

Preventive Care Services - 2023

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA) has designated the services listed below as preventive benefits and available with no cost-sharing when provided by an in-network provider. This information is intended as a reference tool for your convenience and is not a guarantee of payment. This guide is subject to change based on new or revised laws and/or regulations, additional guidance and/or medical policy.

****Services are still subject to Medical Management Criteria****

Wellness Examinations

Preventive Care Services that may be provided during a Wellness Examination:

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| <ul style="list-style-type: none">▶ Administration/Interpretation of Health Risk▶ Assessment Instrument▶ Anxiety screening▶ Autism screening▶ Blood pressure measurement for high blood pressure screening/Preeclampsia screening▶ Breast-feeding counseling/support▶ Counseling/education to minimize exposure to ultraviolet radiation▶ Counseling to prevent initiation of tobacco use▶ Counseling related to sexual behavior/sexually transmitted infection (STI) prevention including HIV Preexposure Prophylaxis (PrEP) related adherence counseling and pre- and postprescription follow up counseling▶ Critical congenital heart disease screening▶ Depression screening/Maternal Depression screening | <ul style="list-style-type: none">▶ Discussion of aspirin prophylaxis▶ Discussion of chemoprevention with women at risk for breast cancer▶ Discussion/referral for genetic counseling/evaluation for BRCA testing▶ Hearing and vision screening▶ Intimate partner/interpersonal and domestic violence screening/referral to support services▶ Obesity screening/counseling regarding weight loss, healthy diet and exercise▶ Oral health assessment/discussion of water fluoridation/referral to dental home▶ Psychosocial/Behavioral assessment▶ Tobacco use screening/counseling▶ Unhealthy Alcohol use and substance abuse screening/counseling▶ Urinary incontinence screening |
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| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
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| <p>Abdominal Aortic Aneurysm, Screening</p> <p>USPSTF Rating (Dec. 2019): B The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked</p> | 76706 | <p>Routine diagnosis list F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p> | Males age 65 - 75 years One per lifetime |
| <p>Anemia Screening in Children</p> <p>Bright Futures Recommends anemia screening for children under the age of 21 years of age which includes hemoglobin and hematocrit screening.</p> | 85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307 | <p>Routine diagnosis list</p> | Birth to age 21. No frequency limit. |
| <p>Anxiety in Children and Adolescents (Screening)</p> <p>USPSTF Rating (Oct. 2022): The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> | 96127, 96160, 96161 | <p>Routine diagnosis list</p> <p><i>For depression screening in children and adolescents, see Depression and suicide risk in Children and Adolescents (Screening)</i></p> | |
| <p>Aspirin Use Preventive Medication</p> <p>USPSTF Rating (Aug. 2022): B The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p> <p>USPSTF Rating (Sept. 2021): B The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.</p> | | | For aspirin prophylaxis, refer to Rx plan |
| <p>Bacteriuria Screening</p> <p>USPSTF Rating (Sept. 2019): A The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p> | 81007, 87086, 87088 | <p>Pregnancy diagnosis list</p> | Pregnant women |
| <p>Breast Cancer/Ovarian Cancer risk assessment: Genetic counseling for women at risk</p> <p>See BRCA1/BRCA2 below for USPSTF rating and recommendation</p> | 96040, 99401 - 99404, S0265 | Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44 | Females only Two per lifetime |

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| <p>BRCA1/BRCA2 Genetic Testing for susceptibility to breast or ovarian cancer, if indicated: Women</p> <p>USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p> | <p>81162 - 81167, 81212, 81215, 81216, 81217</p> | <p>Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44</p> | <p>Prior authorization requirements are waived when billed with the listed diagnosis codes.</p> |
| <p>Breast Cancer Screening</p> <p>USPSTF Rating (Jan. 2016): B The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</p> <p>HRSA Requirement (Dec. 2016): Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.</p> | <p>77063**, 77065, 77066, 77067</p> <p>Rev code: 0403</p> | <p>Routine diagnosis list</p> | <p>One annually for females age 40 and up</p> <p>**77063 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> |
| <p>Breast Cancer Prevention Medication</p> <p>USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p> | <p>Rx only</p> | | <p>For breast cancer prevention medication, refer to the Rx plan.</p> |

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| <p>Breastfeeding Services and Supplies</p> <p>USPSTF Rating (Oct. 2016): B The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p> <p>HRSA Requirement (Dec. 2016): Recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.</p> | <p>Breastfeeding Equipment & Supplies:</p> <p><i>Breast Pumps (Manual & Electric):</i> E0602RR E0603RR, for rental. E0602NU & E0603NU for purchase</p> <p><i>Breast Pump (Hospital grade):</i> E0604RR**</p> <p><i>Breast Pump Supplies:</i> A4281, A4282, A4283, A4284, A4285, A4286</p> | <p>Pregnancy diagnosis list</p> | <p>In conjunction with each birth from a DME supplier</p> <p>**E0604RR, rental only with codes P05.00 - P07.39, P27.0 - P27.9, P29.30, P29.38, P92.1 - P92.9, Q20.0 - Q37.9, Q38.1 - Q38.3, Q90.0 - Q91.7, Q93.3 - Q93.9, R63.30 - R63.39, Z64.1</p> |
| | <p>Counseling and Education: 99401 - 99404, 99411, 99412, S9443</p> | <p>N61.1, N64.4, N64.51 - N64.59, N64.89, O91.011 - O91.119, O91.13 - O92.5, O92.70 - O92.79, Q83.1 - Q83.8, Z39.1, Z39.2</p> | |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|---|--|---|--|
| <p>Cervical Cancer Screening (Includes HPV)</p> <p>USPSTF Rating (Aug. 2018): A The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years.</p> <p>For women aged 30 to 65 years, the USPSTF recommends: Screening every 3 years with cervical cytology alone, Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or Every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p> <p>HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</p> | <p>0354U, 0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155**, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091</p> | <p>Routine diagnosis list</p> | <p>Females age 21 and up</p> <p>**88155 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> |
| <p>Chlamydia Infection Screening</p> <p>USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> <p>Notes: This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> <p>Notes: This recommendation applies to all sexually active adolescents and adult women, including pregnant women.</p> <p>Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> | <p>Chlamydia Infection Screening: 0353U, 86631, 86632, 87110, 87205, 87270, 87320, 87490, 87491, 87492, 87800, 87801, 87810</p> <p><i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i></p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|--|---|------------------------|--|
| <p>Cholesterol Screening (Lipid Disorders Screening): children/adolescents</p> <p>Bright Futures (April 2014): Risk Assessment: Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years</p> | 80061, 82465, 83718, 83719, 83721, 83722, 84478 | Routine diagnosis list | |
| <p>Cholesterol Screening (Lipid Disorders Screening): Adults</p> <p>USPSTF Rating (Nov. 2016): B Statin Use for the Primary Prevention of Cardiovascular Disease in Adults The USPSTF recommends that 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:</p> <ol style="list-style-type: none"> 1. They are aged 40 to 75 years; 2. They have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3. They have a calculated 10-year risk of a cardiovascular event of 10% or greater. <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p> <p>Bright Futures (April 2014): Risk Assessment: Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years</p> | 80061, 82465, 83718, 83719, 83721, 83722, 84478 | Routine diagnosis list | <p>Age 2 - 21 years Age 40–75 years annually</p> <p>For statin medications, refer to Rx plan</p> |

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|---|---|---|---|
| <p>Colorectal Cancer Screening</p> <p>USPSTF Rating (May 2021): B The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.</p> <p>USPSTF Rating (May 2021): A The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.</p> | <p>Fecal occult blood test (FOBT) & Fecal immunochemical test (FIT) G0328, 82270, 82274</p> <p>Sigmoidoscopy G0104, G0106, 45330, 45331, 45333, 45338, 45346</p> <p>Colonoscopy G0105, G0120, G0121, G0122, 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 45391, 45392</p> <p>Computed tomographic (CT) colonography 74263</p> <p>Barium enema (BE) (included in colonoscopy) 74270, 74280</p> <p>Fecal DNA(Cologuard) 81528</p> <p>Pre-Op/Consultation: S0285</p> <p>Pathology: 88304, 88305</p> <p>Anesthesia: 00811, 00812, 00813* 99152, 99153**, 99156, 99157, G0500</p> <p>Facility Revenue Codes: 360, 490, 750 & 761</p> | <p>Routine diagnosis list *00813 only when billed with Z12.10, Z12.11, Z86.010</p> | <p>Age 45 - 75 years</p> <ul style="list-style-type: none"> ▶ Fecal occult blood testing (FOBT)/fecal immunochemical test (FIT) annually; or ▶ Sigmoidoscopy every five years; or ▶ Colonoscopy every 10 years; or ▶ Computed tomographic colonography (virtual colonoscopy) every five years; or ▶ Double contrast barium enema (DCBE) every five years ▶ Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard) every three years <p>Follow up colonoscopy after any positive non-invasive stool-based screening test or direct visualization screening test listed in USPSTF recommendation.</p> <p>For Bowel Prep Products for Colorectal Cancer Screenings, refer to Rx plan.</p> <p>**99153 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> |

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| <p>Depression in Adults (Screening)</p> <p>USPSTF Rating (Jan. 2016): B The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>USPSTF Rating (Feb. 2019): B 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>HRSA Requirement (Dec. 2019): The Women’s Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.</p> | 96127, 96161, G0444 | Routine diagnosis list | |
| | Maternal/Perinatal depression screening: 96156, 96158, 96159**, 96160, 96161, 96164, 96165, 96167, 96168 | Pregnancy diagnosis list or F05, F30.XX, F34.1, F32.9, F53.0 – F53.1, G47.9, R53.81, R53.83, R45 | **96159 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code. |
| | Maternal/Perinatal depression counseling interventions: 99202 - 99205, 99211 - 99215, 99401 - 99404, 99411, 99412, G0463 | Z13.32 or Z39.2 | |
| <p>Depression and suicide risk in Children and Adolescents (Screening)</p> <p>USPSTF Rating (Oct. 2022): B The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.</p> <p>Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age. Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12-21 years.</p> | 96127, 96161, G0444 | Routine diagnosis list | |

For anxiety screening in children and adolescents, see [Anxiety in Children and Adolescents \(Screening\)](#)

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| <p>Developmental/Behavioral Screening</p> <p>Bright Futures:</p> <ul style="list-style-type: none"> ▶ A formal, standardized developmental screen is recommended during the 9 month visit. ▶ A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. ▶ A formal, standardized autism screen is recommended during the 24 month visit. ▶ A formal, standardized developmental screen is recommended during the 30 month visit. | 96110, 96127, G0451, S0302 | Routine diagnosis list | Birth to age 3 |
| <p>Diabetes (Type 2) Screening</p> <p>USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.</p> | <p>Diabetes Screening: 82947, 82948, 82950, 82951, 82952**, 83036</p> <p><i>For counseling, see Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</i></p> <p><i>For gestational diabetes, see Gestational Diabetes Mellitus Screening</i></p> | Routine diagnosis list | **82952 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code. |
| <p>Fall Prevention: community dwelling adults age 65 years and older with risk factors</p> <p>USPSTF Rating (April 2018): B The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p> | 97110, 97112, 97116, 97161, 97162, 97163, 97164, 97530, G0151, G0159 | Z91.81 | Age 65 and up |
| <p>Fluoride Application (Dental Caries)</p> <p>USPSTF Rating (May 2014): B Children From Birth Through Age 5 Years. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p> <p>Bright Futures (April 2017): For those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months between ages 6 months to 5 years.</p> | <p>Fluoride Application: 99188</p> <p>Oral health risk assessment: 96160, 96161</p> | Routine diagnosis list | <p>Fluoride application: Birth to age 5</p> <p>Oral health risk assessment: 6 months to 6 years</p> <p>For oral fluoride supplementation, refer to Rx plan</p> |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
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| <p>Gestational Diabetes Mellitus Screening</p> <p>USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</p> <p>HRSA Requirement (Dec. 2017) The Women’s Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing 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.</p> | <p>Gestational Diabetes Mellitus Screening: 82947, 82948, 82950, 82951, 82952**, 83036</p> <p><i>For counseling, see Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</i></p> | <p>Pregnancy diagnosis list</p> | <p>**82952 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> |
| <p>Gonorrhea Screening</p> <p>USPSTF Rating (Sept. 2014): B The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p> <p>Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> | <p>0353U, 87590, 87591, 87592, 87801, 87850</p> <p><i>Gonorrhea, Prophylactic Medication, Newborn No code available - usually administered as an ancillary charge while inpatient at time of delivery</i></p> <p><i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i></p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | |
| <p>Hearing Screening</p> <p>Bright Futures (April 2017): Hearing Tests: 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; once between age 18-21 years; also recommended for those that have a positive risk assessment.</p> | <p>92550, 92551, 92552, 92553, 92558, 92567, 92568, 92579, 92582, 92583, 92585 92586, 92587, 92588, 92650, 92651, V5008</p> | <p>Routine diagnosis list</p> | <p>Birth - 10 years: no more than 7 tests 11 years to 21 years: no more than 3 tests</p> |

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| <p>Hepatitis B Virus Infection Screening</p> <p>Pregnant Women: USPSTF Rating (July 2019): A The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p> <p>Adolescents and Adults at Increased Risk for Infection: USPSTF Rating (Dec. 2020): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p> | <p>Hepatitis B Virus Infection Screening: 86704, 86705, 86706, 87340, 87341, G0499</p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | |
| <p>Hepatitis C Virus Infection Screening</p> <p>USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years.</p> <p>Bright Futures (March 2021) Bright Futures recommends screening all individuals ages 18 to 79 years at least once for hepatitis C virus infection (HCV)</p> | <p>Hepatitis C Virus Infection Screening: 86803, 86804, 87522, G0472</p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | <p>Adults age 18 - 79 years</p> |
| <p>High Blood Pressure Screening</p> <p>USPSTF Rating (April 2021): A The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement.</p> <p>The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p> | <p>Usually included as part of an office visit.</p> <p>Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790</p> | <p>R03.0, Z01.30, Z01.31</p> | |

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| <p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p> <p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians screen for HIV infection in: Adolescents and adults aged 15- 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p> <p>Note: Bright Futures recommends HIV screening lab work be conducted once between ages 15-18 years. Also recommended anytime between ages 11-14 years, and 19-21 years when a risk assessment is positive.</p> <p>HRSA Requirement (Dec. 2016): Recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p> | <p>HIV Screening: 86689, 86701, 86702, 86703, 87081, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | <p>No age limit</p> |
| | <p>HIV Counseling: 99401-99402</p> | <p>Z71.7</p> | |

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| <p>HIV, Pre-exposure Prophylaxis (PrEP)</p> <p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</p> <p>Note: This includes:</p> <ul style="list-style-type: none"> ▶ Kidney function testing (creatinine) ▶ Serologic testing for hepatitis B and C virus ▶ Testing for other STIs ▶ Pregnancy testing when appropriate ▶ Ongoing followup and monitoring including HIV testing every 3 months | <p>The following services for baseline/follow-up testing and monitoring are included per the CDC PrEP guidelines:</p> <p>Kidney function testing (creatinine): 82565, 82575</p> <p>Hepatitis B testing: <i>For Hepatitis B testing, see Hepatitis B Virus Infection Screening</i></p> <p>Hepatitis C testing: <i>For Hepatitis C testing, see Hepatitis C Virus Infection Screening</i></p> <p>HIV: <i>For HIV screening and counseling, see HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</i></p> <p>STI Testing: <i>For Sexually Transmitted Infection (STI) screenings, see Chlamydia Infection Screening, Gonorrhea Screening and Syphilis Screening</i></p> <p>Pregnancy testing (when appropriate): 81025, 84702, 84703</p> <p>E/M Office Visits</p> | <p>Z11.3, Z11.4, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53</p> | <p>For PrEP medications, refer to Rx plan.</p> |
| <p>Lead Screening</p> <p>Bright Futures: Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo. Risk Assessment, and Screening if positive: Recommended at 6 mo, 9mo, 12 mo, 18 mo, 24 mo, 3 years, 4 years, 5 years and 6 years.</p> | <p>Lead Screening: 83655</p> | <p>Routine diagnosis list</p> | <p>Age 6 months - 6 years. No frequency limit.</p> |

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|--|---|--|--|
| <p>Lung Cancer Screening/Counseling</p> <p>USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer with lowdose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued 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</p> | <p>Counseling: G0296</p> <p>Screening: 71271</p> | <p>Routine diagnosis list or F17.210, F17.211, F17.213, F17.218, F17.219</p> | <p>Ages 50 - 80 years annually with history of smoking</p> |
| <p>Newborn Screening</p> <p>All newborns</p> <p>USPSTF Rating (March 2008): A Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns.</p> <p>USPSTF Rating (March 2008): A Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns.</p> <p>USPSTF Rating (Sept. 2007): A Sickle Cell Screening: Screening for sickle cell disease in newborns.</p> <p>Bright Futures Recommends screening for critical congenital heart disease using pulse oximetry for newborns after 24 hours of age, before discharge from the hospital</p> | <p>Bilirubin Screening: 82247,82248, 88720</p> <p>Congenital Hypothyroidism Screening: 84436, 84437, 84443, 84439, S3620</p> <p>Metabolic Screening Panel: 82017, 82136, 82261, 82759, 82760, 82775, 82776, 83020, 83498, 83516, 83789, 84030, 84437, 84443, 86355, S3620</p> <p>Phenylketonuria Screening: 84030, S3620</p> <p>Sickle Cell Screening: 83020, 83021, 83030, 83033, 83051, 85660, S3850</p> <p>Other: 86359</p> <p>Critical Congenital Heart Disease Screening: Included with facility fee</p> <p>Gonorrhea Prophylactic Ocular Medication to Prevent Blindness: See Gonorrhea Screening</p> | <p>Routine diagnosis list</p> | |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|--|---|--|--------------------------|
| <p>Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</p> <p>USPSTF Rating (Nov. 2020): B The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p> <p>USPSTF Rating (Sept. 2018): B The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.</p> <p>USPSTF Rating (June 2017): B The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</p> <p>USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p> | <p>Medical Nutrition Therapy or Counseling: 97802, 97803, 97804, G0270, G0271, S9470</p> <p>Behavioral Counseling or Therapy: G0446, G0447, G0473, 0403T, 0488T</p> | <p>Routine diagnosis list, pregnancy diagnosis list or;</p> <p>F17.210, F17.211, F17.213, F17.218, F17.219</p> <p>E08.00 - E13.9, E66.01, E66.09, E66.1, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81</p> <p>I10, I15.0 - I15.9, I16.0 - I16.9, I25.10, I25.110 - I25.119, I25.700 - I25.812, I70.0 - 170.91</p> <p>R73.01, N26.2</p> | <p>3 visits annually</p> |
| | <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> | <p>F17.210, F17.211, F17.213, F17.218, F17.219</p> <p>E08.00 - E13.9, E66.01, E66.09, E66.1, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81</p> <p>I10, I15.0 - I15.9, I16.0 - I16.9, I25.10, I25.110 - I25.119, I25.700 - I25.812, I70.0 - 170.91</p> <p>R73.01, N26.2</p> | |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|---|--|--|---|
| <p>Osteoporosis Screening</p> <p>USPSTF Rating (June 2018): B Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p>USPSTF Rating (June 2018): B Postmenopausal women younger than 65 years at increased risk of osteoporosis: The USPSTF recommends 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.</p> | 76977, 77078, 77080, 77081, G0130 | Routine diagnosis list | Females only |
| <p>Prenatal Care</p> <p>USPSTF Rating (April 2017): B The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p> | Prenatal Office Visits: Evaluation and Management (Office Visits): 59425, 59426, 99202 - 99215, 99417**, G0463 | Pregnancy diagnosis list | <p>Females only</p> <p>For folic acid supplements, refer to Rx plan</p> <p>**99417 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> |
| <p>Rh incompatibility Screening</p> <p>USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy related care.</p> <p>USPSTF Rating (Feb. 2004): B Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative</p> | 86900, 86901, 80055, 80081, 86850 | Pregnancy diagnosis list | Females only |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|--|--|---------------------------------------|---|
| <p>Sexually Transmitted Infection (STI) Prevention Counseling</p> <p>USPSTF Rating (Aug. 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p> <p>HRSA Requirement (Dec. 2016): Recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. This recommendation further recommends that health care providers use a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.</p> | <p>STIs Behavioral Counseling: G0445</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412</p> <p><i>Note: For Sexually Transmitted Infection (STI) screenings, see Chlamydia Infection Screening, Gonorrhea Screening and Syphilis Screening</i></p> | <p>Z71.7, Z71.89, Z72.51 - Z72.53</p> | <p>G0445 is limited to twice per year</p> |
| <p>Skin Cancer</p> <p>USPSTF Rating (March 2018): B The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p> | | | <p>This service is included in a preventive care wellness examination or focused E&M visit.</p> |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|---|---|---|---|
| <p>Smoking and Tobacco Cessation Counseling/Interventions</p> <p>USPSTF Rating (Jan. 2021): A Pregnant Persons (A): The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p> <p>Nonpregnant Adults (A): The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>USPSTF Rating (April 2013): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Bright Futures (April 2017): Bright Futures recommends tobacco use assessments from age 11-21 years.</p> | 99406, 99407 | Any diagnosis code | For smoking cessation medications, refer to Rx plan |
| <p>Syphilis Screening</p> <p>Non-Pregnant Adults and Adolescents at Increased Risk: USPSTF Rating (Sept. 2022): A The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p> <p>Pregnant Women: USPSTF Rating (Sept. 2018): A The USPSTF recommends early screening for syphilis infection in all pregnant women.</p> <p>Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> | <p>Syphilis Screening: 86592, 86593, 86780</p> <p><i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i></p> | <p>Routine diagnosis list or pregnancy diagnosis list</p> | |
| <p>Tuberculosis Screening</p> <p>USPSTF Rating (Sept. 2016): B The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p> <p>This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.</p> | <p>Screening: 86480, 86481, 86580</p> <p>Follow-up Visit to Check Results: 99211</p> | R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7, Z20.1, Z22.7, Z86.15 | No age limit |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|--|--|---|---|
| <p>Unhealthy Alcohol and Drug Use</p> <p>USPSTF Rating (Nov. 2018): B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p>USPSTF Rating (June 2020): B The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)</p> <p>Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p> | <p>Alcohol or Drug Use Screening: 99408, 99409, G0442, H0001</p> <p>Counseling: G0396, G0397, G0443, G2011</p> | <p>Any diagnosis code</p> | <p>Age 11 and up annually</p> |
| <p>Vision Screening</p> <p>USPSTF Rating (Sept. 2017): B The USPSTF recommends vision screening at least once in all children age 3 to 5 years to detect amblyopia or its risk factors.</p> <p>Bright Futures: Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year olds.</p> <p>Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age.</p> <p>Bright Futures Visits Newborn, First Week; 1, 2, 4, 6, 9, 12, 15, 18 Month; 2, 2½, 7, 9, 11, 13, 14, 16, 17, 18 Through 21 Year</p> | <p>99172, 99173, 99174, 99177</p> | <p>Z01.00, Z01.01, Z00.129, Z00.121, Z00.110, Z00.111, Z13.5</p> | <p>Birth to age 21</p> |
| <p>Wellness Examinations</p> <p>Preventive medicine comprehensive evaluation and management services for well-baby, well-child and well-adult, including well-woman include:</p> <ul style="list-style-type: none"> ▶ An age-and gender-appropriate history ▶ Physical examination ▶ Counseling/anticipatory guidance | <p>Annual Wellness examinations: 99385 - 99387, 99395 - 99397, G0438, G0439, G0513**, G0514**</p> <p>Well-woman examinations: 99383 - 99387, 99393 - 99397, G0101, G0438, G0439, S0610 - S0613</p> | <p>Routine diagnosis list</p> <p>Routine diagnosis list</p> | <p>Each Plan Year, a participant may choose a maximum of two of the following three services:</p> <p>One annual examination with a primary care provider,</p> <p>One annual well-woman examination (Females only)</p> |

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|---|---|---|--|
| <p>► Risk factor reduction interventions</p> <p>► The ordering of appropriate immunization(s) and laboratory/screening procedures</p> <p>Bright Futures Periodicity Schedule:</p> <p>► Infancy (Newborn to 9mo): 7 visits</p> <p>► Early Childhood (12mo to 4y): 7 visits</p> <p>► Middle Childhood (5y to 10y): 6 visits</p> <p>► Adolescence (11y to 21y): 11 visits</p> <p>Bright Futures Periodicity Schedule:</p> <p>► Newborn to 9mo: 7 visits</p> <p>► 12mo to 30mo: 5 visits</p> <p>► 3y to 21y: 1 visit annually</p> | <p>Natural Family Planning (includes preconception): 99202 - 99205, 99211 - 99215, 99401 - 99404</p> | <p>Z30.02, Z31.61, Z31.69</p> | <p>beginning at age 10)</p> <p>One natural family planning examination (Females only)</p> <p>If a participant receives one or two of the foregoing services in a calendar year, the services will be covered as provided in the Plan. If a participant receives all three services in a Plan Year, only the first two services the participant receives will be covered as a preventive benefit.</p> <p>**G0513/G0514 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> <p>***Age 0 to age 5: Frequency according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule</p> |
| | <p>Well-baby/Well-child examinations: 99381 – 99382***, 99383, 99384, 99391 – 99392***, 99393, 99394</p> <p>Inpatient newborn care (physician services only): 99221-99223, 99231 - 99233, 99234 - 99236, 99238, 99239, 99460 - 99464, 99478 - 99480</p> | <p>Routine diagnosis list</p> | |
| <p>Blood Draw for Preventive Laboratory Services</p> | <p>36415, 36416</p> | <p>R76.11, R76.12, Routine diagnosis list, pregnancy diagnosis list</p> | |

Contraceptives

| Preventive Service | Procedure Code(s) | Diagnosis Code(s) | Limitations |
|---|--|---|--|
| <p>Contraceptive Methods and Counseling</p> <p>HRSA Recommendation December 2019</p> <p>The Women’s Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The Women’s Preventive Services Initiative recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.</p> | <p>Sterilizations:</p> <p>Tubal Ligation, Oviduct Occlusion: 58565, 58600, 58605, 58611, 58615, 58670, 58671, 58700, 59525, A4264,</p> <p>Tubal Ligation Follow-up (only with diagnosis code Z98.51) Hysterosalpingogram Catheterization and Introduction of Saline or Contrast Material: 58340 Hysterosalpingography: 74740 Contrast Material: Q9967</p> <p>Pathology: 88302</p> <p>Anesthesia for Sterilization: 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Services for insertion/removal of intrauterine devices, implants; fitting diaphragm or cervical cap: 11976, 11981, 11982, 11983, 57170, 58300, 58301, A4261, A4266, S4981, S4989,</p> <p>Devices and implants: J7300 - J7307 J7294 - J7298</p> <p>Injections: J1050 (injection) 96372 (administration)</p> <p>E&M codes and 81025: Dr. visits related to contraceptive services and urine pregnancy test</p> | <p>Contraceptive diagnosis list</p> | <p>For oral /emergency contraception, refer to Rx plan</p> |

Immunizations

| Immunization | Procedure Code(s) |
|---|---|
| COVID-19 Vaccine | See Covid-19 Document |
| Diphtheria, Tetanus, and Acellular Pertussis (DT/DTap) Vaccine | 90696, 90697, 90698, 90700, 90702, 90723 |
| Hepatitis A (HepA) Vaccine | 90632, 90633, 90634, 90636 |
| Hepatitis B (HepB) Vaccine | 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90759 |
| Haemophilus Influenzae Type B (Hib) Vaccine | 90647, 90648 |
| Human Papillomavirus (HPV) Vaccine | 90649, 90650, 90651 |
| Influenza (IIV, LAIV4, RIV4) Vaccine | 90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039 |
| Measles, Mumps, Rubella (MMR) and Measles, Mumps, Rubella, and Varicella (MMRV) Vaccine | 90707, 90710 |
| Meningococcal (MenACWY, MenB) Vaccine | 90619, 90620, 90621, 90644, 90733, 90734 |
| Pneumococcal (PCV13, PCV15, PPSV23) Vaccine | 90732, 90670, 90671, 90677 |
| Polio (IPV) Vaccine | 90713 |
| Rotavirus (RV) Vaccine | 90680, 90681 |
| Tetanus, Diphtheria, and Acellular Pertussis Vaccine (Tdap/Td) | 90714, 90715 |
| Varicella (VAR) Vaccine | 90716 |
| Zoster (RZV) Vaccine - Shingrix | 90750 |
| Immunization Administration | 90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009, G0010, Rev code 0771 |

Routine Diagnosis List

| ICD-10 Code(s) | Description |
|----------------|---|
| Z00.00 | Encounter for general adult medical examination without abnormal findings |
| Z00.01 | Encounter for general adult medical examination with abnormal findings |
| Z00.110 | Health examination for newborn under 8 days old |
| Z00.111 | Health examination for newborn 8 to 28 days old |
| Z00.121 | Encounter for routine child health examination with abnormal findings |
| Z00.129 | Encounter for routine child health examination without abnormal findings |
| Z00.3 | Encounter for examination for adolescent development state |
| Z00.8 | Encounter for other general examination |
| Z01.00 | Encounter for examination of eyes and vision without abnormal findings |

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| Z01.01 | Encounter for examination of eyes and vision with abnormal findings |
| Z01.02 | Encounter for examination of eyes and vision following failed vision screening |
| Z01.020 | Encounter for examination of eyes and vision following failed vision screening without abnormal findings |
| Z01.021 | Encounter for examination of eyes and vision following failed vision screening with abnormal findings |
| Z01.10 | Encounter for examination of ears and hearing without abnormal findings |
| Z01.110 | Encounter for hearing examination following failed hearing screening |
| Z01.118 | Encounter for examination of ears and hearing with other abnormal findings |
| Z01.30 | Encounter for examination of blood pressure without abnormal findings |
| Z01.31 | Encounter for examination of blood pressure with abnormal findings |
| Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |
| Z01.42 | Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear |
| Z02.83 | Encounter for blood-alcohol and blood-drug test |
| Z11.0 | Encounter for screening for intestinal infectious diseases |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.2 | Encounter for screening for other bacterial diseases (SYPHILIS) |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) |
| Z11.59 | Encounter for screening for other viral diseases |
| Z11.6 | Encounter for screening for other protozoal diseases and helminthiases |
| Z11.7 | Encounter for testing for latent tuberculosis infection |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z11.9 | Encounter for screening for infectious and parasitic diseases, unspecified (GONORRHEA) |
| Z12.2 | Encounter for screening for malignant neoplasm of respiratory organs |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of small intestine |
| Z12.2 | Encounter for screening for malignant neoplasm of respiratory organs |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |
| Z12.72 | Encounter for screening for malignant neoplasm of vagina |

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| Z12.81 | Encounter for screening for malignant neoplasm of oral cavity |
| Z13.0 | Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.21 | Encounter for screening for nutritional disorder |
| Z13.22 | Encounter for screening for metabolic disorder |
| Z13.220 | Encounter for screening for lipoid disorders |
| Z13.228 | Encounter for screening for other metabolic disorders |
| Z13.29 | Encounter for screening for other suspected endocrine disorder |
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.39 | Encounter for screening examination for other mental health and behavioral disorders |
| Z13.40 | Encounter for screening for unspecified developmental delays |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.49 | Encounter for screening for other developmental delays |
| Z13.5 | Encounter for screening for eye and ear disorders |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.84 | Encounter for screening for dental disorders |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z13.89 | Encounter for screening for other disorder |
| Z15.01 | Genetic susceptibility to malignant neoplasm of breast |
| Z15.02 | Genetic susceptibility to malignant neoplasm of ovary |
| Z20.1 | Contact with and (suspected) exposure to tuberculosis |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |
| Z20.5 | Contact with and (suspected) exposure to viral hepatitis |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| Z22.7 | Latent tuberculosis |
| Z23 | Encounter for immunization |
| Z29.3 | Encounter for prophylactic fluoride administration |
| Z57.8 | Occupational exposure to other risk factors |
| Z63.6 | Dependent relative needing care at home |
| Z63.79 | Other stressful life events affecting family and household |
| Z65.1 | Imprisonment and other incarceration |

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| Z68.25 - Z68.45 | BMI 25+ |
| Z69.010 - Z69.12 | Encounter for mental health services for abuse |
| Z69.81 | Encounter for mental health services for victim of other abuse |
| Z69.82 | Encounter for mental health services for perpetrator of other abuse |
| Z71.3 | Dietary counseling and surveillance |
| Z71.41 | Alcohol abuse counseling and surveillance of alcoholic |
| Z71.42 | Counseling for family member of alcoholic |
| Z71.51 | Drug abuse counseling and surveillance of drug abuser |
| Z71.52 | Counseling for family member of drug abuser |
| Z71.53 | High risk bisexual behavior |
| Z71.6 | Tobacco abuse counseling |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z71.82 | Exercise counseling |
| Z71.83 | Encounter for non-procreative genetic counseling |
| Z71.89 | Other specified counseling |
| Z71.9 | Counseling, unspecified |
| Z72.0 | Tobacco use |
| Z72.51 | High risk heterosexual behavior [effective 9/17/2021] |
| Z72.52 | High risk homosexual behavior [effective 9/17/2021] |
| Z72.53 | High risk bisexual behavior [effective 9/17/2021] |
| Z72.89 | Other problems related to lifestyle |
| Z72.9 | Problem related to lifestyle, unspecified |
| Z73.9 | Problem related to life management difficulty, unspecified |
| Z76.1 | Encounter for health supervision and care of foundling |
| Z76.2 | Encounter for health supervision and care of other healthy infant and child |
| Z76.81 | Expectant parent(s) prebirth pediatrician visit |
| Z76.89 | Persons encountering health services in other specified circumstances |
| Z77.011 | Contact with and (suspected) exposure to lead |
| Z80.0 | Family history of malignant neoplasm of digestive organs |
| Z80.3 | Family history of malignant neoplasm of breast |
| Z80.41 | Family history of malignant neoplasm of ovary |
| Z80.42 | Family history of malignant neoplasm of prostate |
| Z82.49 | Family history of ischemic heart disease and other diseases of the circulatory system |
| Z82.62 | Family history of osteoporosis |
| Z83.3 | Family history of diabetes mellitus |

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| Z83.42 | Family history of familial hypercholesterolemia |
| Z83.71 | Family history of colonic polyps |
| Z83.79 | Family history of other diseases of the digestive system |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.44 | Personal history of malignant neoplasm of other female genital organs |
| Z86.010 | Personal history of colonic polyps |
| Z86.15 | Personal history of latent tuberculosis infection |
| Z86.32 | Personal history of gestational diabetes |
| Z86.39 | Personal history of other endocrine, nutritional and metabolic disease |
| Z87.312 | Personal history of (healed) stress fracture |
| Z87.81 | Personal history of (healed) traumatic fracture |
| Z87.891 | Personal history of nicotine dependence |
| Z90.79 | Acquired absence of other genital organ(s) |
| Z91.81 | History of falling |
| Z92.241 | Personal history of systemic steroid therapy |

| Pregnancy Diagnosis List | |
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| ICD-10 Code(s) | Description |
| O00.00 - O94.53 | Pregnancy, Childbirth and the puerperium |
| P05.00 - P07.39 | Disorders of newborn related to length of gestation and fetal growth |
| P27.0 - P27.9 | Respiratory and cardiovascular disorders specific to the perinatal period |
| P92.1 - P92.9 | Respiratory and cardiovascular disorders specific to the perinatal period |
| Z03.71 | Encounter for suspected problem with amniotic cavity and membrane ruled out |
| Z03.72 | Encounter for suspected placental problem ruled out |
| Z03.73 | Encounter for suspected fetal anomaly ruled out |
| Z03.74 | Encounter for suspected problem with fetal growth ruled out |
| Z03.75 | Encounter for suspected cervical shortening ruled out |
| Z03.79 | Encounter for other suspected maternal and fetal conditions ruled out |
| Z29.13 | Encounter for prophylactic Rho(D) immune globulin |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z32.2 | Encounter for childbirth instruction |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |

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| Z34.00 | Encounter for supervision of normal first pregnancy, unspecified trimester |
| 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 |
| Z34.80 | Encounter for supervision of other normal pregnancy, unspecified 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 |
| Z34.90 | Encounter for supervision of normal pregnancy, unspecified, unspecified 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 |
| Z36.0 | Encounter for antenatal screening for chromosomal anomalies |
| Z36.1 | Encounter for antenatal screening for raised alphafetoprotein level |
| Z36.2 | Encounter for other antenatal screening follow-up |
| Z36.3 | Encounter for antenatal screening for malformations |
| Z36.4 | Encounter for antenatal screening for fetal growth retardation |
| Z36.5 | Encounter for antenatal screening for isoimmunization |
| Z36.81 | Encounter for antenatal screening for hydrops fetalis |
| Z36.82 | Encounter for antenatal screening for nuchal translucency |
| Z36.83 | Encounter for fetal screening for congenital cardiac abnormalities |
| Z36.84 | Encounter for antenatal screening for fetal lung maturity |
| Z36.85 | Encounter for antenatal screening for Streptococcus B |
| Z36.86 | Encounter for antenatal screening for cervical length |
| Z36.87 | Encounter for antenatal screening for uncertain dates |
| Z36.88 | Encounter for antenatal screening for fetal macrosomia |
| Z36.89 | Encounter for other specified antenatal screening |
| Z36.8A | Encounter for antenatal screening for other genetic defects |
| Z36.9 | Encounter for antenatal screening, unspecified |
| Z39.1 | Encounter for care and examination of lactating mother |
| Z39.2 | Encounter for routine postpartum follow-up |
| Z3A.00 | Weeks of gestation of pregnancy not specified |
| Z3A.01 | Less than 8 weeks gestation of pregnancy |
| Z3A.08 | 8 weeks gestation of pregnancy |
| Z3A.09 | 9 weeks gestation of pregnancy |

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| Z3A.10 | 10 weeks gestation of pregnancy |
| Z3A.11 | 11 weeks gestation of pregnancy |
| Z3A.12 | 12 weeks gestation of pregnancy |
| Z3A.13 | 13 weeks gestation of pregnancy |
| Z3A.14 | 14 weeks gestation of pregnancy |
| Z3A.15 | 15 weeks gestation of pregnancy |
| Z3A.16 | 16 weeks gestation of pregnancy |
| Z3A.17 | 17 weeks gestation of pregnancy |
| Z3A.18 | 18 weeks gestation of pregnancy |
| Z3A.19 | 19 weeks gestation of pregnancy |
| Z3A.20 | 20 weeks gestation of pregnancy |
| Z3A.21 | 21 weeks gestation of pregnancy |
| Z3A.22 | 22 weeks gestation of pregnancy |
| Z3A.23 | 23 weeks gestation of pregnancy |
| Z3A.24 | 24 weeks gestation of pregnancy |
| Z3A.25 | 25 weeks gestation of pregnancy |
| Z3A.26 | 26 weeks gestation of pregnancy |
| Z3A.27 | 27 weeks gestation of pregnancy |
| Z3A.28 | 28 weeks gestation of pregnancy |
| Z3A.29 | 29 weeks gestation of pregnancy |
| Z3A.30 | 30 weeks gestation of pregnancy |
| Z3A.31 | 31 weeks gestation of pregnancy |
| Z3A.32 | 32 weeks gestation of pregnancy |
| Z3A.33 | 33 weeks gestation of pregnancy |
| Z3A.34 | 34 weeks gestation of pregnancy |
| Z3A.35 | 35 weeks gestation of pregnancy |
| Z3A.36 | 36 weeks gestation of pregnancy |
| Z3A.37 | 37 weeks gestation of pregnancy |
| Z3A.38 | 38 weeks gestation of pregnancy |
| Z3A.39 | 39 weeks gestation of pregnancy |
| Z3A.40 | 40 weeks gestation of pregnancy |
| Z3A.41 | 41 weeks gestation of pregnancy |
| Z3A.42 | 42 weeks gestation of pregnancy |
| Z3A.49 | Greater than 42 weeks gestation of pregnancy |
| Z64.1 | Problems related to multiparity |

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| Z86.32 | Personal history of gestational diabetes |
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| Contraceptive Diagnosis List | |
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| ICD-10 Code(s) | Description |
| Z30.011 | Encounter for initial prescription of contraceptive pills |
| Z30.012 | Encounter for prescription of emergency contraception |
| Z30.013 | Encounter for initial prescription of injectable contraceptive |
| Z30.014 | Encounter for initial prescription of intrauterine contraceptive device |
| Z30.015 | Encounter for initial prescription of vaginal ring hormonal contraceptive |
| Z30.016 | Encounter for initial prescription of transdermal patch hormonal contraceptive device |
| Z30.017 | Encounter for initial prescription of implantable subdermal contraceptive |
| Z30.018 | Encounter for initial prescription of other contraceptives |
| Z30.019 | Encounter for initial prescription of contraceptives, unspecified |
| Z30.09 | Encounter for other general counseling and advice on contraception |
| Z30.2 | Encounter for sterilization |
| Z30.40 | Encounter for surveillance of contraceptives, unspecified |
| Z30.41 | Encounter for surveillance of contraceptive pills |
| Z30.42 | Encounter for surveillance of injectable contraceptive |
| Z30.430 | Encounter for insertion of intrauterine contraceptive device |
| Z30.431 | Encounter for routine checking of intrauterine contraceptive device |
| Z30.432 | Encounter for removal of intrauterine contraceptive device |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device |
| Z30.44 | Encounter for surveillance of vaginal ring hormonal contraceptive device |
| Z30.45 | Encounter for surveillance of transdermal patch hormonal contraceptive device |
| Z30.46 | Encounter for surveillance of implantable subdermal contraceptive |
| Z30.49 | Encounter for surveillance of other contraceptives |
| Z30.8 | Encounter for other contraceptive management |
| Z30.9 | Encounter for contraceptive management, unspecified |