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 care 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 10th 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. Claim editing logic applies and supersedes all coding provided in this document.

HAVE QUESTIONS?

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

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CHILDREN AND ADOLESCENTS FROM BIRTH TO AGE 17
General Screenings and Tests

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

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: Any eligible diagnosis						In a primary care setting	
Anemia Screening Procedure Codes: 85013, 85014, 85018, 85025, 85027 Diagnosis Codes: **Z00.121, Z00.129**							
Behavioral Assessment This service is included in the coding for a preventive medicine exam.							
Blood Pressure Screening This service is included in the coding for a preventive medicine exam.							

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
Cervical Cancer Screening and Human Papillomavirus (HPV) Testing 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 Diagnosis Codes: **Z01.411, Z01.419, Z01.42**, 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 *Also eligible with Z11.3 and Z12.72							
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87494, 87800 Diagnosis Codes: **Z00.121, Z00.129, Z01.411, Z01.419, Z01.42**, 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							

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
Congenital Hypothyroidism Procedure Codes: 84436, 84437, 84439, 84443 Diagnosis Codes: **Z00.110, Z00.111**, **Z00.121, Z00.129**, Z13.29	Newborns						
Depression Screening Procedure Codes: G0444, 96127, 96161, 99403, 99404 Diagnosis Codes: Any eligible diagnosis This service is also included in the coding for a preventive medicine exam.						In a primary care setting	
Developmental Screening Procedure Codes: 96110[1], G0451 Diagnosis Codes: Any eligible diagnosis		Ages 9 months, 18 months, and 30 months					
Dyslipidemia Screening for Cholesterol Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: **Z00.121, Z00.129**, Z13.220				Ages 2 years and 4 years		Follow Up	
Fluoride Varnish Application Procedure Codes: 99188 Diagnosis Codes: Any eligible diagnosis	Every 3 to 6 months for children from primary tooth eruption to age 6						

[1] Prior approval may be required.

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

	Birth	12 Months	18 Months	2 to 4 Years	5 to 10 Years	11 to 14 Years	15 to 17 Years
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: **Z00.121, Z00.129, Z01.411, Z01.419, Z01.42**, 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							
Hearing Screening Procedure Codes: 92551, 92552, 92587, 92650, 92651, 92652, V5008 Diagnosis Codes: Z00.110, Z00.111, **Z00.121, Z00.129**, 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.						
High Body Mass Index in Children and Adolescents Procedure Code(s): *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271, S9470 *Preventive Medicine Individual Therapy or Counseling:* 99401, 99402, 99403, 99404 *Behavioral Therapy or Counseling* G0446, G0447 Diagnosis Codes: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.54, Z68.55, Z68.56				Ages 3 years to 17 -3 years or older with a high body mass index (BMI) of 120% or more of the (≥ 95th percentile for age and gender)			

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
Hepatitis B Screening Procedure Codes: 86704, 86706, 87340*, G0499 Diagnosis Codes: **Z00.121, Z00.129, 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 *Also eligible with Z21							
Height, Weight and Body Mass Index (BMI) Review This service is included in the coding for a preventive medicine exam.							
Human Immunodeficiency Virus (HIV) Screening Procedure Codes: 86689*, 86701*, 86702*, 86703*, 87806 87389, 87390, 87534, 87535, 87536, G0432*, G0433*, G0435*, G0475* 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 *Also eligible with **Z00.121, Z00.129 and Z71.7**							

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
Prevention of Human Immunodeficiency Virus (HIV) Infection; Preexposure Prophylaxis (PrEP) *Behavioral Counseling for PrEP to Prevent HIV* Procedure Codes: G0011, G0013 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Lipid Screening Yearly for PrEP (DESCOVY)* Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Kidney Function Testing for PrEP* Procedure Codes: 82565, 82575, 82610 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Office Visits for PrEP* 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 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Pregnancy Testing for PrEP* Procedure Code: 81025 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53							

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
(Also Refer to Codes in the Antiretroviral Therapy Section) (Also Refer to Codes in the Chlamydia Screening Section) (Also Refer to Codes in the Gonorrhea Screening Section) (Also Refer to Codes in the Hepatitis B Virus Infection Screening Section) (Also Refer to Codes in the HIV (Human Immunodeficiency Virus) Screening Section) (Also Refer to Codes in the Preventive Medicine Exam Section) (Also Refer to Codes in the Sexually Transmitted Infection Counseling Section) (Also Refer to Codes in the Syphilis Screening Section)							
Lead Screening Procedure Code: 83655 Diagnosis Codes: Any eligible diagnosis	Up to age 6						
MonkeyPox (mpox) Screening Procedure Code: 87593 Diagnosis Codes: Any eligible diagnosis							
Oral Health Risk This service is included in the coding for a preventive medicine exam.							

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

<table>
<tr><td>Phenylketonuria (PKU) Screening
Procedure Code: 84030
Diagnosis Codes: Z00.121, Z00.129, Z13.228</td><td>Newborns</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Preventive Gynecologic and Wellness Exam for Contraceptive Management
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

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</td><td></td><td></td><td></td><td></td><td colspan="3"></td></tr>
<tr><td>Preventive Medicine Exam
Procedure Codes: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99459
Diagnosis Codes: Any eligible diagnosis Contraceptive counseling is included in the coding for a preventive medicine exam.</td><td colspan="7">Recommended annually</td></tr>
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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
Sexually Transmitted Infection Counseling Procedure Codes: 99401, 99402, 99403, 99404, G0445 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							
Sexually Transmitted Infection Screening Procedure Codes: 87081, 87084, 87800* Diagnosis Codes: Z01.411, Z01.419, Z01.42, Z12.4, Z12.72 *Also eligible with Z00.121, Z00.129, and Z11.8							
Sickle-Cell Disease Screening Procedure Codes: 83020, 83021 Diagnosis Code: Z13.0	Infants up to 1 year of age						
Syphilis Screening Procedure Codes: 0064U, 0065U, 0210U, 86592, 86780 Diagnosis Codes: Any eligible diagnosis							
Tobacco Use Counseling Procedure Codes: 99406, 99407 Diagnosis Codes: Any eligible diagnosis							
Tuberculosis Screening Procedure Codes: 86480, 86481, 86580 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.						

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
Vision Screening Procedure Codes: 99173, 99174, 99177 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z01.00, Z01.01	Subject to one (1) screening limitation per year						

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. All vaccines listed are eligible with no diagnosis code requirements.

	Birth	1m	2m	4m	6m	9m	1yr	15m	18m	19-23m	2-3yrs	4-6yrs	7-10yrs	11-12yrs	13-15yrs	16-17yrs
Hepatitis B (HepB) Procedure Codes: 90697 **(DTaPIPV-Hib-HepB),** 90740, 90743, 90744, 90747, 90748 **(Hib-HepB)**																
Rotavirus RV5 or RV1 Procedure Codes: 90680, 90681																
Diphtheria, Tetanus, and Acellular Pertussis (DTaP) Procedure Codes: 90696 **(DTap-IPV),** 90697 **(DTaPIPV-Hib-HepB),** 90698 **(DTap-IPV/Hib),** 90700, 90702																
Tetanus, Diphtheria, and Acellular Pertussis (TDaP) Procedure Codes: 90714 (Td only), 90715																

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
Haemophilus Influenza Type B (Hib) Procedure Codes: 90644 **(Hib-MenCY)**, 90647, 90648, 90697 **(DTaP-IPV-Hib-HepB),** 90698 **(DTap-IPV/Hib),** 90723 **(DTap-HepB-IPV),** 90748 **(Hib-HepB)**																
Pneumococcal Conjugate Procedure Codes: 90670, 90671																
Inactivated Poliovirus (IPV) Procedure Codes: 90696 **(DTap-IPV),** 90697 **(DTaP-IPV-Hib-HepB),** 90698 **(DTap-IPV/Hib),** 90713, 90723 **(DTap-HepB-IPV)**																
Influenza (IIV; LAIV) 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											

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
COVID-19 Vaccines Procedure Codes: 91304, 91318, 91319, 91320, 91321, 91322 COVID-19 Vaccine Administration Procedure Codes: 90480, 90481	Per manufacturer age-appropriate recommendations															
Measles, Mumps, and Rubella (MMR) Procedure Codes: 90707, 90710 **(MMRV),**																
Varicella (VAR) Procedure Codes:90710 **(MMRV),** 90716																
Hepatitis A (HepA) Procedure Codes: 90633, 90634																
Human Papillomavirus (HPV) Procedure Codes: 90649, 90650, 90651																
Meningococcal Procedure Codes: 90619, 90620, 90621, 90623 90644 **(Hib-MenCY),** 90733, 90734																

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
Respiratory Syncytial Virus (RSV) Procedure Codes: 90380, 90381, 90683	Per manufacturer age-appropriate recommendations as recommended by your provider															
Vaccine Administration Procedure Codes: 90482, 90483, 90484, 90460, 90461, 90471, 90472, 90473, 90474, 96380, 96381, G0008, G0009, G0010	Vaccine administration codes must be indicated as appropriate															

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	• Fluoride Chewable Tablets, 0.25 MG • Fluoride Chewable Tablets, 0.5 MG • Fluoride Drops, 0.125 MG • Fluoride Drops, 0.25 MG • Fluoride Drops, 0.5 MG • Multivitamin w/ Fluoride, Chewable, 0.25 MG • Multivitamin w/ Fluoride, Chewable, 0.5 MG • Multivitamin w/ Fluoride, Drops, 0.25 MG, Suspension • Multivitamin w/ Fluoride, Drops, 0.5 MG, Suspension	For children starting at 6 months up to 5 years of age without fluoride in their water sources. Generic only with prescription.
Contraceptives	• Barrier methods, like diaphragms and sponges • Hormonal methods, like oral contraceptives and vaginal rings • Implanted devices, like intrauterine devices (IUDs) • Emergency contraception, like Plan B® and Ella®	Available as prescribed to prevent pregnancy for all persons with reproductive capacity. Branded oral contraceptives can only be dispensed when there is no commercially available generic equivalent. Otherwise, oral contraceptives are covered for generic only. All oral contraceptives require a valid prescription. 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.

Adults Age 18 and Older – General Screenings and Tests

Category	Products	Recommendation
Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP) Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	• APRETUDE (J0739) • DESCOVY® (J0751) • ~~SUNLENCA~~ YEZTUGO® (J0738, J0752) • Truvada® (J0750)	For all persons who are at high risk of HIV acquisition and who are not undergoing HIV treatment. Once generic becomes available, zero-cost coverage will only apply to the generic form.

Adults Age 18 and Older – General Screenings and Tests

Antiretroviral Therapy Administration Codes: G0012, Q0516, Q0517, Q0518, Q0521 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, 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
Abdominal Aortic Aneurysm Screening Procedure Codes: 76706 Diagnosis Codes: Any eligible diagnosis										One-time screening for those who have smoked		
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 96160, 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: Any eligible diagnosis	In a primary care setting											
Blood Pressure Screening This service is included in the coding for a preventive medicine exam.												

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
BRCA Risk Assessment and Genetic Counseling/Testing[3] Procedure Codes: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 96041 Diagnosis Codes: Z31.5, Z80.3, Z80.41		In a primary-care setting										
Cervical Cancer Screening and Human Papillomavirus (HPV) Testing 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 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, 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 *also eligible with Z11.3 and Z12.72											

[3] Prior approval may be required

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87494, 87800 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, 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											
Colorectal Cancer Screening[4] Procedure Codes: 0464U, 44401, 45330, 45331, 45333, 45334, 45338, 45346, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 45390, 74263, 81528, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0104, G0105, G0121, G0328, G0500, S0285 Diagnosis Codes: D12.0, D12.2, D12.3, D12.4, D12.5, D12.6, D12.7, D12.8, D12.9, D50.9, K63.5, **Z00.00, Z00.01**, 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.											

[4] Prior approval is required for monitored anesthesia care administered for a screening colonoscopy (CPT® 00812). Please see the prior approval list for additional requirements.

Adults Age 18 and Older – General Screenings and Tests

<table>
<tr><th></th><th>18</th><th>20</th><th>30</th><th>35</th><th>40</th><th>45</th><th>50</th><th>55</th><th>60</th><th>65</th><th>70</th><th>75</th></tr>
<tr><td>Depression Screening
Procedure Codes: G0444, 96127, 96161 99403, 99404
Diagnosis Codes: Any eligible diagnosis
This service is also included in the coding for a preventive medicine exam.</td><td colspan="11">Periodic screenings for all adults in a primary care setting</td></tr>
<tr><td>Diabetes Screening
Procedure Codes: 82947, 82950, 82951 83036
Diagnosis Codes: Z00.00, Z00.01, Z13.1</td><td></td><td></td><td></td><td></td><td colspan="6">Recommended for adults age 40 to 70 who are overweight or obese as part of a cardiovascular risk assessment in a primary care setting</td><td></td></tr>
<tr><td>Dual-Energy X-Ray Absorptiometry Scan for Bone Density
Procedure Code: 77080
Diagnosis Codes: Z00.00, Z00.01, Z13.820</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">For women age 65 or older (or younger women with fracture risk as determined by a formal Clinical Risk Assessment Tool)</td></tr>
<tr><td>Dual-Energy X-Ray Absorptiometry Scan for Bone Density (Women with Risk Factor ages 35 +)
Procedure Code: 77080
Diagnosis Code: Z82.62</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3"></td></tr>
<tr><td>Falls Prevention
This service is included in the coding for a preventive medicine exam.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3"></td></tr>
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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
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, 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											
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions Procedure Code(s): *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271, S9470 *Preventive Medicine Individual Therapy or Counseling:* 99401, 99402, 99403, 99404 *Behavioral Therapy or Counseling:* G0446, G0447 *Atherosclerosis Cardiovascular Risk Assessment:* G0537												

Adults Age 18 and Older – General Screenings and Tests

Diagnosis Code(s): *Screening:* Z13.220 *Nicotine Dependence, Tobacco Use, or Family History of Ischemic Heart Disease:* F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49 *Overweight:* E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 *Body Mass Index 30.0 – 39.9:* Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 *Body Mass Index 40.0 and Over:* Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Impaired Fasting Glucose:* R73.01 *Metabolic Syndrome; Insulin Resistance Syndrome Type A; Other Insulin Resistance:* E88.810, E88.811, E88.818, E88.819 *Hyperlipidemia / Dyslipidemia:* E78.00, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5 *Obesity:* E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Essential Hypertension:* I10 *Resistant Hypertension:*	

I1A.0 *Secondary Hypertension:* I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 *Urgent/Emergency/Crisis Hypertension:* I16.0, I16.1, I16.9 *Diabetes:* Refer to Diabetes Diagnosis Code List *Atherosclerosis:* Refer to Atherosclerosis Diagnosis Code List *Coronary Atherosclerosis:* I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812 General obesity screening is included in the coding for a preventive medicine exam.	

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Hearing Screening Procedure Codes: 92551, 92552, 92587, V5008 Diagnosis Codes: Z01.10, Z01.118	Once between age 18-21 years and for those that have a positive risk assessment.											
Hepatitis B Screening Procedure Codes: 86704, 86706, 87340*, G0499 Diagnosis Codes: **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 *also eligible with Z21	Recommended in persons at high risk – discuss with your provider											
Hepatitis C Screening Procedure Code: 86803, 87522 Diagnosis Codes: **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,	Recommended in persons at high risk, and a one-time screening for all adults born between 1945 and 1965											

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												
Human Immunodeficiency Virus (HIV) Screening Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87390, 87534, 87535, 87536, 87806, G0432, G0433, G0435, G0475 Diagnosis Codes: **Z00.00, Z00.01**, 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												
Human Immunodeficiency Virus (HIV) Screening; Preexposure Prophylaxis (PrEP) *Behavioral Counseling for PrEP to Prevent HIV* *Procedure Codes: G0011, G0013* Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Lipid Screening Yearly for PrEP (DESCOVY)* Procedure Codes: 80061, 82465, 83718												

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Kidney Function Testing for PrEP* Procedure Codes: 82565, 82575, 82610 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Office Visits for PrEP* 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 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Pregnancy Testing for PrEP* Procedure Code: 81025 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53												

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
(Also Refer to Codes in the Antiretroviral Therapy Section) (Also Refer to Codes in the Chlamydia Screening Section) (Also Refer to Codes in the Gonorrhea Screening Section) (Also Refer to Codes in the Hepatitis B Virus Infection Screening Section) (Also Refer to Codes in the HIV (Human Immunodeficiency Virus) Screening Section) (Also Refer to Codes in the Preventive Medicine Exam Section) (Also Refer to Codes in the Sexually Transmitted Infection Counseling Section) (Also Refer to Codes in the Syphilis Screening Section)												
Intimate Partner Violence Screening This service is included in the coding for a preventive medicine exam.												
Lipid Screening Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: **Z00.00, Z00.01**, Z13.220												

Adults Age 18 and Older – General Screenings and Tests

Low-Dose CT Screening for Lung Cancer[5] Procedure Code: 71271 Diagnosis Codes: Any eligible diagnosis							Recommended annually for adults age 50 to 80 who currently smoke or have quit smoking within the last 15 years

[5] Prior approval may be required.

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Mammography Screening for Breast Cancer[6] **Procedure Codes:** 77063, 77067 **Diagnosis Codes:** N63.15, N63.25, R92.2, R92.8, Z00.00, Z00.01, Z12.31, Z12.39, Z80.3, Z85.3, Z86.000, Z86.018, Z86.03, Z90.10, Z90.11, Z90.12, Z90.13					Screening beginning at age 40 and older, and for younger persons at increased risk							
Mammography Diagnostic – To Complete the Screening Process[6] **Procedure Codes:** 77061, 77062, 77065, 77066, G0279 **Diagnosis Codes**: N63.15, N63.25, R92.2, R92.8, Z00.00, Z00.01, Z12.31, Z12.39, Z80.3, Z85.3, Z86.000, Z86.018, Z86.03, Z90.10, Z90.11, Z90.12, Z90.13					Screening beginning at age 40 and older, and for younger persons at increased risk							
Breast Ultrasound – To Complete the Screening Process[6] **Procedure Codes:** 76641, 76642 **Diagnosis Codes:** N63.15, N63.25, R92.2 R92.8, Z00.00, Z00.01, Z12.31, Z12.39, Z80.3, Z85.3, Z86.000, Z86.018, Z86.03, Z90.10, Z90.11, Z90.12, Z90.13					Screening beginning at age 40 and older, and for younger persons at increased risk							

[6] Prior approval may be required.

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Breast MRI – To Complete the Screening Process[7] **Procedure Codes:** 19030, 77046, 77047, 77048, 77049, 77053, 77054, C8903, C8905, C8906, C8908 **Contrast Materials:** A9575, A9576, A9577, A9578, A9579, A9581, A9585 **Diagnosis Codes:** N63.15, N63.25, R92.2 R92.8, Z00.00, Z00.01, Z12.31, Z12.39, Z80.3, Z85.3, Z86.000, Z86.018, Z86.03, Z90.10, Z90.11, Z90.12, Z90.13					Screening beginning at age 40 and older, and for younger persons at increased risk						
MonkeyPox (mpox) Screening Procedure Code: 87593 Diagnosis Codes: Any eligible diagnosis												
Prostate Screening Procedure Codes: 84066, 84152, 84153, 84154, G0102, G0103 Diagnosis Codes: **Z00.00, Z00.01**, Z12.5					Beginning age 40 to 69 years							
Sexually Transmitted Infection Counseling Procedure Codes: 99401, 99402, 99403, 99404, G0445 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												

[7] Prior approval may be required.

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Skin Cancer Behavioral Counseling This service is included in the coding for a preventive medicine exam.	Adults up to age 24 who have fair skin											
Syphilis Screening Procedure Codes: 0064U, 0065U, 0210U, 86592, 86780 Diagnosis Codes: Any eligible diagnosis	Recommended in persons at high risk – discuss with your provider											
Tobacco Use Counseling Procedure Codes: 99406, 99407 Diagnosis Codes: Any eligible diagnosis	Recommended tobacco cessation for all adults who use tobacco products											
Tuberculosis Screening Procedure Codes: 86480, 86481, 86580 Diagnosis Codes: Z00.00, Z00.01, Z11.1, Z11.7												
Vision Screening Procedure Codes: 99173*, 99174*, 99177* Diagnosis Codes: Z00.00, Z00.01, Z01.00, Z01.01 *eligible up to age 21 only (Subject to one (1) screening limitation per year)												

Adults Age 18 and Older – General Screenings and Tests

	18	20	30	35	40	45	50	55	60	65	70	75
Preventive Gynecologic and Wellness Exam Procedure Codes: G0445, S0610, S0612, S0613 Diagnosis Codes: **Z00.00, Z00.01**, **Z01.411, Z01.419**, Z13.89	Recommended annually											
Preventive Gynecologic and Wellness Exam for Contraceptive Management 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 Diagnosis Codes: **Z00.00, Z00.01,** 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											
Preventive Medicine Exam Procedure Codes: 99385, 99386, 99387, 99395, 99396, 99397, 99459 Diagnosis Codes: Any eligible diagnosis	Recommended annually											

Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions Procedure Code(s): *Medical Nutrition Therapy:* 97802, 97803, 97804, G0270, G0271, S9470 *Preventive Medicine Individual Counseling:* 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0446, G0447 Diagnosis Code(s): *Body Mass Index 30.0-39.9:* Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 *Body Mass Index 40.0 and over:* Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 *Obesity:* E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82	

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+
Influenza 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					
COVID-19 Vaccines Procedure Codes: 91304, 91322 COVID-19 Administration Procedure Codes: **90480, 90481**	Per manufacturer age-appropriate recommendations					
Tetanus, Diphtheria and Pertussis (TD/TDaP) Procedure Codes: 90714 (Td only), 90715	Substitute TDaP for TD once, then TD booster every 10 years					
Varicella (VAR) Procedure Codes: 90710 **(MMRV),** 90716						
Human Papillomavirus (HPV) Procedure Codes: 90649, 90650, 90651						
Herpes Zoster (Shingles) Procedure Codes: 90736, 90750						

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+
Measles, Mumps,Rubella (MMR) Procedure Codes: 90707, 90710 **(MMRV)**						
Pneumococcal Conjugate Procedure Codes: 90670, 90671, 90677, 90684						
Pneumococcal Polysaccharide Procedure Code: 90732						
Hepatitis A Procedure Codes: 90632**,** 90636 **(HepA-HepB)**,						
Hepatitis B Procedure Codes: 90636 **(HepA-HepB),** 90739, 90740, 90746, 90747, 90748 **(Hib-HepB),** 90759						
Meningococcal Conjugate (MenACWY) Procedure Codes: 90619, 90623, 90733						
Meningococcal B Procedure Codes: 90620, 90621						
Haemophilus Influenza Type B (Hib) Procedure Codes: 90647, 90648, 90748 **(Hib-HepB)**						
MonkeyPox (mpox) Procedure Codes: 90611, 90622						

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+
Respiratory Syncytial Virus (RSV) Procedure Codes**:** 90678, 90679, 90683	Per manufacturer age-appropriate recommendations as recommended by your provider					
Vaccine Administration Procedure Codes: 90482, 90483, 90484, 90470, 90471, 90472, 90473, 90474, 96380, 96381, G0008, G0009, G0010	Vaccine administration codes must be indicated as appropriate					

ADULTS AGE 18 AND OLDER
Medications and Supplements

Category	Products	Recommendation
Aspirin Prophylaxis	• 81mg varieties (generic only)	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	• Tamoxifen citrate tab, 10 mg and 20 mg (generic only) • Raloxifene HCI tab, 60 mg (generic only)	For those at increased risk for breast cancer
Contraceptives	• Barrier methods, like diaphragms and sponges • Hormonal methods, like oral contraceptives and vaginal rings (generic only) • Implanted devices, like intrauterine devices (IUDs) • Emergency contraception, like Plan B® and Ella® • Female sterilization procedures • 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.	Available as prescribed to prevent pregnancy for all persons with reproductive capacity. Branded oral contraceptives can only be dispensed when there is no commercially available generic equivalent. Otherwise, oral contraceptives are covered for generic only. All oral contraceptives require a valid prescription. 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.
Statins	• 5mg and 10 mg varieties (generics only)	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	• Nicotine replacement products, such as patches, gum, and lozenges • Bupropion products (generic only up to 180 days)	Adults who use tobacco products

Category	Products	Recommendation
Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP) Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Antiretroviral Therapy Administration Codes: G0012, Q0516, Q0517, Q0518, Q0521 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	• APRETUDE (J0739) • DESCOVY® (J0751) • ~~SUNLENCA~~ YEZTUGO® (J0738, J0752) • Truvada® (J0750)	For all persons who are at high risk of HIV acquisition and who are not undergoing HIV treatment. Once generic becomes available, zero-cost coverage will only apply to the generic form.

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 symbol indicates that additional diagnosis code(s) for the indicated test or service(s) are in the section for PRE-NATAL AND FAMILY PLANNING FOR PERSONS OF CHILD-BEARING CAPACITY OF ALL AGES.

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Alcohol Misuse Screening and Behavioral Counseling Interventions Procedure Codes: 99408, 99409, G0442, G0443, G2011 Diagnosis Codes: Any eligible diagnosis	Recommended screening for all pregnant persons to evaluate alcohol misuse and brief behavioral counseling for risky or hazardous behavior				
Asymptomatic Bacteriuria Screening Procedure Codes: 87081, 87084, 87086, 87088 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419**, Z01.42, Z12.4, Z12.72 		Recommended at 12-16 weeks gestation or at first prenatal visit, if later			
Breast Feeding Support Procedure Codes: S9443 Diagnosis Codes: **Z00.00, Z00.01**, P92.6, R62.51, **Z39.1**	Lactation counseling with a lactation consultant as needed **prenatal,** or until newborn is thriving.				
Breast Pumps and Related Supplies[8] 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)] Diagnosis Codes: O09.A0, O09.A1, O09.A2, O09.A3, O09.00, O09.01, O09.02,					

[8] Prior approval may be required

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, P92.6, R62.51, **Z00.00, Z00.01**, **Z39.1**, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93					
Chlamydia Screening Procedure Codes: 86631, 86632, 87110, 87270, 87490, 87491, 87494, 87800 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Screening recommended at first prenatal visit for all pregnant persons aged 24 or younger and for older pregnant persons who are at increased risk				
Contraceptive Methods Procedure Codes: A4261, A4264, A4266, A4267, A4268, A4269, A9293, J1050, J7296, J7297, J7298, J7299, J7300, J7301, J7304, J7306, J7307, S4981, S4989, S4993, 00840, 00851, 00921*^, 11976, 11981, 11982, 11983,				Contraceptive methods, including sterilization procedures (such as but not limited to vasectomy, hysterectomy, implantable contraceptive devices, etc.), and patient education and counseling, as prescribed by a health care provider	

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
55250*^, 57170, 58120*+, 58300, 58301, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74018*+, 76830*+, 76857*+, 76998*+, 81025*+, 88302*^96372 Diagnosis Codes: **Z00.00, Z00.01,** 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 *^ 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. *+ An eligible diagnosis code from Z30 family must be in the primary diagnosis position.					
Depression Screening Procedure Codes: G0444, 96127, 96161 99403, 99404 Diagnosis Codes: Any eligible diagnosis	Periodic screenings recommended throughout pregnancy and during the post-partum period, as needed				
Gestational Diabetes Screening Procedure Codes: 82947, 82950, 82951, 83036 Diagnosis Codes: **Z00.00, Z00.01**, Z13.1		Recommended gestational diabetes screening by glucose test for persons 24 – 28 weeks pregnant and at the first prenatal visit for those at high risk			

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Gonorrhea Screening Procedure Codes: 87590, 87591, 87850 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42,** Z11.3, Z11.4, Z11.8, Z12.4, Z12.72, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Screening recommended at first prenatal visit for all pregnant persons aged 24 or younger and for older pregnant persons who are at increased risk				
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions Procedure Code(s): *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271, S9470 *Preventive Medicine Individual Therapy or Counseling:* 99401, 99402, 99403, 99404 *Behavioral Therapy or Counseling:* G0446, G0447 *Atherosclerosis Cardiovascular Risk Assessment:* G0537 Diagnosis Code(s): *Hypertension Complicating Pregnancy, Childbirth, and the Puerperium:* O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92,					

O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9 *Pregnancy:* *Refer to* Pregnancy Diagnosis Code *List*					
Healthy Weight and Weight Gain During Pregnancy Procedure Code(s): *Medical Nutrition Therapy or Counseling:* 97802, 97803, 97804, G0270, G0271, S9470 *Preventive Medicine Individual Therapy or Counseling*: 99401, 99402, 99403, 99404 *Behavioral Counseling or Therapy:* G0446, G0447 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, and Z13.6					
Hepatitis B Screening Procedure Codes: 86704, 86706, 87340*, G0499 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z01.42, Z11.3, Z11.4, **Z11.59, Z12.4 and Z12.72,** Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Screening recommended at first prenatal visit for all pregnant persons				

*Also eligible with Z21					

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Hepatitis C Screening Procedure Codes: 86803, 87522 Diagnosis Codes: **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, Z72.51, Z72.52, Z72.53	Screening recommended at first prenatal visit for all pregnant persons				
Human Immunodeficiency Virus (HIV) Screening Procedure Codes: 86689, 86701, 86702, 86703,87389, 87390, 87534, 87535, 87536, 87806, G0432, G0433, G0435, G0475 Diagnosis Codes: **Z00.00, Z00.01**, Z11.3, Z11.4, Z11.59, Z71.7, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Screening recommended at first prenatal visit for all pregnant persons				
MonkeyPox (mpox)Screening Procedure Code: 87593 Diagnosis Codes: Any eligible diagnosis					
Obstetric Professional Care Global Maternity Procedure Codes: 59400, 59425, 5942659510, 59610, 59618 *NOTE: When providing obstetric professional care after 09/01/2026 bill an evaluation and management (E/M) code. – Append modifier -TH to to the E/M code to differentiate the visits as maternity care	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.				

*E/M 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 Diagnosis Codes: ~~**Z00.00**~~, ~~**Z00.01**~~ In some cases, a co-payment may apply. 		

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Obstetric Panels[9] Procedure Codes: 80055, 80081 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, Z12.4, Z12.72	Screening recommended at first prenatal visit for all pregnant persons				
Obstetric Ultrasound Procedure Codes: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76817 Diagnosis Codes: **Z00.00, Z00.01,** Z33.1	Limited to one ultrasound during pregnancy				
Prevention of Human Immunodeficiency Virus (HIV) Infection; Preexposure Prophylaxis (PrEP) *Behavioral Counseling for PrEP to Prevent HIV* Procedure Codes: G0011, G0013 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Lipid Screening Yearly for PrEP (DESCOVY)* Procedure Codes: 80061, 82465, 83718 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Kidney Function Testing for PrEP* Procedure Codes: 82565, 82575					

[9] 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.

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Office Visits for PrEP* 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 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 *Pregnancy Testing for PrEP* Procedure Code: 81025 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 (Also Refer to Codes in the Chlamydia Screening Section) (Also Refer to Codes in the Gonorrhea Screening Section) (Also Refer to Codes in the Hepatitis B Virus Infection Screening Section) (Also Refer to Codes in the HIV (Human Immunodeficiency Virus) Screening Section) (Also Refer to Codes in the Preventive Medicine Exam Section) (Also Refer to Codes in the Sexually Transmitted Infection Counseling Section) (Also Refer to Codes in the Syphilis Screening Section) 					

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
Rh Incompatibility Screening Procedure Code: 86901 Diagnosis Codes: **Z00.00, Z00.01, Z01.411, Z01.419, Z01.42**, Z12.4, Z12.72	Screening recommended at first prenatal visit for all pregnant persons				
Sexually Transmitted Infection Counseling Procedure Codes: 99401, 99402, 99403, 99404, G0445 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					
Syphilis Screening Procedure Codes: 0210U, 0064U, 0065U, 86592, 86780 Diagnosis Codes: Any eligible diagnosis	Screening recommended at first prenatal visit for all pregnant persons				
Tobacco Use Intervention and Cessation Procedure Codes: 99406, 99407 Diagnosis Codes: Any eligible diagnosis	Recommended screening for all pregnant persons to evaluate tobacco use and brief behavioral counseling for tobacco cessation				
Preventive Gynecologic and Wellness Exam for Contraceptive Management 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 Diagnosis Codes: **Z00.001, Z00.01**, Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018,				Contraceptive counseling of methods, including sterilization procedures, and patient education and counseling, as prescribed by a health care provider	

	First Trimester	Second Trimester	Third Trimester	Post-Pregnancy	Pregnancy Prevention
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					

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
Influenza 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				
COVID-19 Vaccines Procedure Codes: 91304, 91320, 91321, 91322 COVID-19 Vaccine Administration Procedure Codes: 90480, 90481	Per manufacturer age-appropriate recommendations				
Respiratory Syncytial Virus (RSV) Procedure Codes: 90678	Per manufacturer recommendations				
Tetanus, Diphtheria and Pertussis (TDaP) Procedure Codes: 90715		Recommended for pregnant persons 27 – 36 weeks pregnant for optimal timing, though TDaP may be administered at any time during pregnancy			
Vaccine Administration Procedure Codes: 90482, 90483, 90484, 90460, 90461, 90471, 90472, 90473, 90474, G0008	Vaccine administration codes must be indicated as appropriate				

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.
Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP) Antiretroviral Therapy Codes: J0738, J0739, J0750, J0751, J0752, J0799 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Antiretroviral Therapy Administration Codes: G0012, Q0516, Q0517, Q0518, Q0521 Diagnosis Codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	• APRETUDE (J0739) • DESCOVY® (J0751) • ~~SUNLENCA~~ YEZTUGO® (J0738, J0752) • Truvada® (J0750)	For all persons who are at high risk of HIV acquisition and who are not undergoing HIV treatment. Once generic becomes available, zero-cost coverage will only apply to the generic form.
Contraceptives	• Barrier methods, such as diaphragms and sponges • Hormonal methods, such as oral contraceptives and vaginal rings (generic only) • Implanted devices, such as intrauterine devices (IUDs) • Injectables, such as Depo-Provera • Emergency contraception, such as Plan B® and -Ella® • Female sterilization • 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.	Available as prescribed to prevent pregnancy. Branded oral contraceptives can only be dispensed when there is no commercially available generic equivalent. Otherwise, oral contraceptives are covered for generic only. All oral contraceptives require a valid prescription. 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.
Folic Acid Supplementation	• 400 mcg or 800 mcg varieties (generic only, over the counter with prescription)	All who are planning or capable of pregnancy

Table I

The following list of diagnosis codes are provided for reference purposes only for the preventive topics outlined below. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to payment. Other policies and guidelines may apply.

Table I contains diagnosis codes for the following:

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

Atherosclerosis

The following **atherosclerosis** diagnosis code(s) when paired with procedure code(s) listed in the *Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions* service sections listed in the Preventive Care Guide zero-cost share benefit will apply.

Diagnosis Code	Description
Atherosclerosis	
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site

Diagnosis Code	Description
Atherosclerosis	
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh

Diagnosis Code	Description
Atherosclerosis	
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg

Diagnosis Code	Description
Atherosclerosis	
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs

Diagnosis Code	Description
Atherosclerosis	
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration

Diagnosis Code	Description
Atherosclerosis	
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh

Diagnosis Code	Description
Atherosclerosis	
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot

Diagnosis Code	Description
Atherosclerosis	
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis

Diabetes

The following **diabetes** diagnosis code(s) when paired with procedure code(s) listed in the Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: Diabetes service sections listed in the Preventive Care Guide zero-cost share benefit will apply.

Diagnosis Code	Description
Diabetes Mellitus Due to Underlying Condition	
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema

Diagnosis Code	Description
Diabetes Mellitus Due to Underlying Condition	
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye

Diagnosis Code	Description
Diabetes Mellitus Due to Underlying Condition	
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy,

Diagnosis Code	Description
Diabetes Mellitus Due to Underlying Condition	
	unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer

Diagnosis Code	Description
Diabetes Mellitus Due to Underlying Condition	
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications

Diagnosis Code	Description
Diabetes Mellitus: Type 1	
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

Diagnosis Code	Description
Diabetes Mellitus: Type 1	
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye

Diagnosis Code	Description
Diabetes Mellitus: Type 1	
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye

Diagnosis Code	Description
Diabetes Mellitus: Type 1	
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications

Diagnosis Code	Description
Diabetes Mellitus: Type 1	
E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2

Diagnosis Code	Description
Diabetes Mellitus: Type 2	
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye

Diagnosis Code	Description
Diabetes Mellitus: Type 2	
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral

Diagnosis Code	Description
Diabetes Mellitus: Type 2	
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication

Diagnosis Code	Description
Diabetes Mellitus: Type 2	
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications

Diagnosis Code	Description

Drug or Chemical Induced Diabetes Mellitus	
E11.A	Type 2 diabetes mellitus without complications in remission
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy

Diagnosis Code	Description
Drug or Chemical Induced Diabetes Mellitus	
	without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye

Diagnosis Code	Description
Drug or Chemical Induced Diabetes Mellitus	
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy

Diagnosis Code	Description
Drug or Chemical Induced Diabetes Mellitus	
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications

Diagnosis Code	Description
Other Specified Diabetes Mellitus	
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye

Diagnosis Code	Description
Other Specified Diabetes Mellitus	
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral

Diagnosis Code	Description
Other Specified Diabetes Mellitus	
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy

Diagnosis Code	Description
Other Specified Diabetes Mellitus	
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications

Pregnancy

The following **pregnancy** diagnosis code(s) when paired with procedure code(s) listed in the following sections listed in the Preventive Care Guide zero-cost share benefit will apply:

- Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: Pregnancy
- Asymptomatic Bacteriuria
- Chlamydia Screening
- Gestational Diabetes Screening
- Gonorrhea Screening
- Healthy Weight and Weight Gain During Pregnancy
- Hepatitis B Screening
- Hepatitis C Screening
- Human Immunodeficiency Virus (HIV) Screening
- Obstetric Professional Care
- Obstetric Panels
- (HIV) Infection; Preexposure Prophylaxis (PrEP)
- Rh Incompatibility Screening
- Syphilis Screening

Diagnosis Code	Description
Pregnancy	
O09.01	Supervision of pregnancy with history of ectopic pregnancy, first trimester

Diagnosis Code	Description
Pregnancy	
O09.02	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.03	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.10	Supervision of pregnancy with history of pre-term labor, first trimester
O09.11	Supervision of pregnancy with history of pre-term labor, second trimester
O09.12	Supervision of pregnancy with history of pre-term labor, third trimester
O09.13	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.31	Supervision of pregnancy with grand multiparity, first trimester
O09.32	Supervision of pregnancy with grand multiparity, second trimester
O09.40	Supervision of elderly primigravida, first trimester
O09.41	Supervision of elderly primigravida, second trimester
O09.42	Supervision of elderly primigravida, third trimester
O09.43	Supervision of elderly primigravida, unspecified trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, second trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.71	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.72	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.73	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester

Diagnosis Code	Description
Pregnancy	
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30.049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester

Diagnosis Code	Description
Pregnancy	
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30.119	Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.129	Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30.191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.199	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.209	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30.219	Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.299	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs,

Diagnosis Code	Description
Pregnancy	
	unspecified trimester
O30.801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.809	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30.812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30.819	Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O30.821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30.822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30.829	Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester
O30.891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.899	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O36.80X0	Pregnancy with inconclusive fetal viability, not applicable or unspecified
O36.80X1	Pregnancy with inconclusive fetal viability, fetus 1
O36.80X2	Pregnancy with inconclusive fetal viability, fetus 2
O36.80X3	Pregnancy with inconclusive fetal viability, fetus 3
O36.80X4	Pregnancy with inconclusive fetal viability, fetus 4
O36.80X5	Pregnancy with inconclusive fetal viability, fetus 5
O36.80X9	Pregnancy with inconclusive fetal viability, other fetus
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester

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 CPT® 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
	Change/Revision	Demographic	Effective Date

05/19/2021	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

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

	Added code 0354U – Cervical Cancer Screening & HPV Testing Section	All Sections	10/01/2022

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 Procedure Codes: 91302, 91303, 91304, 91310, 91312, 91313 Added COVID-19 Administration 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 Procedure Codes: 91304, 91312, 91313, 91314, 91315, 91316, 91317 Added COVID-19 Administration 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

	Added Vaccines and Immunizations: COVID-19 Vaccines Procedure Codes: 91302, 91303, 91304, 91310, 91312, 91313 Added COVID-19 Administration Procedure Codes: 0021A, 0022A, 0031A, 0034A, 0041A, 0042A ,0044A, 0104A, 0121A, 0124A, 0134A	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, 0172A, 0173A, 0174A	All Sections	09/11/2023
10/2023	**Change/Revision**	**Demographic**	**Effective Date**
	Added Vaccine Respiratory Syncytial Virus (RSV) 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 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

	Added additional diagnoses codes (noted sections): 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	Cervical Cancer Screening and (HPV) Testing, Chlamydia Screening, Gonorrhea Screening, Hepatitis B Screening, Hepatitis C Screening, HIV Screening, Syphilis Screening	01/2024
	Added procedure code 88302, removed diagnosis code Z98.52	Contraception Methods	01/2024
	Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEP) Procedure Codes: Clarification codes addedJ0739, J0750, J0751, J0799 to current descriptors Administration: G0011, G0012, G0013, Q0516, Q0517, Q0518	Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PReP)	01/2024
	Removed nutritional counseling may require prior approval footnotes reference in document	Healthy Diet and Exercise Counseling for Obesity	01/2024
02 /2024	Change/Revision	Demographic	Effective Date
	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.	Contraceptives and Supplements- [All ages & 18 Years and Older sections]	02/01/2024
04/2024	Change/Revision	Demographic	Effective Date
	Added Section: Healthy Diet and Exercise Counseling for Obesity	3-17 years of age	04/01/2024
	Added Section: Healthy Weigh and Weight Gain During Pregnancy	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	04/01/2024
	Added procedure code 87806	All Sections	04/01/2024
	Added diagnosis code Z12.39 eligible with *procedure codes	Mammography Screening for Breast Cancer	Retroactive to 10/01/2023

	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

	Added Category Descriptor: Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis (PrEeP)	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 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 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 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 Added procedure code: 87522 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 Added procedure code: 87536 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) Added Sections: Behavioral Counseling • Added procedure codes: G0011, G0013 • 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	

	Added section Lipid Panel Screening for PrEP (DESCOVY) • Added procedure codes: 80061, 82465, 83718 • Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Added procedure code: 82610 to existing Kidney Function Testing Section • Added diagnosis code: Z29.81 to whole section to existing diagnoses code list Office Visit Section • Added procedure codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213,99214, 99215 • Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Added Pregnancy Testing Section • Added procedure code: 81025 • Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Sexually Transmitted Infection Counseling Section • Added procedure code: G0445 • Added diagnosis codes: Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 Syphilis Screening Section • Added diagnosis codes: Z11.4, Z20.2, Z20.6, Z29.81		
10/2024	Change/Revision	Demographic	Effective Date
	Added section to Pre-Natal Care: Respiratory Syncytial Virus (RSV) Vaccine Section. Added code: 90678 Respiratory Syncytial Virus (RSV) Vaccine Section. Added code: 90683	Pre-Natal Care [All ages & 18 Years and Older sections]	10/01/2024
01/2025	Change/Revision	Demographic	Effective Date
	Removed deleted code 0500Tand replaced with code 87626	All Applicable Sections	01/01/2025
	Added code A4267	All Applicable Sections	01/01/2025
	Added codes 0064U, 0065U, 86706 to (PrEP), Syphilis & Hepatitis B Screening Sections	All Applicable Sections	01/01/2025
	Prevention of Human Immunodeficiency Virus (HIV) Infection: Antiretroviral Section Added code Q0521	All Applicable Sections	01/01/2025

	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	Change/Revision	Demographic	Effective Date
	Added codes 99174 & 99177 to Vision Screening Section. Vision Screening eligible up to age 21. Vision Screening subject to (1) Screening per year.	All Applicable Sections	04/01/2025
	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.	All Applicable Sections	04/01/2025
	Corrected error under Tuberculosis Section Diagnosis code Z00.0 should be Z00.00.	18 & Older Section	04/01/2025
06/01/2025	Change/Revision	Demographic	Effective Date
	Removed code 90653 from Pre-Natal & Birth to age 17 Sections. Added code to 18 older section with age of 65+ years	All Applicable Sections	06/01/2025
	Remove deleted code 96040	18 & Older Section	01/01/2025
	Added code 96041	18 & Older Section	01/01/2025
	Corrected Diagnosis Z86.010 to Z86.0100 and added codes Z86.0101, Z86.0102, Z86.0109 to the Colorectal Cancer Screening Section	18 & Older Section	10/01/2024
	Under Obstetric Ultrasound added clarifying language to one ultrasound per pregnancy	Pre-Natal Care Section	06/01/2025
07/01/2025	Change/Revision	Demographic	Effective Date
	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.	All Applicable Sections	01/01/2025

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 18 & Older Pre-Natal Care Section	09/01/2025 (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) Added code A4288 to section: Breast Pump and Related Supplies	All Applicable Sections Pre-Natal Care Section	10/01/2025 10/01/2025
10/01/2025	Change/Revision	Demographic	Effective Date
	Added codes 19030*, 77046*, 77047*, 77048*, 77049*,77053*, 77045*, C8903*, C8905*, C8906*, C8908* Added Diagnosis Codes: Z86.000, Z86.018, Z86.03, *only eligible with R92.2 and R92.8, Z12.39	18 & Older Section	01/01/2026

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
11/20/2025	Change/Revision	Demographic	01/01/2026
	Adaptive Maintenance Effective 01/01/2026: Vaccine Administration Section: Added Codes 90482, 90483, 90484	All Applicable Sections	
	Chlamydia Screening Section: Added Code 87494	All Applicable Sections	01/01/2026
	Contraceptive Methods Section: Added Code J7299	All Applicable Sections	01/01/2026
	COVID -19 Administration Section: Added Code 90481	All Applicable Sections	01/01/2026
01/09/2026	Change/Revision	Demographic	
	Contraceptive Methods Section: Added Code 00840	Applicable Section	04/01/2026
02/19/2026	Change/Revision	Demographic	Effective Date
	Mammography Breast Screening for Breast Cancer Section: Split into the following Sections: -Mammography Diagnostic -To Complete the Screening Process Section -Breast Ultrasound -To Complete the Screening Process Section -Breast MRI -To Complete the Screening Process Section and added the following codes: A9575, A9576, A9577, A9578, A9579, A9581, A9585	Applicable Sections	Provided notification 06/01/2026, changes retroactive 01/01/2026

	Contraceptive Methods Section: Added Code A9293		Clarification: Add code A9293 to existing section language previously notified effective 02/01/2024
	Change/Revision	Demographic	Effective Date
04/14/2026	Colorectal Cancer Screening Section: Added Code 45390		Added code 45390 to existing section language retroactive 01/01/2026
	Change/Revision	Demographic	Effective Date
05/14/2026	Mammography Breast Screening for Breast Cancer Sections: -Mammography Diagnostic -To Complete the Screening Process Section -Breast Ultrasound -To Complete the Screening Process Section -Breast MRI -To Complete the Screening Process Section Added the following diagnosis codes: N63.15, N63.25, Z00.00, Z00.01, Z12.31, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13	Adults age 18 and older	08/01/2026
05/14/2026	Antiretroviral Therapy for Prevention of Human Immunodeficiency Virus (HIV) Infection section: Pre-Exposure Prophylaxis (PrEP). Replaced name of drug SUNLENCA® with YEZTUGO ® drug codes remain unchanged (J0738/J0752) error in name of drug only.	All applicable sections	08/01/2026

05/14/2026		Healthy Diet & Exercise Counseling for Obesity Section: Changed name of section to High Body Mass Index in Children and Adolescents. Added new section sub-headers: -Medical Nutrition Therapy or Counseling -Preventive Medical Individual Therapy or Counseling -Behavioral Therapy or Counseling Added in age section the following: Ages 3 years to 17 -3 years or older with a high body mass index (BMI) of 120% or more of the (≥ 95th percentile for age and gender) Removed code: S9452 Added codes: G0270 & G0271 Removed diagnosis codes: Z00.121, Z00.129, Z01.411, Z01.419, Z13.6, Z71.3. Added diagnosis codes: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.54, Z68.55, Z68.56.	3-17 years of age	08/01/2026
05/14/2026		Healthy Diet & Exercise Counseling for Obesity section: Changed name of section to Healthy Diet and Physical Activity for Cardiovascular Disease and Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Intervention Added new section sub-headers: -Medical Nutrition Therapy or Counseling -Preventive Medical Individual Therapy or Counseling -Behavioral Therapy or Counseling -Atherosclerosis Cardiovascular Risk Assessment Removed code: S9452 Added codes: G0270, G0271, G0537 Removed diagnosis codes: Z00.00, Z00.01, Z01.411, Z01.419, Z13.6, Z71.3. Added diagnosis codes: Screening: Z13.220 Nicotine Dependence, Tobacco Use, or Family History of Ischemic Heart Disease: F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49 Overweight: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 Body Mass Index 30.0 – 39.9:	Adults age 18 and older	08/01/2026

		Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 Body Mass Index 40.0 and Over: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Impaired Fasting Glucose: R73.01 Metabolic Syndrome; Insulin Resistance Syndrome Type A; Other Insulin Resistance: E88.810, E88.811, E88.818, E88.819 Hyperlipidemia / Dyslipidemia: E78.00, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5 Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Essential Hypertension: I10 Resistant Hypertension: I1A.0 Secondary Hypertension: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 Urgent/Emergency/Crisis Hypertension: I16.0, I16.1, I16.9 Diabetes: Refer to Diabetes Diagnosis Code List Atherosclerosis: Refer to Atherosclerosis Diagnosis Code List Coronary Atherosclerosis: I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812		
05/14/2026		Added New Section: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions Procedure Code(s): Medical Nutrition Therapy:	Adults age 18 and older	08/01/2026

	97802, 97803, 97804, G0270, G0271, S9470 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404 Behavioral Counseling or Therapy: G0446, G0447 Diagnosis Code(s): Body Mass Index 30.0-39.9: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 Body Mass Index 40.0 and over: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82		
05/14/2026	Added New section: Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions Procedure Code(s): Medical Nutrition Therapy or Counseling: 97802, 97803, 97804, G0270, G0271, S9470 Preventive Medicine Individual Therapy or Counseling: 99401, 99402, 99403, 99404 Behavioral Therapy or Counseling: G0446, G0447 Atherosclerosis Cardiovascular Risk Assessment: G0537 Diagnosis Code(s): Hypertension Complicating Pregnancy, Childbirth, and the Puerperium: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9 Pregnancy: Refer to Pregnancy Diagnosis Code List	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	08/01/2026

05/14/2026		Healthy Weight and Weight Gain During Pregnancy Section: Added new section sub-headers: -Medical Nutrition Therapy or Counseling -Preventive Medical Individual Therapy or Counseling -Behavioral Therapy or Counseling Removed code: S9452 Added codes: G0270 & G0271 Removed diagnosis code: Z71.3	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	08/01/2026
05/14/2026		Moved Fetal Health Diagnoses List and Replaced with New coding table by sections: -Atherosclerosis -Diabetes -Pregnancy (ICD-10-CM codes from previous Fetal Health Diagnoses code list remain unchanged in new table).	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	08/01/2026
07/14/2026		Added Global Maternity to Obstetric Professional Care Section Added *NOTE: When providing obstetric professional care after 09/01/2026 bill an evaluation and management (E/M) code. – Append modifier -TH to the E/M code to differentiate the visits as maternity care *E/M 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 Deleted codes Z00.00 & Z00.01	Pre-Natal Care and Family Planning for Persons of Child-Bearing Capacity of All Ages	10/01/2026
07/14/2026		Contraception Sections: Added Branded oral contraceptives can only be dispensed when there is no commercially available generic equivalent. Otherwise, oral contraceptives are covered for generic only. All oral contraceptives require a valid prescription.	All applicable sections	10/01/2026