

# 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-CM 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-CM 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-CM).

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

### 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><br><br>Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011<br><br>Diagnosis Codes any eligible diagnosis |       |           |           |              |               | In a primary care setting |                |  |
| <b>Anemia Screening</b><br><br>Procedure Codes: 85013, 85014, 85018, 85025, 85027<br><br>Diagnosis Codes: <b>Z00.121, Z00.129</b>  |       |           |           |              |               |                           |                |  |
| <b>Behavioral Assessment</b><br><br>This service is included in the coding for a preventive medicine exam.   |       |           |           |              |               |                           |                |  |
| <b>Blood Pressure Screening</b><br><br>This service is included in the coding for a preventive medicine exam.  |       |           |           |              |               |                           |                |  |

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If the service/code has a strike through, it no longer requires PA as of effective color date

## 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>Cervical Cancer Screening and Human Papillomavirus (HPV) Testing</b><br><br>Procedure Codes: 87623, 87624, 87625, 87626, 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<br><br>Diagnosis Codes: <b>Z01.411, Z01.419, Z01.42</b> , Z11.51, Z12.4, 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<br><br>*also eligible with Z11.3 and Z12.72 |          |           |           |              |               |                |                |
| <b>Chlamydia Screening</b><br><br>Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800<br><br>Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53  |          |           |           |              |               |                |                |
| <b>Congenital Hypothyroidism</b><br><br>Procedure Codes: 84436, 84437, 84439, 84443   | Newborns |           |           |              |               |                |                |

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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 |
|---|---|---|-----------|--------------------------|---------------|---------------------------|----------------|
| Diagnosis Codes: <b>Z00.110, Z00.111, Z00.121, Z00.129</b> , Z13.29   |   |   |           |                          |               |                           |                |
| <b>Depression Screening</b><br>Procedure Codes: G0444, 96127, 96161, 99403, 99404<br>Diagnosis Codes: any eligible diagnosis<br>This service is also included in the coding for a preventive medicine exam. |   |   |           |                          |               | In a primary care setting |                |
| <b>Developmental Screening</b><br>Procedure Codes: 96110 <sup>1</sup> , G0451<br>Diagnosis Codes: any eligible diagnosis  |   | Ages 9 months, 18 months, and 30 months |           |                          |               |                           |                |
| <b>Dyslipidemia Screening for Cholesterol</b><br>Procedure Codes: 80061, 82465, 83718<br>Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z13.220   |   |   |           | Ages 2 years and 4 years |               | Follow Up                 |                |
| <b>Fluoride Varnish Application</b><br>Procedure Codes: 99188<br>Diagnosis Codes: any eligible diagnosis  | Every 3 to 6 months for children from primary tooth eruption to age 6 |   |           |                          |               |                           |                |

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

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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>Gonorrhea Screening</b><br><br>Procedure Codes: 87590, 87591, 87850<br><br>Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53 |  |           |           |                    |               |                |                |
| <b>Healthy Diet and Exercise Counseling for Obesity</b><br><br>Procedure Codes: 97802^, 97803^, 97804^, 99401*, 99402*, 99403*, 99404*, G0446^, G0447^, S9452^, S9470^<br><br>Diagnosis Codes: Z00.121, Z00.129<br><br>*also eligible with Z01.411, Z01.419, and Z13.6<br><br>^ also eligible with Z71.3   |  |           |           | Ages 3 years to 17 |               |                |                |
| <b>Hearing Screening</b><br><br>Procedure Codes: 92551, 92552, 92587, 92650, 92651, 92652, V5008<br><br>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. |           |           |                    |               |                |                |

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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>Hepatitis B Screening</b><br>Procedure Codes: 86704, 86706, 87340*, G0499<br>Diagnosis Codes: <b>Z00.121, Z00.129, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.59, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53<br>*also eligible with Z21   |       |           |           |              |               |                |                |
| <b>Height, Weight and Body Mass Index (BMI) Review</b><br>This service is included in the coding for a preventive medicine exam.   |       |           |           |              |               |                |                |
| <b>Human Immunodeficiency Virus (HIV) Screening</b><br>Procedure Codes: 86689*, 86701*, 86702*, 86703*, 87806 87389, 87390, 87534, 87535, 87536, G0432*, G0433*, G0435*, G0475*<br>Diagnosis Codes, Z11.3, Z11.4, Z11.59, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53<br>*also eligible with <b>Z00.121, Z00.129 and Z71.7</b> |       |           |           |              |               |                |                |

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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>Prevention of Human Immunodeficiency Virus (HIV) Infection; Preexposure Prophylaxis (PrEP)</b><br><b>Behavioral Counseling for PrEP to Prevent HIV</b><br>Procedure Codes: G0011, G0013<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Lipid Screening Yearly for PrEP (DESCOVY)</b><br>Procedure Codes: 80061, 82465, 83718<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Kidney Function Testing</b><br>Procedure Codes: 82565, 82575, 82610<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Office Visits</b><br>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Pregnancy Testing</b><br>Procedure Code: 81025<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 |       |           |           |              |               |                |                |

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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>(also see codes in <a href="#">Sexually Transmitted Infection Counseling</a> Section)</p> <p>(also see codes in the <a href="#">Preventive Medicine Exam</a> section)</p> <p>(also see codes in the <a href="#">Antiretroviral Therapy</a> section)</p> <p>(also see codes in the <a href="#">Chlamydia Screening</a> Section)</p> <p>(also see codes in the <a href="#">Gonorrhea Screening</a> section)</p> <p>(also see codes in the <a href="#">Hepatitis B Virus Infection Screening</a> Section)</p> <p>(also see codes in the <a href="#">HIV (Human Immunodeficiency Virus) Screening</a> Section)</p> <p>(also see codes in the <a href="#">Syphilis Screening</a> Section)</p> |             |           |           |              |               |                |                |
| <b>Lead Screening</b><br>Procedure Code: 83655<br>Diagnosis Codes: any eligible diagnosis   | Up to age 6 |           |           |              |               |                |                |
| <b>MonkeyPox (mpox) Screening</b><br>Procedure Code: 87593<br>Diagnosis Codes: any eligible diagnosis   |             |           |           |              |               |                |                |
| <b>Oral Health Risk</b><br>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><br>Procedure Codes: 84030<br>Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z13.228  | Newborns                    |           |           |              |               |                |                |
| <b>Sexually Transmitted Infection Counseling</b><br>Procedure Codes: 99401, 99402, 99403, 99404, G0445<br>Diagnosis Codes: <b>Z00.121, Z00.129</b> , Z01.411, Z01.419, Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 |                             |           |           |              |               |                |                |
| <b>Sexually Transmitted Infection Screening</b><br>Procedure Codes: 87081, 87084, 87800*<br>Diagnosis Codes: Z01.411, Z01.419, Z01.42, Z12.4, Z12.72<br>*also eligible with Z00.121, Z00.129, and Z11.8                           |                             |           |           |              |               |                |                |
| <b>Sickle-Cell Disease Screening</b><br>Procedure Codes: 83020, 83021<br>Diagnosis Codes: Z13.0   | Infants up to 1 year of age |           |           |              |               |                |                |

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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>Syphilis Screening</b><br>Procedure Codes: 0064U, 0065U, 0210U, 86592, 86780<br>Diagnosis Codes: <del>Z00.121, Z00.129</del> , Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53<br>any eligible diagnosis |   |           |           |              |               |                |                |
| <b>Tobacco Use Counseling</b><br>Procedure Codes: 99406, 99407<br>Diagnosis Codes: any eligible diagnosis   |   |           |           |              |               |                |                |
| <b>Tuberculosis Screening</b><br>Procedure Codes: 86480, 86481, 86580<br>Diagnosis Codes: Z00.121, Z00.129, Z11.1, Z11.7, Z20.1   | Risk assessment recommended at ages one month; 6 months and then annually beginning at 1 year through age 17 with screening to follow if there is a positive risk assessment. |           |           |              |               |                |                |
| <b>Vision Screening</b><br>Procedure Codes: 99173, 99174, 99177<br>Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z01.00, Z01.01  | Subject to one (1) screening limitation per year  |           |           |              |               |                |                |

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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>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b><br><br>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99459<br><br>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 |                      |           |           |              |               |                |                |
| <b>Preventive Medicine Exam</b><br><br>Procedure Codes: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99459<br><br>Diagnosis Codes: eligible with any diagnosis<br><br>Contraceptive counseling is included in the coding for a preventive medicine exam.   | Recommended annually |           |           |              |               |                |                |

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

### 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><br>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>2</sup></b><br>Procedure Codes: 90680, 90681  |       |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Diphtheria, tetanus, and acellular pertussis (DTaP)</b><br>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><br>Procedure Codes: 90714 (TD only), 90715   |       |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |

<sup>2</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 influenza type B (Hib)</b><br>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</b><br>Procedure Codes: 90670, 90671  |       |    |    |    |    |          |     |     |     |        |        |        |         |          |          |          |
| <b>Inactivated poliovirus (IPV)</b><br>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><br>Procedure Codes: 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>COVID-19 Vaccines</b><br>Procedure Codes: 91304, 91318, 91319, 91320, 91321, 91322<br>COVID-19 Vaccine Administration<br>Procedure Codes: 90480 | Per manufacturer age-appropriate recommendations |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Measles, mumps, and rubella (MMR)</b><br>Procedure Codes: 90707, <b>90710 (MMRV)</b>  |  |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Varicella (VAR)</b><br>Procedure Codes: <b>90710 (MMRV)</b> , 90716   |  |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Hepatitis A (HepA)</b><br>Procedure Codes: 90633, 90634   |  |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Human Papillomavirus (HPV)</b><br>Procedure Codes: 90649, 90650, 90651  |  |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Meningococcal</b><br>Procedure Codes: 90619, 90620, 90621, 90623 (Pentavalent vaccine, conjugated), 90644 (Hib-MenCY), 90733, 90734             |  |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |

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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>Respiratory Syncytial Virus (RSV)</b><br>Procedure Codes: 90380, 90381, 90683  | Per manufacturer age-appropriate recommendations as recommended by your provider |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |
| <b>Vaccine Administration</b><br>Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, 96380, 96381, G0008, G0009, G0010 | Vaccine administration codes must be indicated as appropriate                    |    |    |    |    |    |     |     |     |        |        |        |         |          |          |          |

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

### 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> |
| <p>Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP)</p> <p>Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> | <ul style="list-style-type: none"> <li>• APRETUDE (J0739)</li> <li>• DESCOVY® (J0751)</li> <li>• SUNLENCA® (J0738, J0752)</li> <li>• Truvada® (J0750)</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

|   |  |  |
|---|--|--|
| Antiretroviral Therapy Administration Codes:<br>G0012, Q0516, Q0517, Q0518, Q0521<br><br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6,<br>Z29.81, Z72.51, Z72.52, Z72.53 |  |  |
|---|--|--|

### 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><br>Procedure Codes: 76706<br>Diagnosis Codes: any eligible diagnosis   |                           |    |    |    |    |    |    |    |    | One-time screening for those who have smoked |    |    |
| <b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b><br>Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011<br>Diagnosis Codes: any eligible diagnosis | In a primary care setting |    |    |    |    |    |    |    |    |  |    |    |
| <b>Blood Pressure Screening</b><br>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>BRCA Risk Assessment and Genetic Counseling/Testing<sup>3</sup></b><br><br>Procedure Codes: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 96041<br><br>Diagnosis Codes: Z31.5, Z80.3, Z80.41   |    | In a primary-care setting |    |    |    |    |    |    |    |    |    |    |
| <b>Cervical Cancer Screening and Human Papillomavirus (HPV) Testing</b><br><br>Procedure Codes: 87623, 87624, 87625, 87626, 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<br><br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z11.51, Z12.4, 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<br><br>*also eligible with Z11.3 and Z12.72 |    |                           |    |    |    |    |    |    |    |    |    |    |

<sup>3</sup> Prior approval may be required

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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>Chlamydia Screening</b><br>Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87800<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53  | Up to age 24 and older persons at higher risk   |    |    |    |    |    |    |    |    |    |    |    |
| <b>Colorectal Cancer Screening<sup>4</sup></b><br>Procedure Codes: 0464U, 44401, 45330, 45331, 45333, 45334, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 74263, 81528, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0104, G0105, G0121, G0328, G0500, S0285<br>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, Z86.0100, Z86.0101, Z86.0102, Z86.0109, Z86.018, Z87.19 | 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. |    |    |    |    |    |    |    |    |    |    |    |

<sup>4</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>Depression Screening</b><br>Procedure Codes: G0444, 96127, 96161<br>99403, 99404<br>Diagnosis Codes: any eligible diagnosis<br>This service is also included in the coding<br>for a preventive medicine exam. | Periodic screenings for all adults in a primary care setting |    |    |    |   |    |    |    |    |    |   |    |
| <b>Diabetes Screening</b><br>Procedure Codes: 82947, 82950, 82951<br>83036<br>Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z13.1   |  |    |    |    | Recommended for adults age 40 to 70 who are overweight or obese as part of a cardiovascular risk assessment in a primary care setting |    |    |    |    |    |   |    |
| <b>Dual-Energy X-Ray Absorptiometry Scan for Bone Density</b><br>Procedure Codes: 77080<br>Diagnosis Codes: <b>Z00.00, Z00.01</b> ,<br>Z13.820   |  |    |    |    |   |    |    |    |    |    | For women age 65 or older (or younger women with fracture risk as determined by a formal Clinical Risk Assessment Tool) |    |
| <b>Dual-Energy X-Ray Absorptiometry Scan for Bone Density (Women with Risk Factor ages 35 +)</b><br>Procedure Codes: 77080<br><b>Diagnosis Codes:</b> Z82.62   |  |    |    |    |   |    |    |    |    |    |   |    |
| <b>Falls Prevention</b><br>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>Gonorrhea Screening</b><br>Procedure Codes: 87590, 87591, 87850<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53 | For sexually active persons 24 years or younger and older persons at increased risk |    |    |    |    |    |    |    |    |    |    |    |
| <b>Healthy Diet and Exercise Counseling for Obesity</b><br>Procedure Codes: 97802^, 97803^, 97804^, 99401*, 99402*, 99403*, 99404*, G0446^, G0447^, S9452^, S9470^<br>Diagnosis Codes: <b>Z00.00, Z00.01</b><br>*also eligible with Z01.411, Z01.419, and Z13.6<br>^ also eligible with Z71.3<br>General obesity screening 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>Hearing Screening</b><br>Procedure Codes: 92551, 92552, 92587, V5008<br>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><br>Procedure Codes: 86704, 86706, 87340*, G0499<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z11.4, Z11.59, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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, Z72.51, Z72.52, Z72.53</b><br>*also eligible with Z21 | Recommended in persons at high risk – discuss with your provider  |    |    |    |    |    |    |    |    |    |    |    |
| <b>Hepatitis C Screening</b><br>Procedure Code: 86803, 87522<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z11.4, Z11.59, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, 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,</b>   | Recommended in persons at high risk, and a one-time screening for all adults born between 1945 and 1965 |    |    |    |    |    |    |    |    |    |    |    |

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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 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|
| Z30.45, Z30.46, Z30.49, Z30.8, Z30.9, Z72.51, Z72.52, Z72.53  |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>Human Immunodeficiency Virus (HIV) Screening</b><br><br>Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87390, 87534, 87535, 87536, 87806, G0432, G0433, G0435, G0475<br><br>Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z11.3, Z11.4, Z11.59, Z20.2, Z20.6, Z29.81, Z71.7, 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, Z72.51, Z72.52, Z72.53 |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>Human Immunodeficiency Virus (HIV) Screening; Preexposure Prophylaxis (PrEP)</b><br><br><b>Behavioral Counseling for PrEP to Prevent HIV</b><br><br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><br>Procedure Codes: G0011, G0013<br><br><b>Lipid Screening Yearly for PrEP (DESCOVY)</b><br><br>Procedure Codes: 80061, 82465, 83718   |    |    |    |    |    |    |    |    |    |    |    |    |

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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>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p><b>Kidney Function Testing</b></p> <p>Procedure Codes: 82565, 82575, 82610</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p><b>Office Visits</b></p> <p>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p><b>Pregnancy Testing</b></p> <p>Procedure Code: 81025</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p>(also see codes in <a href="#">Sexually Transmitted Infection Counseling</a> Section)</p> <p>(also see codes in <a href="#">the Preventive Medicine Exam</a> section)</p> |    |    |    |    |    |    |    |    |    |    |    |    |

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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>(also see codes in the <a href="#">Antiretroviral Therapy</a> section)</p> <p>(also see codes in the <a href="#">Chlamydia Screening</a> Section)</p> <p>(also see codes in the <a href="#">Gonorrhea Screening</a> section)</p> <p>(also see codes in the <a href="#">Hepatitis B Virus Infection Screening</a> Section)</p> <p>(also see codes in the <a href="#">HIV (Human Immunodeficiency Virus)</a> Screening Section)</p> <p>(also see codes in the <a href="#">Syphilis Screening</a> Section)</p> |    |    |    |    |    |    |   |    |    |    |    |    |
| <p><b>Intimate Partner Violence Screening</b></p> <p>This service is included in the coding for a preventive medicine exam.</p>  |    |    |    |    |    |    |   |    |    |    |    |    |
| <p><b>Lipid Screening</b></p> <p>Procedure Codes: 80061, 82465, 83718</p> <p>Diagnosis Codes: <b>Z00.00, Z00.01, Z13.220</b></p>   |    |    |    |    |    |    |   |    |    |    |    |    |
| <p><b>Low-Dose CT Screening for Lung Cancer<sup>5</sup></b></p> <p>Procedure Codes: 71271</p> <p>Diagnosis Codes: any eligible diagnosis</p>   |    |    |    |    |    |    | <p>Recommended annually for adults age 50 to 80 who currently smoke or have quit smoking within the last 15 years</p> |    |    |    |    |    |

<sup>5</sup> Prior approval may be required.

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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>Mammography Screening for Breast Cancer<sup>6</sup></b><br><br>Procedure Codes: 19030*, 77046*, 77047*, 77048*, 77049*, 77053*, 77054*, 77061*, 77062*, 77063, 76641*, 76642*, 77065*, 77066*, 77067, C8903*, C8905*, C8906*, C8908*, G0279*<br><br>Diagnosis Codes: N63.15, N63.25, R92.2, R92.8, <b>Z00.00, Z00.01</b> , Z12.31, Z12.39, Z80.3, Z85.3, <b>Z86.000, Z86.018, Z86.03</b> , Z90.10, Z90.11, Z90.12, Z90.13<br><br>*only eligible with R92.2 R92.8, Z12.39, <b>Z86.000, Z86.018, Z86.03</b> |    |    |    |    | Screening beginning at age 40 and older, and for younger persons at increased risk |    |    |    |    |    |    |    |
| <b>MonkeyPox (mpox) Screening</b><br><br>Procedure Code: 87593<br><br>Diagnosis Codes: any eligible diagnosis  |    |    |    |    |  |    |    |    |    |    |    |    |
| <b>Prostate Screening</b><br><br>Procedure Codes: 84066, 84152, 84153, 84154, G0102, G0103<br><br>Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z12.5   |    |    |    |    | Beginning age 40 to 69 years   |    |    |    |    |    |    |    |
| <b>Sexually Transmitted Infection Counseling</b><br><br>Procedure Codes: 99401, 99402, 99403, 99404, G0445<br><br>Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419, Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53  |    |    |    |    |  |    |    |    |    |    |    |    |

<sup>6</sup> Prior approval may be required

Effective: 01/01/2026, 02/01/2026

If the service/code has a strike through, it no longer requires PA as of effective color date

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

|   | 18  | 20 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|
| <b>Skin Cancer Behavioral Counseling</b><br>This service is included in the coding for a preventive medicine exam.  | Adults up to age 24 who have fair skin                                |    |    |    |    |    |    |    |    |    |    |    |
| <b>Syphilis Screening</b><br>Procedure Codes: 0064U, 0065U, 0210U, 86592, 86780<br>Diagnosis Codes: <del>Z00.00, Z00.01, Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, 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 Z72.51, Z72.52, Z72.53</del><br>any eligible diagnosis | Recommended in persons at high risk – discuss with your provider      |    |    |    |    |    |    |    |    |    |    |    |
| <b>Tobacco Use Counseling</b><br>Procedure Codes: 99406, 99407<br>Diagnosis Codes: any eligible diagnosis   | Recommended tobacco cessation for all adults who use tobacco products |    |    |    |    |    |    |    |    |    |    |    |
| <b>Tuberculosis Screening</b><br>Procedure Codes: 86480, 86481, 86580<br>Diagnosis Codes: Z00.00, Z00.01, Z11.1, Z11.7  |   |    |    |    |    |    |    |    |    |    |    |    |
| <b>Vision Screening</b><br>Procedure Codes: 99173*, 99174*, 99177*  |   |    |    |    |    |    |    |    |    |    |    |    |

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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 |
|---|----------------------------------|----|----|----|----|----|----|----|----|----|----|----|
| Diagnosis Codes: Z00.00, Z00.01, Z01.00, Z01.01<br>*eligible up to age 21 only (Subject to one (1) screening limitation per year)   |                                  |    |    |    |    |    |    |    |    |    |    |    |
| <b>Preventive Gynecologic and Wellness Exam</b><br>Procedure Codes: G0445, S0610, S0612, S0613<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419</b> , Z13.89   | Recommended annually             |    |    |    |    |    |    |    |    |    |    |    |
| <b>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b><br>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99459<br>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 | For persons of child-bearing age |    |    |    |    |    |    |    |    |    |    |    |
| <b>Preventive Medicine Exam</b><br>Procedure Codes: 99385, 99386, 99387, 99395, 99396, 99397, 99459<br>Diagnosis Codes: eligible with any diagnosis   | Recommended annually             |    |    |    |    |    |    |    |    |    |    |    |

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## Adults Age 18 and Older – Vaccines and Immunizations

### 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><br>Procedure Codes: 90653 (65+ years of age), 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>COVID-19 Vaccines</b><br>Procedure Codes: 91304, 91322<br>COVID-19 Administration<br>Procedure Codes: <b>90480</b>   | Per manufacturer age-appropriate recommendations            |                |                |                |                |     |
| <b>Tetanus, diphtheria and pertussis (TD/TDaP)</b><br>Procedure Codes: 90714 (Td only), 90715   | Substitute TDaP for TD once, then TD booster every 10 years |                |                |                |                |     |
| <b>Varicella (VAR)</b><br>Procedure Codes: <b>90710 (MMRV)</b> , 90716  |   |                |                |                |                |     |
| <b>Human papillomavirus (HPV)</b><br>Procedure Codes: 90649, 90650, 90651   |   |                |                |                |                |     |
| <b>Herpes Zoster (shingles)</b><br>Procedure Codes: 90736, 90750  |   |                |                |                |                |     |

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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>Measles, mumps, rubella (MMR)</b><br>Procedure Codes: 90707, <b>90710 (MMRV)</b>   |                |                |                |                |                |     |
| <b>Pneumococcal conjugate</b> Procedure Codes: 90670, 90671, 90677, 90684   |                |                |                |                |                |     |
| <b>Pneumococcal polysaccharide</b><br>Procedure Codes: 90732  |                |                |                |                |                |     |
| <b>Hepatitis A</b><br>Procedure Codes: 90632, <b>90636 (HepA-HepB)</b>  |                |                |                |                |                |     |
| <b>Hepatitis B</b><br>Procedure Codes: <b>90636 (HepA-HepB)</b> , 90739, 90740, 90746, 90747, <b>90748, (Hib-HepB), 90759</b> |                |                |                |                |                |     |
| <b>Meningococcal conjugate (MenACWY)</b><br>Procedure Codes: 90619 90623, 90733   |                |                |                |                |                |     |
| <b>Meningococcal B</b><br>Procedure Codes: 90620, 90621   |                |                |                |                |                |     |
| <b>Haemophilus influenza type B (Hib)</b><br>Procedure Codes: 90647, 90648, <b>90748 (Hib-HepB)</b>                           |                |                |                |                |                |     |
| <b>MonkeyPox (mpox)</b><br>Procedure Codes: 90611, 90622  |                |                |                |                |                |     |

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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>Respiratory Syncytial Virus (RSV)</b><br><b>Procedure Codes: 90678, 90679, 90683</b>                                | Per manufacturer age-appropriate recommendations as recommended by your provider |                |                |                |                |     |
| <b>Vaccine Administration</b><br>Procedure Codes: 90470, 90471, 90472, 90473, 90474, 96380, 96381, G0008, G0009, G0010 | Vaccine administration codes must be indicated as appropriate                    |                |                |                |                |     |

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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> <li>Coverage includes member reimbursement for the cost of FDA-approved, cleared, or granted mobile device applications for use as contraception consistent with the FDA-approved, cleared, or granted indication.</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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| Category   | Products   | Recommendation  |
|--|--|---|
| <p>Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP)</p> <p>Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p>Antiretroviral Therapy</p> <p>Administration Codes: G0012, Q0516, Q0517, Q0518, Q0521</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> | <ul style="list-style-type: none"> <li>• APRETUDE (J0739)</li> <li>• DESCOVY® (J0751)</li> <li>• SUNLENCA® (J0738, J0752)</li> <li>• Truvada® (J0750)</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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# 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><br>Procedure Codes: 99408, 99409, G0442, G0443, G2011<br>Diagnosis Codes: any eligible diagnosis   | Recommended screening for all pregnant persons to evaluate alcohol misuse and brief behavioral counseling for risky or hazardous behavior |   |                 |                |                      |
| <b>Asymptomatic Bacteriuria Screening</b><br>Procedure Codes: 87081, 87084, 87086, 87088<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z12.4, Z12.72</b><br>   |   | Recommended at 12-16 weeks gestation or at first prenatal visit, if later |                 |                |                      |
| <b>Breast Feeding Support</b><br>Procedure Codes: S9443<br>Diagnosis Codes: <b>Z00.00, Z00.01, P92.6, R62.51, Z39.1</b>  | Lactation counseling with a lactation consultant as needed <b>prenatal</b> , or until newborn is thriving.                                |   |                 |                |                      |
| <b>Breast Pumps and Related Supplies<sup>7</sup></b><br>Procedure Codes: A4281, A4282, A4283, A4284, A4285, A4286, A4288, E0602, E0603, E0604, [ A4287 (100 bags per month or 300 bags per 3 months, with eligible diagnoses codes noted below)]<br>Diagnosis Codes: O09.A0, O09.A1, O09.A2, O09.A3, O09.00, O09.01, O09.02, |   |   |                 |                |                      |

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


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|   | First Trimester   | Second Trimester | Third Trimester | Post-Pregnancy   | Pregnancy Prevention |
|---|---|------------------|-----------------|--|----------------------|
| 009.03, 009.10, 009.11,<br>009.12, 009.13, 009.211,<br>009.212, 009.213, 009.219,<br>009.291, 009.292, 009.293,<br>009.299, 009.30, 009.31,<br>009.32, 009.33, 009.40,<br>009.41, 009.42,<br>009.43, 009.511, 009.512,<br>009.513, 009.519, 009.521,<br>009.522, 009.523, 009.529,<br>009.611, 009.612, 009.613,<br>009.619, 009.621, 009.622,<br>009.623, 009.629, 009.70,<br>009.71, 009.72, 009.73,<br>009.811, 009.812, 009.813,<br>009.819, 009.821, 009.822,<br>009.823, 009.829, 009.891,<br>009.892, 009.893, 009.899,<br>009.90, 009.91, 009.92,<br>009.93, O36.80X0, O36.80X1,<br>O36.80X2, O36.80X3,<br>O36.80X4, O36.80X5,<br>O36.80X9, P92.6, R62.51,<br><b>Z00.00, Z00.01, Z39.1,</b><br>Z33.1, Z34.00, Z34.01, Z34.02,<br>Z34.03, Z34.80, Z34.81,<br>Z34.82, Z34.83, Z34.90,<br>Z34.91, Z34.92, Z34.93 |   |                  |                 |  |                      |
| <b>Chlamydia Screening</b><br><br>Procedure Codes: 86631,<br>86632, 87110, 87270, 87490,<br>87491, 87800<br><br>Diagnosis Codes: <b>Z00.00,</b><br><b>Z00.01, Z01.411, Z01.419,</b><br><b>Z01.42,</b> Z11.3, Z11.4, Z11.8,<br>Z12.4, Z12.72, Z20.2, Z20.6,<br>Z29.81, Z72.51, Z72.52,<br>Z72.53<br><br>  | Screening<br>recommended<br>at first prenatal<br>visit for all<br>pregnant<br>persons aged<br>24 or younger<br>and for older<br>pregnant<br>persons who<br>are at increased<br>risk |                  |                 |  |                      |
| <b>Contraceptive Methods</b><br><br>Procedure Codes: A4261,<br>A4264, A4266, A4267, A4268,<br>A4269, J1050, J7296, J7297,<br>J7298, J7300, J7301, J7304,<br>J7306, J7307, S4981, S4989,<br>S4993, 00851, 00921*^,<br>11976, 11981, 11982, 11983,<br>55250*^, 57170, 58120*+,  |   |                  |                 | Contraceptive methods,<br>including sterilization<br>procedures (such as but not<br>limited to vasectomy,<br>hysterectomy, implantable<br>contraceptive devices, etc.),<br>and patient education and<br>counseling, as prescribed by a<br>health care provider |                      |




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|   | First Trimester   | Second Trimester   | Third Trimester | Post-Pregnancy | Pregnancy Prevention |
|---|---|--|-----------------|----------------|----------------------|
| 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74018*+, 76830*+, 76857*+, 76998*+, 81025*+, 88302*^96372<br><br>Diagnosis Codes: <b>Z00.00</b> , <b>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, T83.31XA, T83.31XD, T83.31XS, T83.32XA, T83.32XD, T83.32XS, T83.39XA, T83.39XD, T83.39XS<br><br>*^ 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.<br><br>*+ An eligible diagnosis code from Z30 family must be in the primary diagnosis position. |   |  |                 |                |                      |
| <b>Depression Screening</b><br><br>Procedure Codes: G0444, 96127, 96161 99403, 99404<br>any eligible diagnosis  | Periodic screenings recommended throughout pregnancy and during the post-partum period, as needed |  |                 |                |                      |
| <b>Gestational Diabetes Screening</b><br><br>Procedure Codes: 82947, 82950, 82951, 83036<br><br>Diagnosis Codes: <b>Z00.00</b> , <b>Z00.01</b> , Z13.1<br><br>   |   | Recommended gestational diabetes screening by glucose test for persons 24 – 28 weeks pregnant and at the first prenatal visit for those at high risk |                 |                |                      |




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|  | First Trimester  | Second Trimester | Third Trimester | Post-Pregnancy | Pregnancy Prevention |
|--|--|------------------|-----------------|----------------|----------------------|
| <b>Gonorrhea Screening</b><br>Procedure Codes: 87590, 87591, 87850<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br>   | 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>Healthy Weight and Weight Gain During Pregnancy</b><br>Procedure Codes: 97802^, 97803^, 97804^, 99401*, 99402*, 99403*, 99404*, G0446^, G0447^, S9452^, S9470^<br>Diagnosis Codes: Z00.00, Z00.01<br>*also eligible with Z01.411, Z01.419, and Z13.6<br>^ also eligible with Z71.3<br> |  |                  |                 |                |                      |
| <b>Hepatitis B Screening</b><br>Procedure Codes: 86704, 86706, 87340*, G0499<br>Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z11.4, <b>Z11.59, Z12.4 and Z12.72</b> , Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><br>*also eligible with Z21                    | Screening recommended at first prenatal visit for all pregnant persons   |                  |                 |                |                      |
| <b>Hepatitis C Screening</b><br>Procedure Codes: 86803, 87522<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z11.3, Z11.4, Z11.59,  | Screening recommended at first prenatal visit for all pregnant persons   |                  |                 |                |                      |

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|   | First Trimester   | Second Trimester | Third Trimester | Post-Pregnancy | Pregnancy Prevention |
|---|---|------------------|-----------------|----------------|----------------------|
| Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br>  |   |                  |                 |                |                      |
| <b>Human Immunodeficiency Virus (HIV) Screening</b><br>Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87390, 87534, 87535, 87536, 87806, G0432, G0433, G0435, G0475<br>Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z11.3, Z11.4, Z11.59, Z71.7, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br> | Screening recommended at first prenatal visit for all pregnant persons  |                  |                 |                |                      |
| <b>MonkeyPox (mpox) Screening</b><br>Procedure Code: 87593<br>Diagnosis Codes: any eligible diagnosis   |   |                  |                 |                |                      |
| <b>Obstetric Professional Care</b><br>Procedure Codes: 59400, 59425, 59426, 59510, 59610, 59618<br>Diagnosis Codes: <b>Z00.00, Z00.01</b><br>In some cases, a co-payment may apply.<br>  | 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. |                  |                 |                |                      |
| <b>Obstetric Panels<sup>8</sup></b><br>Procedure Codes: 80055, 80081<br>Diagnosis Codes: <b>Z00.00, Z00.01, Z01.411, Z01.419, Z01.42</b> , Z12.4, Z12.72  | Screening recommended at first prenatal visit for all pregnant persons  |                  |                 |                |                      |

<sup>8</sup>CPT 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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|   | First Trimester                            | Second Trimester | Third Trimester | Post-Pregnancy | Pregnancy Prevention |
|---|--|------------------|-----------------|----------------|----------------------|
|    |  |                  |                 |                |                      |
| <b>Obstetric Ultrasound</b><br>Procedure Codes: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76817<br>Diagnosis Codes: <b>Z00.00, Z00.01</b> , Z33.1<br>   | Limited to one ultrasound during pregnancy |                  |                 |                |                      |
| <b>Prevention of Human Immunodeficiency Virus (HIV) Infection; Preexposure Prophylaxis (PrEP)</b><br><b>Behavioral Counseling for PrEP to Prevent HIV</b><br>Procedure Codes: G0011, G0013<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Lipid Screening Yearly for PrEP (DESCOVY)</b><br>Procedure Codes: 80061, 82465, 83718<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Kidney Function Testing</b><br>Procedure Codes: 82565, 82575<br>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53<br><b>Office Visits</b><br>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, |  |                  |                 |                |                      |


Effective: 01/01/2026, 02/01/2026

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|  | First Trimester  | Second Trimester | Third Trimester | Post-Pregnancy | Pregnancy Prevention |
|--|--|------------------|-----------------|----------------|----------------------|
| <p>98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p><b>Pregnancy Testing</b></p> <p>Procedure Code: 81025</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p>(also see codes in <a href="#">Sexually Transmitted Infection Counseling</a> Section)</p> <p>(also see codes in the <a href="#">Preventive Medicine Exam section</a>)</p> <p>(also see codes in the <a href="#">Antiretroviral Therapy section</a>)</p> <p>(also see codes in the <a href="#">Chlamydia Screening Section</a>)</p> <p>(also see codes in the <a href="#">Gonorrhea Screening section</a>)</p> <p>(also see codes in the <a href="#">Hepatitis B Virus Infection Screening Section</a>)</p> <p>(also see codes in the <a href="#">HIV (Human Immunodeficiency Virus) Screening</a> Section)</p> <p>(also see codes in the <a href="#">Syphilis Screening</a> Section)</p>  |  |                  |                 |                |                      |
| <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 |                  |                 |                |                      |

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|  | First Trimester  | Second Trimester | Third Trimester | Post-Pregnancy   | Pregnancy Prevention |
|--|--|------------------|-----------------|--|----------------------|
| <b>Sexually Transmitted Infection Counseling</b><br>Procedure Codes: 99401, 99402, 99403, 99404, G0445<br>Diagnosis Codes: Z00.121, Z00.129, Z01.411, Z01.419, Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53  |  |                  |                 |  |                      |
| <b>Syphilis Screening</b><br>Procedure Codes: 0210U, 0064U, 0065U, 86592, 86780<br>Diagnosis Codes: <del>Z00.00</del> , <del>Z00.01</del> , Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53, Z72.51, Z72.52, Z72.53 any eligible diagnosis<br>   | Screening recommended at first prenatal visit for all pregnant persons   |                  |                 |  |                      |
| <b>Tobacco Use Intervention and Cessation</b><br>Procedure Codes: 99406, 99407<br>Diagnosis Codes: any eligible diagnosis  | Recommended screening for all pregnant persons to evaluate tobacco use and brief behavioral counseling for tobacco cessation |                  |                 |  |                      |
| <b>Preventive Gynecologic and Wellness Exam for Contraceptive Management</b><br>Procedure Codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99459<br>Diagnosis Codes: <del>Z00.001</del> , <del>Z00.01</del> , 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 |  |                  |                 | Contraceptive counseling of methods, including sterilization procedures, and patient education and counseling, as prescribed by a health care provider |                      |

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

### Vaccines, Medications, 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><br>Procedure Codes: 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>COVID-19 Vaccines</b><br>Procedure Codes: 91304, 91320, 91321, 91322<br>COVID-19 Vaccine Administration<br>Procedure Codes: 90480  | Per manufacturer age-appropriate recommendations                             |  |                 |                |                      |
| <b>Respiratory Syncytial Virus (RSV)</b> Procedure Codes: 90678   | Per manufacturer recommendations   |  |                 |                |                      |
| <b>Tetanus, diphtheria and pertussis (TDaP)</b><br>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><br>Procedure Codes: 90460, 90461, 90471, 90472, 90473, 90474, G0008   | Vaccine administration codes must be indicated as appropriate                |  |                 |                |                      |

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## MEDICATIONS AND SUPPLEMENTS

| Category   | Products  | Recommendation  |
|--|---|---|
| Aspirin  | 81mg varieties (generic only)   | Use of low-dose aspirin as preventive medication after 12 weeks of gestation for those who are at high risk for preeclampsia.   |
| <p>Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP)</p> <p>Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> <p>Antiretroviral Therapy</p> <p>Administration Codes: G0012, Q0516, Q0517, Q0518, Q0521</p> <p>Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</p> | <ul style="list-style-type: none"> <li>• APRETUDE (J0739)</li> <li>• DESCOVY® (J0751)</li> <li>• SUNLENCA® (J0738, J0752)</li> <li>• Truvada® (J0750)</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>   |
| 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</li> <li>• Coverage includes member reimbursement for the cost of FDA-approved, cleared, or granted mobile device applications for use as contraception consistent with the FDA-approved, cleared, or granted indication.</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> |


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|                            |   |  |
|----------------------------|---|--|
| 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<br>O30.002<br>O30.003<br>O30.009 | Twin pregnancy; unspecified number of placenta and unspecified number of amniotic sacs    |
| O30.011<br>O30.012<br>O30.013<br>O30.019 | Twin pregnancy; monochorionic/monoamniotic  |
| O30.031<br>O30.032<br>O30.033<br>O30.039 | Twin pregnancy; monochorionic/diamniotic  |
| O30.041<br>O30.042<br>O30.043<br>O30.049 | Twin pregnancy; dichorionic/diamniotic  |
| O30.091<br>O30.092<br>O30.093<br>O30.099 | Twin pregnancy; unable to determine number of placenta and number of amniotic sacs        |
| O30.101<br>O30.102<br>O30.103<br>O30.109 | Triplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs |
| O30.111<br>O30.112<br>O30.113<br>O30.119 | Triplet pregnancy with two or more monochorionic fetuses                                  |
| O30.121<br>O30.122<br>O30.123<br>O30.129 | Triplet pregnancy with two or more monoamniotic fetuses                                   |
| O30.191<br>O30.192<br>O30.193<br>O30.199 | Triplet pregnancy; unable to determine number of placenta and number of amniotic sacs     |

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| ICD-10 Code(s)                           | Brief Description of Code(s)   |
|--|--|
| O30.201<br>O30.202<br>O30.203<br>O30.209 | Quadruplet pregnancy; unspecified number of placenta and unspecified number of amniotic sacs               |
| O30.211<br>O30.212<br>O30.213<br>O30.219 | Quadruplet pregnancy with two or more monochorionic fetuses  |
| O30.221<br>O30.222<br>O30.223<br>O30.229 | Quadruplet pregnancy with two or more monoamniotic fetuses   |
| O30.291<br>O30.292<br>O30.293<br>O30.299 | Quadruplet pregnancy; unable to determine number of placenta and number of amniotic sacs                   |
| O30.801<br>O30.802<br>O30.803<br>O30.809 | Other specified multiple gestation; unspecified number of placenta and unspecified number of amniotic sacs |
| O30.811<br>O30.812<br>O30.813<br>O30.819 | Other specified multiple gestation with two or more monochorionic fetuses                                  |
| O30.821<br>O30.822<br>O30.823<br>O30.829 | Other specified multiple gestation with two or more monoamniotic fetuses                                   |
| O30.891<br>O30.892<br>O30.893<br>O30.899 | Other specified multiple gestation; unable to determine number of placenta and number of amniotic sacs     |
| O09.01<br>O09.02<br>O09.03               | Supervision of pregnancy with history of infertility   |
| O09.11<br>O09.12<br>O09.13               | Supervision of pregnancy with history of ectopic or molar pregnancy  |
| O09.212<br>O09.213<br>O09.219            | Supervision of pregnancy with history of pre-term labor  |
| O09.31<br>O09.32                         | Supervision of pregnancy with insufficient antenatal care  |
| O09.40<br>O09.41<br>O09.42<br>O09.43     | Supervision of pregnancy with grand multiparity  |
| O09.512<br>O09.513<br>O09.519            | Supervision of elderly primigravida  |

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| ICD-10 Code(s)   | Brief Description of Code(s)  |
|--|---|
| O09.521<br>O09.522<br>O09.523<br>O09.529   | Supervision of elderly multigravida   |
| O09.612<br>O09.613<br>O09.619  | Supervision of young primigravida   |
| O09.622<br>O09.623<br>O09.629  | Supervision of young multigravida   |
| O09.70<br>O09.71<br>O09.72<br>O09.73   | Supervision of high-risk pregnancy due to social problems                             |
| O09.811<br>O09.812<br>O09.813  | Supervision of pregnancy resulting from assisted reproductive technology              |
| O09.821<br>O09.822<br>O09.823<br>O09.829   | Supervision of pregnancy with history of in utero procedure during previous pregnancy |
| O09.891<br>O09.892<br>O09.893<br>O09.899   | Supervision of other high-risk pregnancy  |
| O09.A0<br>O09.A1<br>O09.A2<br>O09.A3   | Supervision of pregnancy with history of molar pregnancy                              |
| O36.80X0<br>O36.80X1<br>O36.80X2<br>O36.80X3<br>O36.80X4<br>O36.80X5<br>O36.80X9 | Pregnancy with inconclusive fetal viability   |
| Z34.01<br>Z34.02<br>Z34.03   | Encounter for supervision of normal first pregnancy                                   |
| Z34.81<br>Z34.82<br>Z34.83   | Encounter for supervision of other normal pregnancy                                   |
| Z34.91<br>Z34.92<br>Z34.93   | Encounter for supervision of normal pregnancy; unspecified                            |

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## 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<br>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     |
|                |   |  |                |

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|         |  |  |                |
|---------|--|--|----------------|
|         | Added code 0354U – Cervical Cancer Screening & HPV Testing Section   | All Sections   | 10/01/2022     |
|         |  |  |                |
| 01/2023 | Change/Revision  | Demographic  | Effective Date |
|         | Tuberculosis Screening Added Codes: 86480, 86481, 86580  | All Sections   | 01/2023        |
|         | 'Mpox' will become a preferred term, replacing monkeypox, after a transition period of one year. This serves to mitigate the concerns raised by experts about confusion caused by a name change in the midst of a global outbreak. It also gives time to complete the ICD update process and to update WHO publications. | All Sections   | 01/2023        |
|         | Gonorrhea Screening Sections added eligible diagnosis code Z11.8.  | All Sections   | 01/2023        |
|         | Added Section Prevention of Human Immunodeficiency Virus (HIV) Infection; Preexposure Prophylaxis Kidney Function Testing Added codes 82565, 82575.  | All Sections   | 01/2023        |
|         | Removal of diagnosis requirements for depression screening   | All Sections   | 01/2023        |
|         | Removal of diagnosis requirements for Alcohol Misuse Screening and Behavioral Counseling Interventions   | All Sections   | 01/2023        |
| 07/2023 | Change/Revision  | Demographic  | Effective Date |
|         | Added Pneumococcal conjugate (PCV13, PCV15): Added code 90671  | All Sections   | 05/2023        |
|         | Added Breast Pumps and Related Supplies: Added code K1005 100 bags per month or 300 bags per 3 months.   | Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages | 07/2023        |
|         | Added Vaccines and Immunizations: COVID-19 Vaccines<br>Procedure Codes: 91302, 91303, 91304, 91310, 91312, 91313<br>Added COVID-19 Administration<br>Procedure Codes: 0021A, 0022A, 0031A, 0034A, 0041A, 0042A ,0044A, 0104A, 0121A, 0124A, 0134A  | 18 years and older   | 07/2023        |
|         | Added Vaccines and Immunizations: COVID-19 Vaccines<br>Procedure Codes: 91304, 91312, 91313, 91314, 91315, 91316, 91317<br>Added COVID-19 Administration<br>Procedure Codes: 0041A, 0042A, 0044A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A 0171A, 0172A, 0173A, 0174A                                      | Birth to 17 years of age   | 07/2023        |

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|            |  |  |                |  |
|------------|--|--|----------------|--|
|            | <p>Added Vaccines and Immunizations: COVID-19 Vaccines<br/> Procedure Codes: 91302, 91303, 91304, 91310, 91312, 91313</p> <p>Added COVID-19 Administration<br/> Procedure Codes: 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0104A, 0121A, 0124A, 0134A</p>   | Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages | 07/2023        |  |
| 09/11/2023 | Change/Revision  | Demographic  | Effective Date |  |
|            | Added COVID-19 Codes: 91318, 91319, 91320, 91321, 91322, 90480   | All Sections   | 09/11/2023     |  |
|            | Revised COVID-19 Code 91304  | All Sections   | 09/11/2023     |  |
|            | Deleted COVID-19 Administration Codes: 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A | All Sections   | 09/11/2023     |  |
| 10/2023    | Change/Revision  | Demographic  | Effective Date |  |
|            | Added Vaccine Respiratory Syncytial Virus (RSV)<br>Added codes: 90380, 90381, 90678, 90679   | All Sections   | 10/2023        |  |
|            | Added diagnosis codes T83.31XA, T83.31XD, T83.31XS, T83.32XA, T83.32XD, T83.32XS, T83.39XA, T83.39XD, T83.39XS   | Contraceptive Methods  | 10/2023        |  |
|            | Added code 0402U -Chlamydia, Gonorrhea & Sexually Transmitted Screenings Section   | All Sections   | 10/2023        |  |
| 10/2023    | Change/Revision  | Demographic  | Effective Date |  |
|            | Added Vaccine Respiratory Syncytial Virus (RSV) Administration Codes<br>Added codes: 96380 & 96381   | All Sections   | 10/06/2023     |  |
| 01/2024    | Change/Revision  | Demographic  | Effective Date |  |
|            | Added Breast Pumps and Related Supplies: Deleted K1005, Code replaced with Code A4287 100 bags per month or 300 bags per 3 months.   | Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages | 01/2024        |  |
|            | Added procedure code 90623 - Meningococcal conjugate (MenACWY), Pentavalent vaccine, conjugated)   | All Sections   | 01/2024        |  |

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|          | Added additional diagnoses codes (noted sections):<br>Z30.011, Z30.012, Z30.013, Z30.014, Z30.015,<br>Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09,<br>Z30.430, Z30.432, Z30.433, Z30.2, Z30.8, Z30.40,<br>Z30.41, Z30.431, Z30.42, Z30.44, Z30.45, Z30.46,<br>Z30.49, Z30.8, Z30.9  | Cervical Cancer<br>Screening and (HPV)<br>Testing, Chlamydia<br>Screening,<br>Gonorrhea<br>Screening, Hepatitis<br>B Screening,<br>Hepatitis C<br>Screening, HIV<br>Screening, Syphilis<br>Screening                          | 01/2024   |
|          | Added procedure code 88302, removed diagnosis code<br>Z98.52   | Contraception<br>Methods  | 01/2024   |
|          | Prevention of Human Immunodeficiency Virus (HIV)<br>Infection: Pre-Exposure Prophylaxis (PrEP)<br><br>Procedure Codes: Clarification codes added J0739,<br>J0750, J0751, J0799 to current descriptors<br><br>Administration: G0011, G0012, G0013, Q0516, Q0517,<br>Q0518<br><br>Removed nutritional counseling may require prior<br>approval footnotes reference in document | Prevention of<br>Human<br>Immunodeficiency<br>Virus (HIV)<br>Infection: Pre-<br>Exposure<br>Prophylaxis (PrEP)<br><br><br>Healthy Diet and<br>Exercise Counseling<br>for Obesity  | 01/2024<br><br><br>01/2024  |
| 02 /2024 | <b>Change/Revision</b><br><br>Coverage includes member reimbursement for the cost<br>of FDA-approved, cleared, or granted mobile device<br>applications for use as contraception consistent with the<br>FDA-approved, cleared, or granted indication.  | <b>Demographic</b><br><br>Contraceptives and<br>Supplements- [All<br>ages & 18 Years and<br>Older sections]   | <b>Effective Date</b><br><br>02/01/2024   |
| 04/2024  | <b>Change/Revision</b><br><br>Added Section: Healthy Diet and Exercise Counseling for<br>Obesity<br><br>Added Section: Healthy Weigh and Weight Gain During<br>Pregnancy<br><br>Added procedure code 87806<br><br>Added diagnosis code Z12.39 eligible with *procedure<br>codes  | <b>Demographic</b><br><br>3-17 years of age<br><br>Pre-Natal Care and<br>Family Planning for<br>Persons of Child-<br>Bearing Capacity of<br>All Ages<br><br>All Sections<br><br>Mammography<br>Screening for Breast<br>Cancer | <b>Effective Date</b><br><br>04/01/2024<br><br>04/01/2024<br><br>04/01/2024<br><br>Retroactive to<br>10/01/2023 |

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|         | Clarification language removed shading on age bands  | Colorectal Cancer Screening                            | 04/01/2024                |  |
|         | Clarification language: Removed shading on age bands in section  | Colorectal Cancer Screening                            | 04/01/2024                |  |
|         | Clarification language: Clarified lactation consultant   | Breast Feeding Support                                 | 04/01/2024                |  |
|         | Added procedure code 99459   | All Sections   | Retroactive to 01/01/2024 |  |
| 07/2024 | Change/Revision  | Demographic  | Effective Date            |  |
|         | Deleted Code: 0353U  | All applicable sections                                | 07/01/2024                |  |
|         | Deleted Code: 0354U  | All applicable sections                                | 04/01/2024                |  |
|         | Removed Code 0402U   | All applicable sections                                | 07/01/2024                |  |
|         | Added Code 74263   | Colorectal Cancer Screening                            | 07/01/2024                |  |
|         | Removed Code 11980   | Pre-Natal & Family Planning Section                    | 07/01/2024                |  |
| 09/2024 | Change/Revision  | Demographic  | Effective Date            |  |
|         | Added Code: 90684  | Adults 18 and Older Vaccines and Immunizations Section | 06/17/2024                |  |
|         | Added language under section Dual-Energy X-Ray Absorptiometry Scan for Bone Density- For women age 65 or older (or younger women with fracture risk as determined by a formal Clinical Risk Assessment Tool) | Adults 18 and Older                                    | 09/01/2024                |  |

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|  | Added Category Descriptor: Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP)   | All applicable sections   | 09/01/2024                                       |  |
|  | Removed PCV13, PCV15, PCV20 from category code and replace with Pneumococcal conjugate. Remove PCV 23 from category code and replace with Pneumococcal polysaccharide   | All applicable sections   | 08/01/2024                                       |  |
|  | Deleted code: J7302   | Contraception Section   | 08/01/2024                                       |  |
|  | Chlamydia Screening<br>Added diagnosis codes: Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53   | All applicable sections   | 09/01/2024                                       |  |
|  | Gonorrhea Screening<br>Added diagnosis codes: Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53   | All applicable sections   | 09/01/2024                                       |  |
|  | Hepatitis B<br>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53  | All applicable sections   | 09/01/2024                                       |  |
|  | Hepatitis C<br>Added procedure code: 87522<br>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53   | Adult and Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages sections | 09/01/2024                                       |  |
|  | HIV Screening<br>Added procedure code: 87536<br>Added diagnosis codes: Z11.3, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53  | All applicable sections   | Effective 09/01/2024 (retroactive to 01/01/2024) |  |
|  | Prevention of Human Immunodeficiency Virus (HIV); Preexposure Prophylaxis (PrEP)<br>Added Sections:<br>Behavioral Counseling <ul style="list-style-type: none"> <li>Added procedure codes: G0011, G0013</li> <li>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</li> </ul> | All applicable sections   | 09/01/2024                                       |  |

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|         | <p>Added section Lipid Panel Screening for PrEP (DESCOVY)</p> <ul style="list-style-type: none"> <li>Added procedure codes: 80061, 82465, 83718</li> <li>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</li> </ul> <p>Added procedure code: 82610 to existing Kidney Function Testing Section</p> <ul style="list-style-type: none"> <li>Added diagnosis code: Z29.81 to whole section to existing diagnoses code list</li> </ul> <p>Office Visit Section</p> <ul style="list-style-type: none"> <li>Added procedure codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</li> <li>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</li> </ul> <p>Added Pregnancy Testing Section</p> <ul style="list-style-type: none"> <li>Added procedure code: 81025</li> <li>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</li> </ul> <p>Sexually Transmitted Infection Counseling Section</p> <ul style="list-style-type: none"> <li>Added procedure code: G0445</li> <li>Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53</li> </ul> <p>Syphilis Screening Section</p> <ul style="list-style-type: none"> <li>Added diagnosis codes: Z11.4, Z20.2, Z20.6, Z29.81</li> </ul> |  |   |  |
| 10/2024 | <p>Change/Revision</p> <p>Added section to Pre-Natal Care: Respiratory Syncytial Virus (RSV) Vaccine Section. Added code: 90678</p> <p>Respiratory Syncytial Virus (RSV) Vaccine Section. Added code: 90683</p>   | <p>Demographic</p> <p>Pre-Natal Care</p> <p>[All ages &amp; 18 Years and Older sections]</p>   | <p>Effective Date</p> <p>10/01/2024</p>   |  |
| 01/2025 | <p>Change/Revision</p> <p>Removed deleted code 0500Tand replaced with code 87626</p> <p>Added code A4267</p> <p>Added codes 0064U, 0065U, 86706 to (PrEP), Syphilis &amp; Hepatitis B Screening Sections</p> <p>Prevention of Human Immunodeficiency Virus (HIV) Infection: Antiretroviral Section Added code Q0521</p>   | <p>Demographic</p> <p>All Applicable Sections</p> <p>All Applicable Sections</p> <p>All Applicable Sections</p> <p>All Applicable Sections</p> | <p>Effective Date</p> <p>01/01/2025</p> <p>01/01/2025</p> <p>01/01/2025</p> <p>01/01/2025</p> |  |

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|------------|--|--|--|--|
|            | Removed Foot Note for Prior Approval for Code 74263-Refer to Prior Approval List for Monitored Anesthesia.   | All Applicable Sections  | 01/01/2025   |  |
| 04/01/2025 | <p><b>Change/Revision</b></p> <p>Added codes 99174 &amp; 99177 to Vision Screening Section. Vision Screening eligible up to age 21. Vision Screening subject to (1) Screening per year.</p> <p>Added Section Dual-Energy X-Ray Absorptiometry Scan for Bone Density (Women with Risk Factor ages 35 +). Added Procedure Code: 77080, added Diagnosis code Z82.62.</p> <p>Corrected error under Tuberculosis Section Diagnosis code Z00.0 should be Z00.00.</p> | <p><b>Demographic</b></p> <p>All Applicable Sections</p> <p>All Applicable Sections</p> <p>18 &amp; Older Section</p>  | <p><b>Effective Date</b></p> <p>04/01/2025</p> <p>04/01/2025</p> <p>04/01/2025</p>                                     |  |
| 06/01/2025 | <p><b>Change/Revision</b></p> <p>Removed code 90653 from Pre-Natal &amp; Birth to age 17 Sections. Added code to 18 older section with age of 65+ years</p> <p>Remove deleted code 96040</p> <p>Added code 96041</p> <p>Corrected Diagnosis Z86.010 to Z86.0100 and added codes Z86.0101, Z86.0102, Z86.0109 to the Colorectal Cancer Screening Section</p> <p>Under Obstetric Ultrasound added clarifying language to one ultrasound per pregnancy</p>        | <p><b>Demographic</b></p> <p>All Applicable Sections</p> <p>18 &amp; Older Section</p> <p>18 &amp; Older Section</p> <p>18 &amp; Older Section</p> <p>Pre-Natal Care Section</p> | <p><b>Effective Date</b></p> <p>06/01/2025</p> <p>01/01/2025</p> <p>01/01/2025</p> <p>10/01/2024</p> <p>06/01/2025</p> |  |
| 07/01/2025 | <p><b>Change/Revision</b></p> <p>Added codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015 to sections, PReP, and Well Exam for Contraception Management.</p>  | <p><b>Demographic</b></p> <p>All Applicable Sections</p>   | <p><b>Effective Date</b></p> <p>01/01/2025</p>   |  |

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| 05/01/2025 | Change/Revision   | Demographic   | Effective Date                            |  |
|            | Added codes 0464U to Colorectal Cancer Screening Section.   | 18 & Older Section                                  | 08/01/2025                                |  |
| 06/01/2025 | Change/Revision   | Demographic   | Effective Date                            |  |
|            | Added code 86704 to Hepatitis B Screening Section.  | Birth to 17<br>18 & Older<br>Pre-Natal Care Section | 09/01/2025<br>(retroactive to 01/01/2025) |  |
| 10/01/2025 | Change/Revision   | Demographic   | Effective Date                            |  |
|            | Added codes J0738, J0752 to section: Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP) | All Applicable Sections                             | 10/01/2025                                |  |
|            | Added code A4288 to section: Breast Pump and Related Supplies   | Pre-Natal Care Section                              | 10/01/2025                                |  |
| 10/01/2025 | Change/Revision   | Demographic   | Effective Date                            |  |
|            | Added codes 19030*, 77046*, 77047*, 77048*, 77049*, 77053*, 77045*, C8903*, C8905*, C8906*, C8908*  | 18 & Older Section                                  | 01/01/2026                                |  |
|            | Added Diagnosis Codes: Z86.000, Z86.018, Z86.03,<br>*only eligible with R92.2 and R92.8, Z12.39   |   |   |  |

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| 11/13/2025 | Change/Revision   | Demographic             | Effective Date |  |
|------------|---|-------------------------|----------------|--|
|            | Syphilis Screening Sections: Removed specific listed diagnoses to all eligible diagnosis for codes (0064U, 0065U, 0210U, 86592, 86780). | All Applicable Sections | 02/01/2026     |  |

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