date
	Added missing prior approval alert to Low-Dose CT Screening for Lung Cancer	Adults 18 and Older	01/01/2022
	Added PCV20 to Pneumococcal conjugate	Adults 18 and Older	01/01/2022
	Added Vermont-state-specific services to Contraceptive Methods	Pre-Natal Care and Family Planning	01/01/2022
	Added Vermont-state-specific Obstetric Professional Care services	Pre-Natal Care and Family Planning	01/01/2022
	Added Vermont-state-specific Obstetric Ultrasound services	Pre-Natal Care and Family Planning	01/01/2022
01/04/2022	Change/Revision	Demographic	Effective Date
	Adjusted age for prostate screening up to age 69	Adults 18 and older	02/01/2022
	Removed the following deleted HCPCS codes per adaptive maintenance cycle: J7303, Q0090, Q9984	Pre-Natal Care and Family Planning	retrospective
07/01/2022	Change/Revision	Demographic	Effective Date
	Added Code 90739 as eligible vaccines and Immunization section	Adults 18 and older	07/01/2022
	Added Code 90759 as eligible vaccines and Immunization section	Adults 18 and older	07/01/2022
	Adjustment of information contained in footnote; does not impact processing	Adults 18 and older Pre-Natal Care and Family Planning	N/A
10/01/2022	Change/Revision	Demographic	Effective Date
	Removal of asterisk and adjustment of information contained in footnote; does not impact processing	Pre-Natal Care and Family Planning	N/A
	Added Code 90611 and 90622 as eligible vaccines and Immunization section	Adults 18 and older	07/26/2022
	Added Code 87593	All sections	07/26/2022
	Added Code 87389 for HIV screening	All sections	10/01/2022
	Added code 0353U -Chlamydia & Gonorrhea Screenings Section	All Sections	10/01/2022
	Added code 0354U – Cervical Cancer Screening & HPV Testing Section	All Sections	10/01/2022

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