



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

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The Affordable Care Act Preventive Guide

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Your Partners in Outstanding Quality, Satisfaction and Service

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What the Law Requires

The Affordable Care Act (ACA) requires non-grandfathered plans to cover certain preventive care services at no cost sharing when members use in-network providers.

The United States Preventive Services Task Force (USPSTF) A and B recommendations describe these preventive services. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan base immunization guidelines on those from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) guidelines, including the American Academy of Pediatric Bright Futures recommendations. These are independent organizations that provide health information on behalf of BlueCross and BlueChoice®.

Who Does It Impact?

The preventive services provisions of the law apply to non-grandfathered health plans. These include both individual health plans and employer-sponsored (group) health plans.

A non-grandfathered plan is one that took effect after the government enacted the law on March 23, 2010. A grandfathered health plan is one that was in effect before this date. A plan remains grandfathered as long as it does not significantly reduce benefits or increase out-of-pocket spending above what it was when the government enacted the new law.

When Did It Take Effect?

The preventive services provision took effect for non-grandfathered plans for plan years on or after Sept. 23, 2010. Coverage for additional women's preventive services took effect for plan years on or after Aug. 1, 2012. As services are added or updated, health plans must provide coverage consistent with the recommendation. They must take effect in the first plan or policy year that begins on or after one year after the recommendation went into effect.

Providing Services and Billing

There may be times when a patient who receives recommended preventive care must pay an out-of-pocket amount for the associated office visit. The primary purpose of the office visit will also determine if there will be an out-of-pocket amount associated with the visit.

- If the primary purpose of the office visit is to get the recommended preventive care service, the patient **does not** have to pay for the office visit or preventive care service. For example, if a child receives a well-child exam and immunizations, and the primary purpose of the visit was preventive care, the patient will not have any liability for the immunizations or exam.

If the primary purpose of the office visit is for something other than the recommended preventive care service, you may charge the patient the usual cost-sharing amount (deductible, copayment or coinsurance) for the office visit. For example, if a child receives an exam for a complaint (sore throat, cough, etc.) and also receives immunizations, there may be an out-of-pocket expense for the exam, but not the immunizations.

- If you provide services that aren't included in this guide, be sure to bill the services with a diagnosis that's appropriate for the exam or service. Otherwise, we may not cover the services.

When the primary purpose of the service is the delivery of an evidence-based service in accordance with a USPSTF A or B rating and other preventive services identified in preventive services mandates (legislative or regulatory), you can bill the service with modifier "-33." Please note that the use of the 33 modifier with specific procedure codes will help identify the procedure as preventive.

For More Information

This document provides an overview of these services. Verify eligibility and benefits by using My Insurance Manager, our secure provider portal. To read more about these services, please visit the [United State Preventive Services Task Force Recommendations](#). This link leads to a third-party site. That organization is solely responsible for the contents and privacy policies on its site. You can also visit www.HealthCare.gov for more information.

Please refer to the appropriate medical policies on our websites for additional information and criteria:

- CAM 046 Breast Pumps
- CAM 086 Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention
- CAM 089 Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services
- CAM 094 Women’s Preventive Services
- CAM 109 Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations

If you have questions, contact Provider Education at 803-264-4730 or email Provider.Education@bcbssc.com.

CAM 046: Breast Pumps

Service	Criteria	Other Information	CPT/HCPCS
<p>Breast pumps</p>	<p>All women who choose to breastfeed.</p> <p>Breast pumps must be obtained from contracted, network providers for in-network benefits to apply. All other providers, including retail or online vendors, are considered out-of-network.</p>	<p>We allow these three breast pumps for members who qualify with no cost sharing:</p> <ul style="list-style-type: none"> • Ameda Mya Joy Plus electric pump • Ameda One Hand Manual pump • Medela Pump In-style Advanced model <p>Rental of a heavy-duty, hospital grade electric breast pump (E0604) and purchase of necessary supplies) is MEDICALLY APPROPRIATE during the time a mother and infant are separated because the infant remains hospitalized upon the mother's discharge.</p> <p>Continued rental of a hospital grade electric pump is considered NOT MEDICALLY NECESSARY once the baby has been discharged. The purchase of a standard electric breast pump (E0603) will be covered.</p> <p>Supplies necessary for use of a breast pump, such as tubing (A4281) and adapter (A4282), are MEDICALLY APPROPRIATE and covered as necessary.</p> <p>Replacement supplies primarily for comfort and convenience (A4283, A4284, A4285 and A4286) and milk storage products are not covered, as they are NOT MEDICALLY NECESSARY.</p>	<p>E0602-E0604 A4281 A4282</p>

CAM 109: Immunizations

We consider these immunizations **MEDICALLY NECESSARY** when given in accordance with ACIP guidelines:

An immunization is considered **NOT MEDICALLY NECESSARY** if it does not meet Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).

- **Age Group column:** This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; pediatric means age 0-18 years.
- **Benefit Limits column:** Benefit Limits in bold text are from FDA labeling and ACIP recommendations. Codes that indicate "See description" are limited to the age(s) listed in the code description.

Category	CPT/ HCPCS	Description	Age Group	Benefit or Age Limit
Immunization Administration Preventive when included as part of a preventive immunization	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	Pediatric	See description.
	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	Pediatric	See description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	Both	
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Both	
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	Both	
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Both	
	G0008	Administration of influenza virus vaccine	Both	
	G0009	Administration of pneumococcal vaccine	Both	
	G0010	Administration of hepatitis B vaccine	Both	
Diphtheria	90719	Diphtheria toxoid, for intramuscular use	Both	
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	Pediatric	See description.
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Pediatric	See description.

Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b and inactivated poliovirus vaccine (DTaP – IPV/Hib), for intramuscular use	Both	
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Pediatric	See description.
Diphtheria, tetanus and acellular pertussis and Haemophilus influenza B (DTaP-Hib)	90721	Diphtheria, tetanus toxoids and acellular pertussis vaccine and Haemophilus influenza b vaccine (DTaP/Hib), for intramuscular use	Both	
Diphtheria, tetanus and acellular pertussis, hep B and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Both	Ages 0 – 6 years. Ends on 7th birthday.
Diphtheria, tetanus and whole pertussis and Haemophilus influenza B (DTwP-Hib)	90720	Diphtheria, tetanus toxoids and whole cell pertussis vaccine and Haemophilus influenzae b vaccine (DTwP-Hib), for intramuscular use	Both	
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	Pediatric	See description.
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Pediatric	See description.
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b and inactivated poliovirus vaccine (DTaP – IPV/Hib), for intramuscular use	Both	

Haemophilus influenza b (Hib)	90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4-dose schedule), for intramuscular use	Both	
	90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	Both	
	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use	Both	
	90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use	Both	
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Adult	
	90633	Hepatitis A vaccine (HepA), pediatric/ adolescent dosage-2-dose schedule, for intramuscular use	Pediatric	See description.
	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3-dose schedule, for intramuscular use	Pediatric	See description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Adult	See description.
Hepatitis B	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use	Both	
	90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use	Pediatric (adolescent only)	See description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	Pediatric	See description.
	90746	Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for intramuscular use	Adult	See description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Both	
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	Both	
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3-dose schedule, for intramuscular use	Both	Ages 9 – 26 yrs. Ends on 27th birthday.
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3-dose schedule, for intramuscular use	Both	Females, ages 9 –26 yrs. Ends on 27th birthday. This vaccine is not covered for males.
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Both	Ages 9 –26 yrs. Ends on 27th birthday.

Measles, Mumps, Rubella (MMR) combination or individual	90704	Mumps virus vaccine, live, for subcutaneous use	Both	
	90705	Measles virus vaccine, live, for subcutaneous use	Both	
	90706	Rubella virus vaccine, live, for subcutaneous use	Both	
	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Both	
	90708	Measles and rubella virus vaccine, live, for subcutaneous use	Both	
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Both	
Meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Both	Age 10 and up.
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Both	Age 10 and up.
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	Pediatric	See description.
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Both	
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	Both	
Pneumococcal conjugate	90669	Pneumococcal conjugate vaccine, 7 valent (PCV7), for intramuscular use	Pediatric	Age 0 –5 years. Ends on 6th birthday.
	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Both	
	S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	Pediatric	See description.
Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Both	See description.
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Both	
Tetanus	90703	Tetanus toxoid adsorbed, for intramuscular use	Both	
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Both	See description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Both	See description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Both	
Zoster/Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Adult	Age 50 years and up.
	90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	Adult	

Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3-dose schedule, live, for oral use	Pediatric	<p>Do not begin series in infants older than age 14 weeks 6 days.</p> <ul style="list-style-type: none"> • Intervals between doses may be as short as four weeks. • If prior vaccination included use of different or unknown brand(s), you should give a total of three doses.
	90681	Rotavirus vaccine, human, attenuated (RV1), 2-dose schedule, live, for oral use		
Seasonal Influenza (flu) <i>Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</i>	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Both	
	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Both	
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Adult	18 – 64 years. Ends on 65th birthday.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	Pediatric	See description.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Both	
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	Both	See description.
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Both	
	90657	Influenza virus vaccine, trivalent(IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use	Pediatric	See description.
	90657	Influenza virus vaccine, trivalent(IIV3), split virus, 0.25 mL dosage, for intramuscular use	Both	
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use	Both	See description.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Both	
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Both	Ages 2 – 49 years. Ends

Seasonal Influenza (flu)				on 50th birthday
	90661	Influenza virus vaccine (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	Adult	Ages 18 years and up
	90661	Influenza virus vaccine trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Adult	
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Adult	Ages 65 years and up
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Both	Ages 2 – 49 years. Ends on 50th birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	Both	
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	Both	
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	Both	
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Both	Ages 2 – 49 years. Ends on 50th birthday.
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Adult	Ages 18 – 49 years. Ends on 50th birthday.
	90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Adult	
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Adult	
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	Pediatric	See description.
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Pediatric	
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	Both	See description.
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Both	
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use	Pediatric	See description.
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Pediatric		
Seasonal Influenza (flu)	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular	Both	See description.

	use		
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Both	
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use TOS Code: V	Adult	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Adult	Ages 18 years and up
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	Both	See description.
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	Both	See description.
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	Both	See description.
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Both	See description.
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	Both	See description.

CAM 089 & 094: Preventive Services & Women’s Preventive

Category	Criteria	Other Information	CPT/ HCPCS	ICD-10
Abdominal aortic aneurysm (AAA) screening	One time for men ages 65 – 75 who have ever smoked.		G0389 76706	Z136 Z87891
Alcohol and drug use screening for adolescents	Adolescents ages 11 – 18.	HRSA (Bright Futures) Recommendation: Initiate questioning regarding alcohol or drug use and if positive, follow with an alcohol or drug screening tool.	99408	
Anemia screening in infants, children & adolescents		HRSA Recommendations: <ul style="list-style-type: none"> • Hemoglobin & hematocrit should be screened for at the 4-month well-child visit in children who are preterm or who are low birth weight infants, and those not on iron-fortified formula. • Hemoglobin & hematocrit should be screened for routinely at the 12 month well-child visit. • Hemoglobin & hematocrit should be screened selectively for children who are positive for risk screening questions at the 15 month – 21 year visits. 	85014 85015	
Aspirin to prevent cardiovascular disease & colorectal cancer	Men ages 45 – 79 years. Recommend when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. Women ages 55 – 79 years. Recommend when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	Initiate low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50 – 59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.		
Autism screening		HRSA Recommendation: Provide autism screening test at the 18 month and 24 month well-child visits.	96110 G0451	
Bacteriuria screening	Pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.		87086	O0900-O0933 Z331 Z34-Z3493

Category	Criteria	Other Information	CPT/ HCPCS	ICD-10
BRCA testing, risk assessment genetic counseling/testing	Women who have family members with breast, ovarian, tubal or peritoneal cancer.	<p>Use one of several screening tools to identify if there is a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2).</p> <p>Examples of screening tools include, but are not limited, to:</p> <ul style="list-style-type: none"> • Ontario Family Health Assessment tool. • Manchester Scoring System. • Referral Screening tool. • Pedigree Assessment tool. <p>Women with positive screening results should receive genetic counseling. If indicated after counseling, provide BRCA testing.</p>	99385- 99387 99395- 99397 81212- 81217 81162- 81167 96040 S0265	Z803 Z8049 Z8041 Z315
Breast cancer, preventive medication	Women who are at increased risk for breast cancer and are at low risk for adverse medication effects.	<p>Engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. Clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.</p> <p>Examples of screening tools include, but are not limited, to:</p> <ul style="list-style-type: none"> • Ontario Family Health Assessment tool. • Manchester Scoring System. • Referral Screening tool. • Pedigree Assessment tool. 	99401- 99404	Z1501 Z803
Breast cancer screening (mammography)	Women with or without clinical breast examination, every one to two years for women ages 40 and older.		77067 G0202	Z1231 Z1239
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.		99401 99402	Z34-Z3493 Z331 Z390-Z392 O0900-O0993

<p>Cervical cancer screening</p>	<ul style="list-style-type: none"> • Women ages 21-29, every three years with cervical cytology alone • Women ages 30-65, every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing along, or every five years with hrHPV testing in combination with cytology 	<p>HRSA Recommendation: Screen for cervical dysplasia with Pap smear within 3 years of onset of sexual activity.</p>	<p>87623-87625 88141-88153 88164-88167 88174-88175 0500T G0101 G0123- G0124</p>	<p>Z01411 Z01419 Z0142 Z124 Z1151</p>
<p>Chlamydia infection screening (women & adolescents)</p>	<ul style="list-style-type: none"> • All sexually active non-pregnant young women ages 24 and younger. Also for older, non-pregnant women who are at increased risk. • All pregnant women ages 24 and younger. Also for older, pregnant women who are at increased risk. 	<p>HRSA Recommendation: Screen sexually active adolescents for chlamydia using tests appropriate to the patient population and clinical setting.</p>	<p>87490 87491</p>	<p>Z118</p>
<p>Colorectal cancer screening</p>	<p>Adults, beginning at age 45 and continuing until age 75.</p>	<p>Screening methods include:</p> <ul style="list-style-type: none"> • Fecal occult blood testing. • Sigmoidoscopy. • Colonoscopy. <p>The risks and benefits of these screening methods vary.</p> <p>Use of the -33 modifier with specific surgical codes will help identify the procedure as preventive.</p>	<p>00810 00812 <i>(describes anesthesia for any screening, regardless of findings)</i> 45330-45349 45378-45392 81528 82270 82274 G0104- G0106 G0120- G0122 G0328 S0285</p>	<p>Z1211 Z1212</p>
<p>Congenital/inherited metabolic disorders & hemoglobinopathies</p>		<p>HRSA Recommendation: These tests are usually done prior to discharge from the hospital following birth of the infant) but may be allowed up to 30 days of age.</p>	<p>S3620</p>	
<p>Dental caries in preschool children</p>	<p>All infants and children starting at the age of primary tooth eruption.</p>	<p>Apply fluoride varnish to the primary teeth in primary care practices.</p>	<p>99188 D1208</p>	
	<p>Children at ages 1-6 years whose water supply is fluoride deficient.</p>	<p>HRSA Recommendation: Primary care clinicians should prescribe oral fluoride supplementation.</p>		

Depression screening (adolescents)	Adolescents ages 12 – 18.	Screen for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal) and follow up.	99420 96160 96161 G0444	Z1389
Depression screening (adults)	Adults.	Screen when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment and follow up.	99420 96160 96161 G0444	Z1389
Developmental screening		HRSA Recommendation: Begin structured developmental screening at the 9-month well-child visit with repeat evaluation at the 18-month and the 2½-year well-child visits.	96110 G0451	
Diabetes mellitus screening (pregnant women)	Asymptomatic pregnant women after 24 weeks of gestation and at the first prenatal visit for pregnant women identified as high risk for diabetes.		82947 82948 82950	Z34-Z3493 Z331 O0900-O0993 Z131
Diabetes mellitus Type 2 screening (adults)	<ul style="list-style-type: none"> Asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. Adults ages 40 – 70 years who are overweight or obese. 	Offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	82947 82948	Z131
Falls prevention	Community-dwelling adults ages 65 or older who are at increased risk for falls.	Exercise interventions to prevent falls.		
Folic acid, prevention of neural tube defects	All women planning or capable of pregnancy.	Recommend they take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. Not routinely covered for “all women capable of pregnancy.”	A9152	
Gonorrhea prophylaxis	Newborns.	Provide prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	J3490	Z00129 Z298

<p>Gonorrhea screening</p>	<p>All sexually active women, including those who are pregnant.</p>	<p>Screen for gonorrhea infection if they are at increased risk for infection (i.e., if young or have other individual or population risk factors).</p> <p>HRSA Recommendation:</p> <p>Screen sexually active adolescents for gonorrhea using tests appropriate to the patient population and clinical setting.</p>	<p>87590 87591 87850</p>	<p>O0900-00993 Z0000 Z01411 Z01419 Z113 Z331 Z34-Z3493 Z390-Z392</p>
<p>Hearing loss screening</p>	<p>Newborn infants (less than 1 month of age).</p>	<p>HRSA Recommendation:</p> <p>If not done at birth (e.g., newborn delivered at home or discharged from Neonatal Intensive Care Unit) screening should be completed within the first month of life.</p> <p>After the fourth month, if there are positive responses to risk screening questions, refer the infant for diagnostic audiologic assessment.</p> <p>At years 5, 6, and 10, audiometry is recommended, universally. Otherwise, at the 7th through the 21st years if there are positive responses to risk screening questions, audiometry is recommended.</p>	<p>92551 92552 92558 92586</p>	<p>Z380-Z388</p>
<p>Hepatitis B virus (HBV) screening (non-pregnant adolescents & adults)</p>	<p>Non-pregnant adolescents and adults at high risk for infection.</p>	<p>In addition, CDC guidance for high risk for infection includes:</p> <ul style="list-style-type: none"> • Persons born in geographic regions with HBsAg prevalence of >2 percent. • U.S.-born persons not vaccinated as infants whose parents were born in geographic regions with HBsAg prevalence of >8 percent • Injection-drug users. • Men who have sex with men. • Persons with elevated ALT/AST of unknown etiology. • Persons with selected medical conditions who require immunosuppressive therapy. • Pregnant women. • Infants born to HBsAg-positive mothers. • Household contacts and sex partners of HBV-infected persons. • Persons who are the source of blood or body fluid exposures that might warrant postexposure prophylaxis (e.g., needlestick injury to a health care worker). • Persons infected with HIV. 	<p>80055 80081 87340</p>	

Hepatitis B virus (HBV) screening (pregnant)	Pregnant women at their first prenatal visit.		80055 80081 87340	Z34-Z3493 O0900-O0993 Z36
Hepatitis C virus (HCV) screening	<ul style="list-style-type: none"> Persons at high risk for infection. Offer a one-time screening for HCV infection to adults born between 1945 and 1965. 		86803 86804 G0472	
High blood pressure screening in adults	Adults ages 18 and older.	Obtain measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	99385- 99387 99395- 99397 93784- 93790	Z136
High blood pressure screening in infants, children and adolescents		HRSA Recommendation: Infants & children with specific risk factors for high blood pressure should be screened up through age 2½; blood pressure examination is included in the complete physical examination done routinely after 2½.	99381- 99384 99391- 99394	
HIV counseling & screening	<ul style="list-style-type: none"> Adolescents and adults ages 15 – 65 years. Younger adolescents and older adults who are at increased risk. All pregnant women, including those who present in labor who are untested and whose HIV status is unknown. 	HRSA Recommendation: Screen sexually active adolescents who are positive on risk questions.	86703 87389 87390 G0432 G0433 G0435 S3645 99401 99402	O0900-O0993 Z206 Z20828 Z331 Z34-Z3493
HIV preexposure prophylaxis for the prevention of HIV infection:	Persons who are at high risk of HIV acquisition	Offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition		
Hypothyroidism screening	Newborns.	HRSA Recommendation: This test is usually done prior to discharge from the hospital following birth of the infant.	84443	Z1329
Intimate partner violence screening/counseling of women, annually	Women of childbearing age.	Screen for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	99401 Codes 99402- 99404 <i>require record review</i>	Z6911

Iron deficiency anemia screening	Asymptomatic pregnant women.		80055 80081 85013 85014 85018	O0900-00993 Z331 Z34-Z3493
Lead screening in infants and children through age 6		HRSA Recommendation: Begin screening at the 6-month well-child visit for children who are positive on risk screening questions. Continue as routine screening for children from high prevalence area and screen selectively children from low prevalence areas.	83655	
Lipid (cholesterol) screening	<ul style="list-style-type: none"> • Men ages 35 and older for lipid disorders. • Men ages 20 – 35 for lipid disorders if they are at increased risk for coronary heart disease. • Women ages 45 and older for lipid disorders if they are at increased risk for coronary heart disease. • Women ages 20 – 45 for lipid disorders if they are at increased risk for coronary heart disease. 	HRSA Recommendation: Begin screening with lipid profile for children who test positive on risk screening questions beginning at age 2. Screening would not be repeated unless the child or adolescent’s risk factors changed. If the risk factors change, screening could be repeated at 4 years, 6 years, 8 years, 10 years, between 11 and 14 years, between 15 and 17 years and between 18 and 21 years.	80061	Z13220
Lung cancer screening, adults	Adults ages 55 – 80 years who have a 30 pack-per-year smoking history and currently smoke or have quit within the past 15 years.	Annual screening for lung cancer with low-dose computed tomography. Discontinue screening once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	71250 <i>(with modifier 52)</i> S8032 G0296 G0297	Z122
Newborn bilirubin	Newborns, during the first 28 days after birth.	HRSA Recommendation: Confirmation of initial bilirubin screening was accomplished, results verified and follow-up as appropriate are done.	82247 82248	
Nutrition (dietary) counseling, adults	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors.	Offer or refer them to intensive behavior counseling interventions to promote a healthy diet and physical activity for CVD prevention.	97802- 97804 G0270 S9470	Z713

<p>Obesity in adults and children, screening & counseling</p>	<ul style="list-style-type: none"> • All adults. • Children ages 6 or older. 	<p>All adults with a body mass index (BMI) of 30 kg/m² or higher, offer or refer patients to intensive, multicomponent behavioral interventions.</p> <p>For children, offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p> <p>HRSA (Bright Futures – Anticipatory Guidance):</p> <p>Bright Futures identifies healthy weight promotion as 1 of 2 critical themes within the guidelines. Recommendations in Bright Futures are consistent with the Prevention and Prevention Plus stages outlined in the Expert Committee Recommendations regarding the Prevention, Assessment, and Treatment of Child Adolescent Overweight and Obesity. This recommendation applies to children age 6 and above.</p>	<p>99401 99402 G0447</p>	<p>Z1389</p>
<p>Osteoporosis screening</p>	<p>Women ages 65 and older and younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</p>	<p>Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool (grade B).</p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older (grade B).</p>	<p>77080</p>	<p>Z13820</p>
<p>Perinatal depression: counseling and intervention</p>	<p>Pregnant and postpartum women</p>	<p>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> <p>USE OF -33 MODIFIER IS MANDATORY</p>	<p>96160</p>	<p>Z1332</p>
<p>Phenylketonuria (PKU) screening</p>	<p>All newborns.</p>	<p>HRSA Recommendation:</p> <p>This test is usually done prior to discharge from the hospital following birth of the infant.</p>	<p>84030</p>	<p>Z13228</p>

Preeclampsia prevention, aspirin	Pregnant women after 12 weeks of gestation.	Recommend a low-dose aspirin (81 mg/d) for women who are at high risk for preeclampsia.		
Preeclampsia screening, blood pressure		Screen pregnant women with blood pressure measurements throughout pregnancy.		
Psychosocial/behavioral assessment		Bright Futures recommendation that a psychosocial/behavioral assessment is completed that should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health during preventive visits	99381-99385 99391-99395 96127 <i>(should be filed in conjunction with preventive visit code)</i>	
Rh incompatibility screening	<ul style="list-style-type: none"> All pregnant women during their first visit for pregnancy-related care. All unsensitized Rh (D)-negative women at 24 – 28 weeks gestation, test for repeated Rh (D) antibodies unless the biological father is known to be Rh (D)-negative. 		80055 80081 86901	00900-00993 Z331 Z34-Z3493
Screening for diabetes mellitus after pregnancy		HRSA recommends women with a history of gestational diabetes mellitus who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial screening should ideally occur within the first year postpartum and can be conducted as early as 4 – 6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.	82951	Z8632
Screening for urinary incontinence		HRSA recommends screening women for urinary incontinence annually. <i>Both codes are anticipated to be filed to demonstrate this screening has been done.</i>	99401 1090F	
Sexually transmitted infections (STIs), behavioral counseling to prevent	All sexually active adolescents and adults at increased risk for STIs.	Offer high-intensity behavioral counseling to prevent STIs.	99401 99402	Z717 Z7189 Z7251-Z7253

Sickle cell disease screening	Newborns.	HRSA Recommendation: This test is usually done prior to discharge from the hospital following birth of the infant.	83020 83021	Z38-Z38.8 Z130
Skin cancer counseling	Young adults, adolescents, children and parents of young children, ages 6 months – 24 years who have fair skin.	Counsel about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	99401	Z7189
Statin preventive medication	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: <ul style="list-style-type: none"> • They are ages 40 – 75 years; • They have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and • They have a calculated 10-year risk of a cardiovascular event of 10 percent or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years. 	Covered medications include the following: <ul style="list-style-type: none"> • Atorvastatin 10 mg, 20 mg • Fluvastatin 20 mg, 40 mg • Fluvastatin ER 80 mg • Lovastatin 10 mg, 20 mg, 40 mg • Pravastatin 10 mg, 20 mg, 40 mg, 80 mg • Rosuvastatin 5 mg, 10 mg • Simvastatin 5 mg, 10 mg, 20 mg, 40 mg 		
Syphilis screening	<ul style="list-style-type: none"> • All persons at increased risk for syphilis infection. • All pregnant women. 	HRSA Recommendation: Screen for syphilis in all active adolescents who are sexually active and positive for high risk.	80055 80081 86592 86780	O0900-O0993 Z113 Z331 Z34-Z3493 Z7251-Z7253
Tuberculosis screening	Adults in populations at increased risk.		86480 86580	Z111
Tuberculosis screening pediatric		Screening for risk factors that would indicate high risk of tuberculosis should be performed at one month, 6 months, 12 months and then annually. If determined to be at high risk, testing should be performed.	86480 86580	Z11.1

Tobacco use, screening, counseling and interventions	All non-pregnant adults.	Ask about tobacco use, advise them to stop using tobacco and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation for those who use tobacco.	99406 99407	F17200 O99330- O99335 Z779 Z87891 Z9289
	All pregnant women.	Ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to those who use tobacco.		
	School-aged children.	Provide interventions, including education or brief counseling, to prevent initiation of tobacco use.		
		HRSA Recommendation: Health care professionals screen for tobacco use and tobacco smoke exposure, encourage tobacco use cessation, and provide tobacco use cessation strategies and resources at most visits for school aged children and adolescents ages 5 years and older.		
Unhealthy alcohol use, adults	Adults ages 18 years or older (including pregnant women) for alcohol misuse.	For persons engaged in risky or hazardous drinking, provide brief behavioral counseling interventions to reduce alcohol misuse.	99408 G0396 G0443	Z1389
Visual impairment screening	All children between the ages of 3 and 5.	Visual screening by a non-eye care professional, at least once, to detect the presence of amblyopia or its risk factors. HRSA Recommendation: Selective screening of newborns, infants, and children through age 2, to assess for abnormal funduscopic examination, particularly if premature or other risk conditions. For members 6 years old and older, instrument based ocular screening will be considered NOT MEDICALLY NECESSARY.	99173 99174 99177	

<p>Well woman preventive care visit</p>	<p>Recommended annually to obtain preventive services that are age and developmentally appropriate.</p>	<p>The procedure filed will be used to determine no cost share issues, not the diagnosis filed.</p>	<p>S0610 S0612 S0613 99384- 99387 99394- 99397 G0438 G0439 S5190</p>	<p>Z01419</p>
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CAM 094: Women’s Preventive Services – Contraception

The ACA also addresses coverage for contraceptives, including Food and Drug Administration-approved contraceptive methods, sterilization procedures and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”

NOTE: We will use the procedure filed to determine no cost-share issues, not the diagnosis filed.

CPT/HCPCS								
11976	11983	58340	58611	96372	A4268	J7297	J7303	Q9984
11980	57170	58565	58615	A4261	A4269	J7298	J7304	S4981
11981	58300	58600	58671	A4264	J1050	J7300	J7306	S4989
11982	58301	58605	58700	A4266	J7296	J7302	J7307	S4993

ICD-10 Procedures									
0U550ZZ	0U567ZZ	0UH98HZ	0UL53ZZ	0UL60CZ	0UL64ZZ	0UL73CZ	0UL78DZ	0UT5FZZ	0UT77ZZ
0U553ZZ	0U568ZZ	0UHC7HZ	0UL54CZ	0UL60DZ	0UL67DZ	0UL73DZ	0UL78ZZ	0UT60ZZ	0UT78ZZ
0U554ZZ	0U570ZZ	0UHC8HZ	0UL54DZ	0UL60ZZ	0UL67ZZ	0UL73ZZ	0UPD7HZ	0UT64ZZ	0UT7FZZ
0U557ZZ	0U573ZZ	0UL50CZ	0UL54ZZ	0UL63CZ	0UL68DZ	0UL74CZ	0UPD8HZ	0UT67ZZ	
0U558ZZ	0U574ZZ	0UL50DZ	0UL57DZ	0UL63DZ	0UL68ZZ	0UL74DZ	0UT50ZZ	0UT68ZZ	
0U560ZZ	0U577ZZ	0UL50ZZ	0UL57ZZ	0UL63ZZ	0UL70CZ	0UL74ZZ	0UT54ZZ	0UT6FZZ	
0U563ZZ	0U578ZZ	0UL53CZ	0UL58DZ	0UL64CZ	0UL70DZ	0UL77DZ	0UT57ZZ	0UT70ZZ	
0U564ZZ	0UH97HZ	0UL53DZ	0UL58ZZ	0UL64DZ	0UL70ZZ	0UL77ZZ	0UT58ZZ	0UT74ZZ	

ICD-10 Diagnosis								
Z920	Z30012	Z3002	Z30432	Z3041	Z3049	Z309	Z3169	Z975
Z30018	Z3009	Z30430	Z302	Z30431	Z308	Z3161	Z9851	T8339XA

CAM 086: Behavioral Counseling

Service	Criteria	Other Information	CPT/HCPCS
<p>Behavioral Counseling</p>	<p>Designated to report services provided to individuals at a face-to-face encounter for the purpose of promoting health and preventing illness or injury.</p>	<p>Preventive medicine counseling and risk factor reduction interventions will vary with age and should address issues including:</p> <ul style="list-style-type: none"> ● Diet and exercise (such as related to obesity, hyperlipidemia) ● Substance misuse/abuse ● Sexual practices, and STD/STI prevention ● Screening procedures and laboratory test results available at the time of the encounter <p>Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.</p> <p>These codes are not to be used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness.</p> <p>For counseling individual patients with symptoms or established illness, use the appropriate office, hospital, consultation or other evaluation and management codes.</p> <p>Codes 99402-99404 will require record review.</p>	<p>99401 99402 99403 99404</p>