Preventative Services

Policy Number: PG0137
Last Review: 04/06/2021

PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE

X Professional
_ Facility

DESCRIPTION

Preventative services are defined as those services that are not ordered or performed because the patient has a specific disease or diagnosis. They are performed as an act of preventing a disease, illness, or other health problems. Many screening services are defined within the preventative services (i.e., cancer and routine health screening services). Once the diagnosis of an illness or disease has been obtained, the same service is no longer considered preventative or screening.

The Patient Protection and Affordable Care Act (PPACA) requires individual and group health plans to cover in-network preventive services and immunizations without cost sharing (e.g., deductibles, coinsurance, copayments) unless the plan qualifies under the grandfather provision or for an exemption. PPACA has designated specific resources for coverage by the Act:

- The evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF). USPSTF is mandated by Congress to conduct rigorous reviews of scientific evidence to create evidence-based recommendations for preventive services that may be provided in the primary care setting. The USPSTF assigns each recommendation a letter grade based on the strength of the evidence and the balance of benefits and harms of a preventive service.
- Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC)
- The evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children, and adolescents
- The evidence-informed preventive care and screening provided for in comprehensive guidelines supported by Health Resources and Services Administration (HRSA) for women

In determining the clinical appropriateness of a preventive service, a distinct set of principles must be critically considered. Recommendations must be evidence-based and clinically meaningful with scientific evidence that persons who receive the preventive service experience better health outcomes than those who do not, and that the benefits are large enough to outweigh the harms. In general, eligible services include preventive/screening care services which have received an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF) or have been set forth in comprehensive guidelines supported by the Health Resources and Services

Administration (HRSA), as well as immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of that service, reasonable medical management techniques may be used to determine any coverage limitations. Professional society statements and guidelines may vary and are not considered part of PPACA sources. Age-appropriate preventive screening services are provided for the purpose of promoting health and preventing illness or injury. Preventive counseling services will vary by age and should include issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic laboratory tests results available at the time of the encounter

Preventative care can be defined as, but not limited to, the following:

1. Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations (e.g. well visits, annual/yearly physical)
2. Routine prenatal screening, newborn and well-child care
3. Infants, children, adolescents and adult immunizations as recommended by the ACIP or the CDC
4. Dental Health/Caries/Fluoride Treatment when done as part of a preventive care visit
5. Tobacco cessation programs
6. Obesity weight-loss programs
7. Screening services, at the appropriate age and/or risk status

A. Cancer screening
    a. Breast cancer (e.g., mammogram)
    b. Cervical cancer (e.g., pap smear)
    c. Colorectal cancer
    d. Lung cancer
    e. Prostate cancer (e.g., PSA test) men age 40 and older
    f. Ovarian cancer
    g. Testicular cancer
    h. Thyroid cancer

B. Heart and vascular diseases screening
    a. Abdominal aortic aneurysm, in men 65-75 years old
    b. Coronary heart disease
    c. Hemoglobinopathies
    d. Hypertension
    e. Cholesterol/Dyslipidemia screening
    f. Blood Pressure screening

C. Infectious diseases screening, i.e. sexually transmitted disease
    a. Bacteriuria
    b. Chlamydia infection
    c. Gonorrhea
    d. Hepatitis B virus infection
    e. Hepatitis C
    f. Human immunodeficiency virus (HIV) infection
    g. Syphilis
    h. Tuberculosis infection
    i. Human papilloma virus (HPV)

D. Mental health conditions and substance abuse screening
    a. Depression
    b. Drug Abuse
    c. Alcohol Misuse
    d. Suicide risk
    e. Family violence

E. Behavioral Health
    a. Counseling

F. Metabolic, nutritional, and endocrine conditions screening
    a. Anemia, iron deficiency

b. Diabetes mellitus
c. Obesity in adults

G. Musculoskeletal disorders screening
   a. Osteoporosis

H. Obstetric and gynecologic conditions screening
   a. Bacterial vaginosis in pregnancy
   b. Gestational diabetes mellitus
   c. Home uterine activity monitoring
   d. Neural tube defects
   e. Preeclampsia
   f. Rh incompatibility
   g. Rubella

I. Pediatric conditions screening
   a. Child developmental delay and Autism
   b. Congenital hypothyroidism
   c. Lead levels in childhood and pregnancy
   d. Phenylketonuria
   e. Scoliosis, adolescent idiopathic
   f. Sickle cell anemia

J. Vision and hearing disorders screening
   a. Glaucoma
   b. Newborn hearing

K. Women's preventive health
   a. Annual mammography
   b. Cervical cancer screening (including cytology)
   c. Genetic counseling and evaluation for BRCA breast and ovarian cancer genetic testing
   d. Counseling for chemo prevention for women at high risk for breast cancer
      - Breast Cancer Preventive Medications
   e. Counseling and screening for gonorrhea, chlamydia, syphilis and HPV
   f. Osteoporosis screening for members over 60 years old
   g. Approved contraceptive methods, sterilization procedures and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity
   h. Gestational diabetes mellitus
   i. Breastfeeding support, supplies and counseling are covered with provided by a covered provider.

Primary Prevention: Refers to health promotion, which fosters wellness in general and thus reduces the likelihood of disease, disability, and premature death in a nonspecific manner, as well as specific protection against the inception of disease. Examples of the former include the promotion of physical activity and prudent dietary practices; smoking avoidance or cessation; and the mitigation of stress. Immunization is a clear example of the latter.

Secondary Prevention: Refers to the detection and management of presymptomatic disease, and the prevention of its progression to symptomatic disease. Screening is the dominant practice in this space, exemplified by cancer screening (e.g., mammography, colonoscopy), and cardiac risk screening (e.g., lipid testing, blood pressure screens).

POLICY

- **Preventative services do not require prior authorization when provided by in-network providers**

- **Modifier 33 should be appended to preventive services claims**

  - **When applied, Modifier 33 indicates that the preventive service is one that waives a patient's co-pay, deductible, and co-insurance**

- **An exception: modifier 33 does not have to be appended to services that are inherently preventive**

- **When a preventive service identified within this medical policy exceeds the preventive coverage limits as documented, the service may be covered under another portion of the members medical benefit plan, requiring member cost share**

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Member plans have different benefit levels and cost-sharing responsibilities for Preventive Services versus Medical Services. Although member plans do vary, medical services generally apply to the member's deductible and generally have copays and/or coinsurance. Preventive services mandated by the Patient Protection and Affordable Care Act are covered at 100% (no cost sharing).

Paramount only covers In-Network (Par Providers) preventive services with no member cost if they are provided within the specific guidelines issued by the above organizations, as noted in this Medical Policy PG0137 Preventative Services, recommended by the organizations based on what is best for the general population.

All product lines utilize the preventative service definition when defining coverage of services. They may limit the provision of these services, and the member must be familiar with their benefit limits as some are dictated by self-funded group requirements.

Modifier 33
Paramount does not process preventive care claims solely based on the presence of modifier 33, which was developed by the industry in response to the PPACA's preventive service requirements. Preventive care services are dependent upon claim submission using preventive diagnosis and procedure codes in order to be identified and covered as preventive care services.

Modifier PT (Colorectal cancer screening test; converted to diagnostic test or other procedure)
Certain ancillary services connected with colorectal cancer screening must be submitted with modifier PT appended to ensure the member's PPACA no-cost-share benefits are accessed. Please refer to for detailed instructions and coding requirements in PG0065 Colorectal Cancer Screening.

Screening versus diagnostic, monitoring or surveillance testing:
Specific screening tests are covered for persons who have no symptoms or known diseases, and are in a specified age group or at risk population, when provided in accordance with the applicable guidelines. A positive result on a preventive screening exam does not alter its classification as a preventive service but does influence how that service is classified when rendered in the future. For example, if a screening colonoscopy performed on an asymptomatic individual without additional risk factors for colorectal cancer (e.g. adenomatous polyps, inflammatory bowel disease) detects colorectal cancer or polyps, the purpose of the procedure remains screening, even if polyps are removed during the preventive screening. However, once a diagnosis of colorectal cancer or additional risk factors for colorectal cancer is identified, future colonoscopies will no longer be considered preventive screening.

- Screening exams are done in people with no symptoms or known disease.
- Diagnostic tests are done to evaluate abnormal lab results, physical findings or symptoms.
- Surveillance or monitoring tests are done in individuals who have a known condition or history that increases their risk of disease, and is no longer considered a screening exam. Usually surveillance tests are done more frequently than screening tests for the general population.

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.
Codes that are covered may have selection criteria that must be met.
Payment for supplies may be included in payment for other services rendered.

Some Preventive Services require a Prior Authorization. Refer to Paramount's prior authorization list for additional information, https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/. Additionally, refer to Paramount's Medical Policies for coverage criteria, https://www.paramounthealthcare.com/services/providers/medical-policies/

Preventive Services			
Elite/ProMedica Medicare Plan			
The Centers for Medicare & Medicaid Services (CMS) mandates the services, frequencies and conditions for preventive services for all Elite/ProMedica Medicare Plan members. Additional preventive services covered per the Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage.			
Any preventive office visit, preventive screening procedure or preventive service will be covered with no copay or deductible applied, unless otherwise noted. However, if any preventive office visit, procedure or screening service results in the discovery of a condition, disease or suspicion that there is an abnormality requiring additional services or care, the member may be responsible for a co-pay or the application of their deductible for that visit or procedure.			
Codes	**Description**	**Diagnosis**	**Criteria/Limits**
Alcohol Misuse Screening & Counseling			
G0442	Annual alcohol misuse screening, 15 minutes	All Diagnosis	Annual
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	All Diagnosis	With positive screening, up to 4 times per year
The **Annual Wellness Visit** is NOT an annual physical checkup or exam. It is a visit to assess health risks and identify Personalized Prevention Plan Services (PPPS)]			
G0438	Annual wellness visit, includes PPPS, first visit	All Diagnosis	Effective 04/01/2021 Once per lifetime (first AWV)/provider-member combination (For Providers whom see Members that switched PCPs, this code would be the appropriate code as opposed to the G0439).
G0439	Annual wellness visit, includes PPPS, subsequent visit	All Diagnosis	Annually (subsequent AWV)
G0468	Federally qualified health center (FQHC) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv	All Diagnosis	Annually (AWV in FQHC)
99497 with modifier 33	Advance Care Planning including the explanation and discussion of advance directives such as standard forms by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient,	All Diagnosis	Annually Copayment/coinsurance and deductible waived for Advance Care Planning when furnished as an optional element of an AWV

	family member(s), and/or surrogate		
99498 with modifier 33	Advance Care Planning including the explanation and discussion of advance directives such as standard forms by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	All Diagnosis	Annually Copayment/coinsurance and deductible waived for Advance Care Planning when furnished as an optional element of an AWV
Bone Mass Measurement/Bone Density Test			
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	E21.0, E21.3, E23.0, E34.2, E89.40, E89.41, M80.08XA, M80.88XA, N95.8, N95.9, Q78.0, S34.3XXA, Z78.0, Z79.3, Z79.51, Z79.52, Z79.811, Z79.818, Z79.83, Z87.310	Once every 2 years Members with one of the following: estrogen deficient and at risk for osteoporosis, has vertebral anomalies, receiving/anticipating glucocorticoid therapy for more than 3 months, primary hyperparathyroidism or for monitoring of osteoporosis drug therapy.
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment		
G0130	Single energy x-ray absorptiometry (sexa) bone density study, 1 or more sites, appendicular skeleton (peripheral) (eg, radius, wrist, heel)		
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report		
0555T	Retrieval and transmission of the scan data		
0556T	Assessment of bone strength and fracture risk and bone mineral density		
0557T	Interpretation and report		

0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis		
Cardiovascular Disease Screening			
80047	Basic metabolic panel (Calcium, ionized)	All Diagnosis	Once per Calendar Year Monitoring for members on persistent medications. (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
80048	Basic metabolic panel (Calcium, total)	All Diagnosis	Once per Calendar Year Monitoring for members on persistent medications. (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage
80050	General health panel	All Diagnosis	Once per Calendar Year Monitoring for members on persistent medications. (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
80051	Electrolyte panel	All Diagnosis	Once per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
80053	Comprehensive metabolic panel	All Diagnosis	Once per Calendar Year Monitoring for members on persistent medications. (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
80061	Lipid panel	All Diagnosis	Once per Calendar Year (CMS Preventive-Z13.6 and Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
80069	Renal function panel	All Diagnosis	Once per Calendar Year

			(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
83721	LDL Cholesterol	All Diagnosis	Once per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
83036	Hemoglobin glycosylated (A1C)	All Diagnosis	2 per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
83037	Hemoglobin glycosylated (A1C) by device cleared by FDA for home use	All Diagnosis	2 per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
82043	Albumin; urine (eg, microalbumin), quantitative	All Diagnosis	Once per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	All Diagnosis	Once per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
82042	Albumin; other source, quantitative, each specimen	All Diagnosis	Once per Calendar Year (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
82465	Cholesterol, serum or whole blood, total	Z13.6	Once every 5 years
83718	Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol	Z13.6	Once every 5 years
84478	Triglycerides	Z13.6	Once every 5 years
36415	Collection of venous blood by venipuncture	All Diagnosis When performed with a preventive lab service.	No copay or deductible when performed with a preventive lab service. (Paramount Elite/ProMedica Medicare

			Plan Enhanced Medical coverage)
Coumadin Therapy Monitoring			
85610	Prothrombin time	All Diagnosis	No Limit (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
85611	Prothrombin time; substitution, plasma fractions, each	All Diagnosis	No Limit (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
Colorectal Cancer Screening			
81528 1 per 3 years	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Z12.11, Z12.12, Z86.004	Low Risk: •Multitarget sDNA test: once every 3 years •Screening FOBT: once every 12 months •Screening flexible sigmoidoscopy: once every 48 months (unless the beneficiary does not meet the criteria for high risk of developing colorectal cancer and the beneficiary has had a screening colonoscopy within the preceding 10 years, in which case a screening flexible sigmoidoscopy only after at least 119 months have passed following the month that the member received the screening colonoscopy) •Screening colonoscopy: once every 120 months (10 years), or 48 months after a previous sigmoidoscopy •Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 48 months. High Risk: •Screening FOBT: once every 12 months •Screening flexible sigmoidoscopy: once every 48 months •Screening colonoscopy: once every 24 months (unless a screening
82270 Once every 12 months	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)		
G0104 1 per 4 years	Colorectal cancer screening; flexible sigmoidoscopy		
G0105 1 per 2 years	Colorectal cancer screening; colonoscopy on individual at high risk		
G0121 1 per 10 years	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema		
G0328 Once every 12 months	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous		
G0106 1 per 4 years	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema		
G0120 1 per 2 years	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema		
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		
00811 with modifier PT should the	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to		

procedure becomes ‘’diagnostic”	duodenum; not otherwise specified		flexible sigmoidoscopy has been performed and then a screening colonoscopy only after at least 47 months) •Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy): once every 24 months. No deductible applies for surgical procedures (CPT code range of 10000 to 69999) furnished on the same date and in the same encounter as a screening colonoscopy, flexible sigmoidoscopy, or barium enema initiated as colorectal cancer screening services. Append modifier –PT to CPT code in the surgical range of 10000 to 69999 in this scenario. **G0106 and G0120:** **•Copayment/coinsurance applies** **•Deductible waived**
99153 with appropriate modifier (33 or PT) Coinsurance and deductible are waived for moderate sedation services (reported with G0500 or 99153) when furnished in conjunction with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, moderate sedation services (G0500 or 99153) are reported with only the –PT modifier; only the deductible is waived.	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; each additional 15 minutes intraservice time.		
G0500 with appropriate modifier (33 or PT) Coinsurance and deductible are waived for moderate sedation services (reported with G0500 or 99153) when furnished in conjunction with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, moderate sedation services (G0500 or 99153) are reported with only the –PT modifier; only the deductible is waived.	Moderate sedation services performed by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older.		
Counseling to Prevent Tobacco Use			
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228,	Members who use tobacco. 2 attempts at tobacco cessation per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year.
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		

		F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z87.891	
Depression Screening			
G0444	Annual depression screening, 15 minutes	All Diagnosis	Annually
Diabetes Prevention Program			
G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.	All Diagnosis	Each G-code may be paid only once in a lifetime, with the exception of the bridge payment-G9890 (may only be paid once per member per supplier) and session reporting code. Up to 24 sessions within 2 years Body Mass Index (BMI) of at least 25 (23 if the beneficiary self-identifies as Asian) on the date of the first core session. Meet one of the three following blood test requirements within the 12 months before attending the first core session: 1. A hemoglobin A1c test with a value between 5.7 percent and 6.4 percent. 2. A fasting plasma glucose test of 110–125 mg/dL 3. A 2-hour plasma glucose test (oral glucose tolerance test) of 140–199 mg/dL No previous diagnosis of diabetes prior to the date
G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.		
G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in		

	length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.		of the first core session (except for gestational diabetes) Do not have end-stage renal disease (ESRD) Has not previously received MDPP services
G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 7–9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7–9.		
G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 10–12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10–12		
G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 7–9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in		

	length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7–9		
G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 10–12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10–12.		
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1–12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.		
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1–24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session		
G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions		

	(MS) were attended by an MDPP beneficiary in months (mo.) 13–15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13–15		
G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 16–18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16–18		
G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 19–21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her		

	baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19–21		
G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo.) 22–24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22–24		
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1–24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary.		
G9891	MDPP session reported as a line item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only).		
Diabetes Screening			
82947	Glucose; quantitative, blood (except reagent strip)	Z13.1	One screening every 6 months if diagnosed with

82950	Glucose; post glucose dose (includes glucose)		pre-diabetes. One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested. Members with risk factors or pre-diabetes. Members who have diabetes are not eligible.
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)		
Diabetes Self-Management Training (DSMT)			
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	E10-E13.9	Members with diabetes. Initial year: Up to 10 hours of initial training within a continuous 12-month period. Subsequent years: Up to 2 hours of follow-up training each calendar year after the initial 10 hours of training has been completed Cost-Sharing Applied
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		
Glaucoma Screening			
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Z13.5	Annually Members with one of the following: diabetes mellitus, family history of glaucoma, African America ≥ 50 years, or Hispanic American ≥ 65 years. (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist		
Vision Screening & Vision Exams			
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Procedure codes 92002, 92004, 92012, 92014, 92015 when billed in conjunction with diagnosis, H52-H52.7, Z01.01, or Z01.02 will be considered a routine eye examination and will apply $0 copay for one visit per calendar year.	Annually (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits		
92012	Ophthalmological services, medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		

92014	Ophthalmological services, medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	Procedure codes 92004 and 92014 billed with a primary diagnoses in the following ranges –E08.0-E0839, E10.1-E10.9, E11.0-E11.9, E13.0-E13.9 will be considered as a diabetic retinal examination and will apply $0 copay for one visit per calendar year.	
92015	Determination of refractive state		Annually (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	When billed with a primary diagnoses in the following ranges- E08.0-E0839, E10.1-E10.9, E11.0-E11.9, E13.0-E13.9 will apply $0 copay	(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral.	When billed with a primary diagnoses in the following ranges- E08.0-E0839, E10.1-E10.9, E11.0-E11.9, E13.0-E13.9 will apply $0 copay	(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	When billed with a primary diagnoses in the following ranges- E08.0-E0839, E10.1-E10.9, E11.0-E11.9, E13.0-E13.9 will apply $0 copay	(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
92250	Fundus photography with interpretation and report	When billed with a primary diagnoses in the following ranges- E08.0-E0839, E10.1-E10.9, E11.0-E11.9, E13.0-E13.9 will apply $0 copay	(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field or vision (may include all or some screening of the	Z13.5	Annually Members with diabetes $0 copay for up to one covered diabetic retinopathy screening.

	determinations(s) for contrast sensitivity, vision under glare)		(Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
99173	Screening test of visual acuity, quantitative, bilateral	All Diagnosis	Annually (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	All Diagnosis	Annually (Paramount Elite/ProMedica Medicare Plan Enhanced Medical coverage)
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis		
Hepatitis B Screening (HBV)			
Asymptomatic non-pregnant teens and adults NOT at high risk			
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)	All Diagnosis	Once
Asymptomatic non-pregnant teens and adults AT continued high risk			
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)	Z11.59 and N18.6 ESRD. All others: First visit: Z11.59 and Z72.89. Subsequent visits: Z11.59, and one of the following-F11.10-F11.99, F13.10-F13.99, F14.10-F14.99, F15.10-F15.99, Z20.2, Z20.5, Z72.52, Z72.53	Annually
Pregnant women			
86704	Hepatitis B core antibody (HBcAb); total	Z11.59 or Z72.89 AND ONE of the following: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83,	At first prenatal visit and again at delivery for those with new or continued risk factors.
86706	Hepatitis B surface antibody (HBsAb)		
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or		

	semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93	
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization		
Hepatitis B vaccine and Administration			
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	Z23	As Medically directed Scheduled dosages required.
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use		
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use		
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use		
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use		
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use		
G0010	Administration of hepatitis B vaccine		
Hepatitis C Screening			
Members at high risk			
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	Z72.89, F19.20	Annually
Members with a history of blood transfusion before 1992 or history of illicit injection drug use			
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	Z72.89, F19.20	Once
Members born between 1945 & 1965 and not high risk			
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	Z11.59	Once per lifetime
HIV Screening			
Member at no increase risk, between 15 and 65 years of age			
80081	Obstetric panel (includes HIV testing)	Z11.4	Annually

G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening		Between the ages of 15 and 65 without regard to perceived risk
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening		
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening		
G0475	Hiv antigen/antibody, combination assay, screening		
Members at increased risk, less than 15 years or older than 65 years			
80081	Obstetric panel (includes HIV testing)	Z11.4 with ONE of the following: Z72.51, Z72.52, Z72.53, Z72.89	Annually younger than 15 and adults older than 65 who are at increased risk for HIV infection
G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening		
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening		
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening		
G0475	Hiv antigen/antibody, combination assay, screening		
Pregnant Members			
80081	Obstetric panel (includes HIV testing)	Z11.4 with ONE of the following: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93	Frequency: 3 times during the pregnancy ◦First, when a woman is diagnosed with pregnancy ◦Second, during the third trimester ◦Third, at labor, if ordered by the woman's clinician
G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening		
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening		
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening		
G0475	HIV antigen/antibody, combination assay, screening		
Influenza Vaccine (Flu shot)			
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Z23	Once per Flu Season
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use		

90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use		
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use		
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use		
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use		
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use		
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use		
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use		
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use		
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use		
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use		
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use		
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus,		

	0.5 mL dosage, for intramuscular use		
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use		
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use		
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use		
Q2034	Influenza virus vaccine, split virus, for intramuscular use (agriflu)		
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria		
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)		
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)		
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)		
Q2039	Influenza virus vaccine, not otherwise specified		
G0008	Administration of influenza virus vaccine		
COVID-19 Vaccines and Administration			
COVID-19 Vaccines and Administration	No Paramount Member will have a member cost-sharing (e.g. deductibles, copayments, and coinsurance) for the COVID-19 vaccine or administration related services. Refer to Medical Policy PG0486 COVID-19 Vaccines		
Initial Preventive Physical Exam (IPPE) Welcome to Medicare Visit			
Members NEW to Medicare/ Elite/ProMedica Medicare Plan			
G0402	Initial preventive physical examination (face-to-face visit, services limited to new Member during the first 12 months of Medicare enrollment)	All Diagnosis	Once per lifetime
G0403	Electrocardiogram (ECG or EKG) performed as a screening	All Diagnosis	Once per lifetime

	for the initial preventive physical examination		Copay/coinsurance & deductible apply to electrocardiograms
G0404	ECG tracing only, performed as a screening for the initial preventive physical examination	All Diagnosis	Once per lifetime **Copay/coinsurance & deductible apply to electrocardiograms**
G0405	ECG interpretation and report only, performed as a screening for the initial preventive physical examination	All Diagnosis	Once per lifetime **Copay/coinsurance & deductible apply to electrocardiograms**
G0468	Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)	All Diagnosis	Once per lifetime
Intensive Behavioral Therapy for Cardiovascular Disease			
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	All Diagnosis	Annually
Intensive Behavioral Therapy for Obesity			
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Up to 22 visits billed with the codes G0447 and G0473, combined, in a 12-month period •First month: one face-to-face visit every week •Months 2–6: one face-to-face visit every other week •Months 7–12: one face-to-face visit every month if certain requirements are met Members with Obesity (Body Mass Index [BMI] ≥ 30 kilograms [kg] per meter squared)
G0473	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes		
Lung Cancer Screening			
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (ldct) (service is for eligibility determination and shared decision making)	Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219	Annually Age ~~55–77~~ (effective 3/09/2021) 50-80 years, Asymptomatic, Tobacco smoking history of at least ~~30~~ (effective 3/09/2021) 20 packs/year (smoking one pack per day; 1 pack = 20 cigarettes). Medical Policy updated to the latest March 09, 2021 USPSTF Lung Cancer Screening Recommendations. The age populations' span changed to
G0297	Low dose CT scan (ldct) for lung cancer screening Deleted 12/31/2020		
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast materials(s) Effective 1/1/2021		

			50-80 and the number of pack-year requirement decreased to 20. The USPSTF grade is a B.
Medical Nutrition Therapy			
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	All Diagnosis	First year: 3 hours of one-on-one counseling Subsequent years: 2 hours Members with diabetes or renal disease, or who have received a kidney transplant within the last 3 years.
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes		
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes		
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes		
Pneumococcal Vaccine			
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Z23	Initial vaccine - once; 2nd (different) pneumococcal vaccine) 1 year after the first vaccine was administered - once
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		
G0009	Administration of pneumococcal vaccine		
Prolonged Preventive Service			
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	Preventive when billed along with an allowed preventive service.	Frequency: based on associated covered preventive service. Preventive configuration, no cost share, only when billed with another preventive service.
G0514	Prolonged preventive service(s) (beyond the typical service time		

	of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)		
Preventive Services			
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 Years	All Diagnosis	Annually Only covered for the following Specialties: Primary Care Provider, Internal Medicine, Gynecologist
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 Years		
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 Years and Older		
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 Years		
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction		

	interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 Years		
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 Years and Older		
Prostate Cancer Screening			
G0102	Prostate cancer screening; digital rectal examination	Z12.5	Annually Members ages 50 years and older. Copay/coinsurance & deductible apply to G0102.
G0103	Prostate cancer screening; prostate specific antigen test (PSA)		Annually Members ages 50 years and older. Cost sharing does not apply to G0103
Screening for Cervical Cancer with HPV test			
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	Z11.51 and either Z01.411 or Z01.419	Once every five years Members ages 30 to 65 years.
Sexually Transmitted Infection (STI) Screening & Counseling			
Counseling for sexually active adolescents and adults at increased risk for STIs			
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, O09.93	Twice per year
Sexually active female Members (adolescents and adults) at increased risk for STIs who are not pregnant			
86631	Antibody; Chlamydia	Z11.3, Z11.59, Z72.51, Z72.52, Z72.53, Z72.89,	Annually
86632	Antibody; Chlamydia, IgM		

87110	Culture, chlamydia, any source		
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis		
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis		
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique		
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis		
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique		
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique		
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae		
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)		
86593	Syphilis test, non-treponemal antibody, quantitative		
86780	Antibody; Treponema pallidum		
Sexually active male Members (adolescents and adults) at increased risk: Screening for Syphilis			
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Z11.3, Z11.59, Z72.51, Z72.52, Z72.53, Z72.89	Annually

86593	Syphilis test, non-treponemal antibody, quantitative		
86780	Antibody; Treponema pallidum		
Pregnant Members who are at increased risk at the time of each screening			
86631	Antibody; Chlamydia	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, O09.93	Up to twice per pregnancy
86632	Antibody; Chlamydia, IgM		
87110	Culture, chlamydia, any source		
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis		
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis		
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique		
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis		
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique		
87591	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae		
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-		

	linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)		
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization		
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, O09.93	Up to three times per pregnancy One occurrence per pregnancy of screening for syphilis in pregnant women. Up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs
86593	Syphilis test, non-treponemal antibody, quantitative		
86780	Antibody; Treponema pallidum		
Screening Mammogram			
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Z12.31, N63.15, N63.25	Ages 35- 39 = One screening mammogram, (baseline). Ages 40 and older = annual screening mammogram
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		
Screening Pap Tests			
Female Members, normal risk			
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89	Every 2 years (or 23 months have passed following the month of the last covered exam) for women at low risk
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening,		

	requiring interpretation by physician		
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision		
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision		
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision		
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision		
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening		
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision		
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician		
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		
Female Members at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years			
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, and Z92.89	Annually (or 11 months have passed following the month of the last covered exam) for women at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		

G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician		
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision		
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision		
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision		
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision		
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening		
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision		
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician		
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		
Screening Pelvic & Breast Exam			
Female Members at normal risk			
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89	Low risk - Every 2 years (or 23 months have passed following the month of the last covered exam) for women at low risk

Female Members at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years			
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.89	High risk - Annually (or 11 months have passed following the month of the last covered exam) for women at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years.
Ultrasound Screening for Abdominal Aortic Aneurysm			
76706	Ultrasound Screening for Abdominal Aortic Aneurysm	All Diagnosis	Once per lifetime Criteria: at risk if you have a family history of abdominal aortic aneurysms, or you're a man age 65-75 and have smoked at least 100 cigarettes in your lifetime
A co-pay will be applied for Elite/ProMedica Medicare Plan members seeing a specialist for vision exams and allergy testing and treatment even though these are considered preventative care.			

Preventive Services			
Commercial			
The member must be familiar with their benefit limits as some are dictated by self-funded group requirements.			
The following preventive services have a rating of A or B from the U.S. Preventive Services Task Force (USPSTF). The Centers for Disease Control and Prevention (CDC), Advisory Committee for Immunization Practices (ACIP) recommended immunizations for adult, child and adolescent. The U.S. Department of Health and Human Services Women's Preventive Services.			
A visit solely for preventive care is covered without a copay. Any preventive office visit, preventive screening procedure or preventive service will be covered with no copay or deductible applied. However, if any preventive office visit, procedure or screening service results in the discovery of a condition, disease or suspicion that there is an abnormality requiring additional services or care, the member may be responsible for a co-pay or the application of their deductible for that visit or procedure…			
Codes	**Description**	**Diagnosis**	**Criteria/Limits**
Childhood and Adult Immunizations https://www.cdc.gov/vaccines/schedules/hcp/index.html			
90460	IMADM THROUGH 18YR ANY ROUTE 1ST VAC/TOXOID	All Diagnosis For Childhood Immunizations: The most recent recommendations of the American Academy of Family Physicians (AAFP), or the American Academy of Pediatrics (AAP), or the affirmative recommendations of	
90461	IMADM THROUGH 18YR ANY ROUTE EA ADDL VAC/TOXOID		
90470	IMMUNE ADMIN H1N1 IM/NASAL INCL CNSL		
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACC		
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACC		
90473	IMADM INTRANSL/ORAL 1 VACC		
90474	IMADM INTRANSL/ORAL EA VACC		

G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) for childhood immunizations are considered medically necessary. For Adult Immunizations: The most recent recommendations of the American Academy of Family Physicians (AAFP) or affirmative recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) for adult immunizations are considered medically necessary.	
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE		
G0010	ADMINISTRATION OF HEPATITIS B VACCINE		
90620	MENB RP W/OMV VACCINE IM		
90621	MENB RLP VACCINE IM		
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE		
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE		
90632	HEPATITIS A VACCINE ADULT FOR INTRAMUSCULAR USE		
90633	HEPATITIS A VACCINE PEDIATRIC 2 DOSE SCHEDULE IM		
90634	HEPATITIS A VACCINE PEDIATRIC 3 DOSE SCHEDULE IM		
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM		
90644	MENINGOCOCCAL & HIB CONJ VACCINE 4 DOSE IM		
90645	HEMOPHILUS INFLUENZA B VACC HBOC CONJ 4 DOSE IM		
90646	HEMOPHILUS INFLUENZA B VACCINE PRP-D BOOSTER IM		
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3 DOSE IM		
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T 4 DOSE IM		
90649	HUMAN PAPILLOMA VIRUS VACCINE QUADRIV 3 DOSE IM		Age 9-45
90650	HUMAN PAPILLOMA VIRUS BIVALENT VACCINE 3 DOSE IM		Age 9-45
90651	HPV VACCINE, TYPES 6,11,16,18,31,33,45,52, NONAVALENT (HPV),2 OR 3 DOSE SCHEDULE, IM		Age 9-45
90630	IIV4 INFLUENZA VACCINE 4 VALENT PRSRV FREE ID		
90653	INFLUENZA VACCINE INACT SUBUNIT ADJUVANT IM		
90654	INFLUENZA VACCINE PRSV FREE ID USE		
90655	INFLUENZA VIRUS VACC SPLIT PRSRV FREE 6-35 MO IM		
90656	INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM		
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM		

90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YEARS + IM		
90660	INFLUENZA VIRUS VACCINE LIVE INTRANASAL		
90661	INFLUENZA VACCINE CELL CULT PRSRV FREE IM		
90662	INFLUENZA VACCINE SPLT PRSRV FREE INC ANTIGEN IM		
90670	PNEUMOCOCCAL CONJ VACCINE 13 VALENT IM		
90672	INFLUENZA VIRUS VAC QUADRIVALENT LIVE INTRANASAL		
90673	INFLUENZA VIRUS VACCINE, TRIVALENT		
90674	INFLUENZA VIRUS VACCINE		
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIVE ORAL		
90681	ROTAVIRUS VACC HUMAN ATTENUATED 2 DOSE LIVE ORAL		
90682	INFLUENZA VIRUS VACC QUADRIV RIV4 RECOMB DNA IM		
90685	INFLUENZA VAC QUADRIVALENT PRSRV FREE 6-35 MO IM		
90686	INFLUENZA VAC 4 VALENT PRSRV FREE 3 YRS PLUS IM		
90687	INFLUENZA VACCINE QUADRIVALENT 6-35 MO IM		
90688	INFLUENZA VACCINE QUADRIVALENT 3 YRS PLUS IM		
90689	INFLUENZA VIRUS VACC QUADRIV IIV4 NO PRSRV 0.25ML IM		
90694	INFKYEBZA VURYS VACCUBEM QYADRUVAKEBT (AKKV4)M UBACTUVATEDM ADHYVABTEDM OERSERVATUVE FREEM 0.5ML DOSAGE, FOR INTRAMUSCULARE USE		
90696	DTAP-IPV INACTIVATED IF ADMIN PTS AGE 4-6 YRS IM		
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR		
90698	DTAP-HIB-IPV VACCINE IM		
90700	DTAP VACCINE < 7 YR IM		
90701	DIPHTHERIA TETANUS TOXOID PERTUSSIS VACCINE IM		
90702	DIPHTHERIA TETANUS TOXOID ADSORBED < 7 YR IM		
90703	TETANUS TOXOID ADSORBED INTRAMUSCULAR		

90704	MUMPS VIRUS VACCINE LIVE SUBCUTANEOUS		
90705	MEASLES VIRUS VACCINE LIVE SUBCUTANEOUS		
90706	RUBELLA VIRUS VACCINE LIVE SUBCUTANEOUS		
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ		
90708	MEASLES & RUBELLA VIRUS VACCINE LIVE SUBQ		
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ		
90712	POLIOVIRUS VACCINE ANY LIVE ORAL		
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM		
90714	TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM		
90715	TDAP VACCINE 7 YR + IM		
90716	VARICELLA VIRUS VACCINE LIVE SUBQ		
90718	TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM		
90719	DIPHTHERIA TOXOID INTRAMUSCULAR		
90720	DTP-HIB VACCINE INTRAMUSCULAR		
90721	DTAP-HIB VACCINE INTRAMUSCULAR		
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR		
90732	PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YR + SUBQ/IM		
90733	MENINGOCOCCAL POLYSAC VACCINE SUBCUTANEOUS		
90734	MENINGOCOCCAL CONJ VACCINE TETRAVALENT IM		
90736	ZOSTER SHINGLES VACCINE LIVE SUBCUTANEOUS		Age 60 and above
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use		
90740	HEPATITIS B VACCINE DIALYSIS DOSAGE 3 DOSE IM		
90743	HEPATITIS B VACCINE ADOLESCENT 2 DOSE IM		
90744	HEPATITIS B VACCINE PEDIATRIC3 DOSE IM		
90746	HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR		
90747	HEPATITIS B VACCINE DIALYSIS DOSAGE 4 DOSE IM		
90748	HEPB-HIB VACCINE INTRAMUSCULAR		
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular		Age 50 and above

90756	INFLUENZA VIRUS VACC QUADRIV CCIIV4 ABX FREE IM		
Q2034	INFLUENZA VIRUS VACCINE,SPLIT VIRUS, IM AGRIFLU		
Q2035	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM AFLURIA		
Q2036	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLULAVAL		
Q2037	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUVIRIN		
Q2038	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUZONE		
Q2039	INFLUENZA VACC SPLIT VIRUS 3 YRS & OLDER IM NOS		
COVID-19 Vaccines and Administration	No Paramount Member will have a member cost-sharing (e.g. deductibles, copayments, and coinsurance) for the COVID-19 vaccine or administration related services. Refer to Medical Policy PG0486 COVID-19 Vaccines		
Abdominal Aortic Aneurysm Screening: Men			
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm	All Diagnosis	Once per lifetime Male 65-75 Years Old The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked. Grade: B
Alcohol Misuse Screening and Counseling "Unhealthy Alcohol Use"			
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	All Diagnosis	Annually Members with positive screening, up to 4 times per year 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 Grade: B
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes		

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years.			
Anemia Screening			
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	Z13.0, Z34-Z34.93. Z331, O09.00-O09.93	One laboratory tests per pregnancy. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in pregnant women to prevent adverse maternal health and birth outcomes. HRSA (Bright Futures): 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 formulas. 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.
83540	Iron		
85013	Blood count; spun microhematocrit		
85014	Blood count; hematocrit (HcT)		
85018	Blood count; hemoglobin (Hgb)		
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count		
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)		
Autism screening			
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Z13.41	HRSA (Bright Futures) Provide the autism specific screening test at the 18 month and 24 month well-child visits.
Bacteriuria screening: pregnant women			
87081	Culture, presumptive, pathogenic organisms, screening only;	Z33.1, Z34-Z34.93, O09.00-O09.93	Once per pregnancy

87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart		The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons. Grade: B
87086	Culture, bacterial; quantitative colony count, urine		
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine		
Blood Pressure Screening in Adults			
		FOR BLOOD PRESSURE MONITORING WILL ONLY BE COVERED AS A PREVENTIVE SERVICE FOR THE FOLLOWING DIAGNOSIS CODE: **R03.0** Elevated blood-pressure reading, without diagnosis of hypertension	Once per Calendar Year The USPSTF recommends screening for high blood pressure in adults Aged 18 Years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment Grade: A
99473 New code Effective 1/1/2020	Self-measured blood pressure using a device validates for clinical accuracy; patient education/training and device calibration.		
99474 New code Effective 1/1/2020	Self-measured blood pressure using a device validates for clinical accuracy; separate self measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.		
BRCA Risk Assessment and Genetic Counseling/Testing			
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)	Z15.01, Z31.5, Z80.3, Z80.41, Z80.49, Z85.3, Z85.43	**Prior Authorization Required** 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 gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk
81163	"BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL		

	SEQUENCE ANALYSIS"		assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. Grade: B
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)		
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS		
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)		
81167	"BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)"		
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		
81215	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant		
81216	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis		
81217	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial		

	variant		
81307 New code Effective 1/1/2020	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE		
81308 New code Effective 1/1/2020	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT		
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53		
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11		
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	Z15.01, Z15.02, Z15.04, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43	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 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
Breast Cancer Screening (Mammography)			

77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	Z12.31, Z12.39, Z80.3, Z85.3, N63.15, N63.25	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 Years for women Age 40 Years and Older. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. Grade: B
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)		
Breast Feeding Support, Supplies and Counseling			
A4281	Tubing for breast pump, replacement	Limits: •E0602 – 2 per 2 years. The purchase of one (1) standard manual breast pump every two years. One (1) replacement if the breast pump is broken, lost or subsequent pregnancy every two years E0603 – 2 per 5 years. The purchase of one (1) standard electric breast pump every five years. One (1) replacement if the breast pump is broken or lost every five years. Only one of these procedures codes r/t breast pumps may be reimbursed when	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding Grade: B
A4282	Adapter for breast pump, replacement		
A4283	Cap for breast pump bottle, replacement		
A4284	Breast shield and splash protector for use with breast pump, replacement		
A4285	Polycarbonate bottle for use with breast pump, replacement		
A4286	Locking ring for breast pump, replacement		
E0602	Breast pump, manual, any type		
E0603	Breast pump, electric (AC and/or DC) any type		
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type		

		submitted for the same date of service by any provider. Procedure codes E0602 and E0603 will be denied when submitted within the same calendar month as procedure E0604. A4281-A4286 – Each part – up to 2 times within 12 months from the breast pump date of purchase, for HMO, PPO, Individual Marketplace & Elite/ProMedica Medicare Plan.	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes	Z33.1, Z34-Z34.93, Z39.0-Z39.2, O09.00-O09.93	
99402	Preventive medicine counseling/risk factor reduction, 30 minutes		
99403	Preventive medicine counseling/risk factor reduction, 45 minutes		
99404	Preventive medicine counseling/risk factor reduction, 60 minutes		
99411	Preventive medicine counseling/risk factor reduction, group, 30 minutes		
99412	Preventive medicine counseling/risk factor reduction, group, 60 minutes		
Cervical Cancer Screening			
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Z01.411, Z01.419, Z11.51, Z12.4, Z12.72, Z77.9, Z80.4, Z80.49	The USPSTF recommends screening for cervical cancer every 3 Years with cervical cytology alone in women Aged 21 to 29 Years. 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 (co-testing). Grade: A
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision		
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision		
88148	Cytopathology smears, cervical or vaginal; screening by		

	automated system with manual rescreening under physician supervision		HRSA (Bright Futures) recommends screening for cervical dysplasia with Pap smear within 3 years of onset of sexual activity.
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision		
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision		
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision		
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision		
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision		
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision		
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision		
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision		
Chlamydial Infection Screening Pregnant and Non Pregnant Women			
86631	Antibody; Chlamydia	Z11.3, Z11.59, Z11.8, Z34.0-Z36, O09.00-O09.93	Frequency limit 2 times per year The USPSTF recommends screening for chlamydial infection in
86632	Antibody; Chlamydia, IgM		
87110	Culture, chlamydia, any source		
87270	Infectious Agent antigen detection by immunofluorescent		

	technique; Chlamydia trachomatis		all sexually active nonpregnant young women Age 24 Years and younger and for older nonpregnant women who are at increased risk. Grade: A HRSA (Bright Futures) recommends screening sexually active adolescents for chlamydia using tests appropriate to the patient population and clinical setting
87320	Infectious Agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis		
87490	Infectious Agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique		
87491	Infectious Agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		
87800	Infectious Agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
87801	Infectious Agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique		
87810	Infectious Agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis		
Cholesterol Abnormalities Screening			
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	· Men ages 35-75 or women ages 40-75 with diagnosis of Z00.00, Z00.01, and Z13.220. OR Z13.6 · Men ages 20 through 34 annually with diagnosis of Z00.00, Z00.01, Z13.220, Z13.6 AND any of the following diagnoses: Z72.0, Z82.49, Z87.891, E66.0-E66.9, Z68.41-Z68.45, I10-I15.9, F17.210-F17.219, I25.10-I25.9, I70.0-I70.92, and E08.01-E13.9. Women ages 20 through 39 annually with diagnosis of Z00.00, Z00.01, Z13.220, Z13.6 AND any of the following diagnoses: Z72.0, Z82.49, Z87.891, E66.0-E66.9, Z68.41-	Once per Calendar Year The USPSTF strongly recommends screening men Age 35 Years and Older for lipid disorders. & The USPSTF recommends screening men Ages 20 to 35 Years for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF strongly recommends screening women Age 45 Years and Older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening women Ages 20 to 45 Years for lipid disorders if they are at increased
82465	Cholesterol, serum or whole blood, total		
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)		
83719	Lipoprotein, direct measurement: VLDL cholesterol		
83721	Lipoprotein, direct measurement: LDL cholesterol		
84478	Triglycerides		
83036	Hemoglobin; glycosylated (AIC_)		

		Z68.45, I10-I15.9, F17.210-F17.219, I25.10-I25.9, I70.0-I70.92, and E08.01-E13.9.	risk for coronary heart disease
Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy) Anesthesia			
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004	50-75 Years Old The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at Age 50 Years and continuing until Age 75 Years. The risks and benefits of these screening methods vary Grade: A
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum		50-75 Years Old The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at Age 50 Years and continuing until Age 75 Years. The risks and benefits of these screening methods vary. If the lower GI endoscopy began as a colorectal cancer screening endoscopy and the upper GI endoscopy was performed in the same session, then report 00813-33 or PT, so the anesthesia may be allowed under the member's PPACA no-cost-share benefits. If the lower GI endoscopy did not begin as a screening procedure, report 00813 without modifier 33 or PT appended,

			and the member's usual medical benefit level will apply.
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004	Modifier 33 or PT
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older		
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)		
99155	Moderate sedation services pervaded by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age		
99156	Moderate sedation services pervaded by a physician or other qualified health care professional other than the		

	physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older		
99157	Moderate sedation services pervaded by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)		
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Modifier 33** with Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004 every ten years	50-75 Years Old The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at Age 50 Years and continuing until Age 75 Years. The risks and benefits of these screening methods vary Grade: A If any of the colorectal cancer screening codes are billed with Z00.00, Z00.01, Z12.10-Z12.12, Z80.0, Z83.71, Z83.79 younger than age 50, will be denied as non-covered; not part of preventive benefit; member is responsible. If billed with other diagnoses, covered under medical benefit.
44389	Colonoscopy through stoma; with biopsy, single or multiple		
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)		
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)		
44403	Colonoscopy through stoma; with endoscopic mucosal resection		
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance		
44405	Colonoscopy through stoma; with transendoscopic balloon dilation		
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon		

	and cecum and adjacent structures		
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures		
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed		
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**Modifier 33** with Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004, every five years	
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple		
45332	Sigmoidoscopy, flexible; with removal of foreign body		
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		
45334	Sigmoidoscopy, flexible; with control of bleeding any method (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator		
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)		
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body(s)	**Modifier 33** with Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004, every ten years	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance		

45382	Colonoscopy, flexible; with control of bleeding, any method		
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		
45386	Colonoscopy, flexible; with transendoscopic balloon dilation		
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post-dilation and guide wire passage, when performed)		
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)		
45390	Colonoscopy, flexible; with endoscopic mucosal resection		
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	**Modifier 33** with Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	81528 (Cologuard) is only covered once every three years if submitted with diagnosis code Z79.01	
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)	82270 or 82274 covered annually as preventive with diagnosis codes Z00.00, Z00.01, Z12.10-Z12.12, Z80.0, Z83.71, Z83.79, Z86.004	
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations		
88304	Level III - Surgical pathology, gross and microscopic examination	(surgical pathology) covered as preventive if billed on the same date as a preventive colonoscopy.	
88305	Level IV - Surgical pathology, gross and microscopic examination		
Dental Caries in Children from Birth through age 5 years			
99188	Application of topical fluoride varnish by a physician or other	All Diagnosis	Three times per 12 months for members, for children, from first

	qualified health care professional		tooth eruption through age 5 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. Grade: B HRSA (Bright Futures) recommends Oral fluoride supplementation from ages 1-6 if the primary water source is deficient in fluoride.
Depression Screening: Adolescents and Adults			
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Z00.121, Z00.129, Z13.30, Z13.31, Z13.32, Z13.39	Once every 12 months The USPSTF recommends screening adolescents (Ages 12-18 Years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. 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. Grade: B
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation per standardized instrument		
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		
Perinatal Prevention Depression Counseling Services			
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Z13.32	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal
99402	Preventive medicine counseling and/or risk factor reduction		

	intervention(s) provided to an individual (separate procedure); approximately 30 minutes		depression to counseling interventions Grade: B
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes		
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes		
Diabetes Screening			
82947	Glucose; quantitative, blood (except reagent strip)	Z00.00, Z00.01, Z13.1 or E66.01-E66.9; or R73.03	One laboratory test every 12 months The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg Abnormal blood glucose and type 2 diabetes mellitus screening is covered as a preventive service as part of a cardiovascular risk assessment in adults 40 to 70 years who are overweight or obese
82948	Glucose; blood, reagent strip		
82950	Glucose; post glucose dose (includes glucose)		
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)		
Gestational Diabetes Mellitus Screening (Pregnant Women)			
82947	Glucose; quantitative, blood (except reagent strip)	O09.00-O09.93, Z34.0-Z36, Z13.1	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation and at the first prenatal visit & 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
82950	Glucose; post glucose dose (includes glucose)		
82951	Glucose: tolerance test (GTT), 3 specimens (includes glucose)		

			should be screened for diabetes mellitus Grade: B
Gonorrhea Screening: Women			
87590	Infectious Agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	Z01.411, Z01.419, Z11.3, Z11.59, Z34.0-Z36, O09.00-O09.93	Once per Calendar Year The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors). Grade: B HRSA (Bright Futures) recommends screening sexually active adolescents for gonorrhea using tests appropriate to the patient population and clinical setting.
87591	Infectious Agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique		
87800	Infectious Agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		
87801	Infectious Agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique		
87850	Infectious Agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae		
Healthy Diet Counseling			
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	All Diagnosis	Up to four counseling and/or nutrition visits every 12 months The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians The USPSTF recommends offering or referring adults who are overweight or obese and have
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes		

			additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. Grade: B
Hearing Loss: Screening for Newborns			
92551	Tympanometry and reflex threshold measurements	Z00.110-Z00.129	Age less than 1 Year Old The USPSTF recommends screening for hearing loss in all newborn infants
92558	Evoked optoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked optoacoustic emissions), automated analysis.		
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited		
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report		
Hemoglobinopathies Screening: Newborns (Sickle Cell)			
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)	Z00.110-Z00.129	Age less than 1 Year Old The USPSTF recommends screening for sickle cell disease in newborns. HRSA (Bright Futures) recommends: 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.
83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)		
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylanine (PKU); and thyroxine, total)		
Hepatitis B Virus Infection Screening for Pregnant Women and Non-Pregnant Adolescents and Adults & Newborns			
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and	B20, F11.10-F11.99, F13.10-F13.99, F14.10-F14.99, F15.10-F15.99, F19.10-F19.19, O09.00-O41.93X9, O09.891-O09.93, Z00.00, Z00.01,	Once per Calendar Year The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at

	appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, nontreponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	Z00.121, Z00.129, Z11.59, Z20.5, Z21, Z34.0-Z36, Z72.52, Z72.53, Z72.89, Z79.899, Z92.21, Z92.25, Z99.2	their first prenatal visit and in persons at high risk for infection Grade: A Hepatitis B virus screening is covered as a preventive service for all asymptomatic adults at high risk for HBV infection: High Risk Hepatitis B virus screening is defined by any of the following: Foreign-born individuals whose country of origin has a high prevalence of Hepatitis B (2 percent or greater). Individuals with a lack of vaccination in infancy in US-born infants with parents from high prevalence areas (8 percent or greater). Individuals who are HIV positive. Individuals who are injection drug users. Individuals who have contact with Hepatitis B infected individuals. Males who have sex with other males. Individuals who are receiving hemodialysis or cytotoxic treatment or immunosuppressive treatment.
86704	Hepatitis B core antibody (HBcAb); total		
86705	Hepatitis B core antibody (HBcAb); IgM antibody		
86706	Hepatitis B surface antibody (HBsAb)		
87340	Infectious Agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)		
87341	Infectious Agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization		
Hepatitis C Virus Infection Screening: Adults			
86803	Hepatitis C antibody	F11.10-F11.99, F13.10-F13.99, F14.10-F14.99, F15.10-F15.99, F16.10-F16.99, F18.10-F18.99, F19.10-F19.19, O09.00-O41.93X9, O09.891-O09.93, P00.2,W46.0, W46.1, Z00.00, Z00.01, Z11.4, Z11.59, Z65.1, Z72.51, Z72.52, Z72.53, Z72.89	Once per Calendar Year The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. High risk for Hepatitis C virus infections are any of the following: Individual who is a past or current injection drug user. Individual who was a recipient of a blood
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)		
87520	Infectious Agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique		
87521	Infectious Agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed		
87522	Infectious Agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification,		

	includes reverse transcription when performed		transfusion before 1992. Individual who is on long-term hemodialysis. Individual who was born to Hepatitis C positive mother. Individual who is incarcerated. Individual who is intranasal drug user. Individual who have high-risk sexual behaviors. Individual who had percutaneous exposures. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965 Grade: B
HIV Screening: Pregnant & Non-Pregnant Women, Adolescents and Adults			
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, nontreponemal antibody; qualitative (eg,VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) (When syphilis screening is performed using a treponemal antibody approach [86780], do not use 80081)	Z00.00-Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z11.59, Z71.7, Z71.89, Z72.51-Z72.53, Z72.89, Z34.0-Z36, O09.00- O09.93	Annually or more frequently depending on health status, health needs, and other risk factors The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults Ages 15 to 65 Years. Younger adolescents and Older adults who are at increased risk should also be screened. & The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. & The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP)
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)		
86701	Antibody; HIV-1		
86702	Antibody; HIV-2		
86703	Antibody; HIV-1 and HIV-2, single result		

87389	Infectious Agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result		with effective antiretroviral therapy to persons who are at high risk of HIV acquisition (prescription required) Grade: A
87390	Infectious Agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1		
87391	Infectious Agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2		
87534	Infectious Agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique		
87535	Infectious Agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed		
87538	Infectious Agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed		
87806	Infectious Agent antigen detection by immunoassay with direct optical observation; hiv-1 antigen(s), with hiv-1 and hiv-2 antibodies		
Human Papillomavirus Testing			
87623	Infectious Agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4, Z12.72, Z12.89	No more frequently than every 3 years Age 30-65 High-risk human papillomavirus DNA testing in women with normal cytology results. Screening
87624	Infectious Agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)		

87625	Infectious Agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed		should begin at 30 Years Age and should occur no more frequently than every 3 Years Grade: A
Hypothyroidism Screening: Newborns			
84436	Thyroxine; total	Z00.110-Z00.111	The USPSTF recommends screening for congenital hypothyroidism in newborns
84437	Thyroxine; requiring elution (e.g., neonatal)		
84439	Thyroxine; free		
84443	Thyroid stimulating hormone (TSH)		
Lead Screening			
83655	Lead	Z00.121, Z00.129, or Z77.011	Every 12 months under the age of 3 years
Lung Cancer Screening			
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219	Annually Age ~~55–80~~ (effective 3/09/2021) 50-80 years, Asymptomatic, Tobacco smoking history of at least ~~30~~ (effective 3/09/2021) 20 packs/year (smoking one pack per day; 1 pack = 20 cigarettes). Medical Policy updated to the latest March 09, 2021 USPSTF Lung Cancer Screening Recommendations. The age populations' span changed to 50-80 and the number of pack-year requirement decreased to 20. The USPSTF grade is a B.
G0297	Low dose CT scan (LDCT) for lung cancer screening Deleted 12/31/2020		
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast materials(s) Effective 1/1/2021		
Obesity Screening and Counseling			
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Z00.00, Z00.01, Z00.121. Z00.129, AND Z68.30-Z68.45, Z68.53, Z68.54	Up to 22 visits billed with the codes G0447 and G0473, combined, in a 12-month period •First month: one face-to-face visit every week •Months 2–6: one face-to-face visit every other week •Months 7–12: one face-to-face visit every month if certain requirements are met
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes		

			The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral The USPSTF recommends that clinicians screen children Age 6 Years and Older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. Interventions. Grade: B
Osteoporosis Screening: Women (Bone Density)			
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	E21.0, E21.3, E23.0, E34.2, E89.40, E89.41, M80.08XA, M80.88XA, N95.8, N95.9, Q78.0, S34.3XXA, Z13.820, Z78.0, Z79.3, Z79.51, Z79.52, Z79.811, Z79.818, Z79.83, Z87.310	Once every 2 years The USPSTF recommends screening for osteoporosis in women Age 65 Years and Older and in 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 Grade: B
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)		
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)		
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)		
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment		
Phenylketonuria Screening: Newborns			
84030	Phenylalanine (PKU), blood	Z00.110-Z00.111	Age less than 1 Year Old The USPSTF recommends

			screening for phenylketonuria in newborns
Preventive Exam. Including Well-Baby and Well-Child Care			
Age-appropriate preventive screening services are provided for the purpose of promoting health and preventing illness or injury. Preventive counseling services will vary by age and should include issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic laboratory tests results available at the time of the encounter.			
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (Age younger than 1 year)	Preventive physical exams All Diagnosis Pediatric exams follow the age-related frequency recommendations: 99381 and 99391 covered up to 6 times (aggregate) in members under age 1 year. 99382 and 99392 covered 3 times (aggregate) in members 1 year old, and annually in members age 2 through 4 years. Annually for ages greater than 4 years. 99383- 99387 and 99393-99397 covered Annually (aggregate) in members over the age of 4. Age specific screening and brief counseling included in preventive medicine visit; not separately reimbursed. Counseling beyond that included in preventive visit may be reimbursed with documentation of that counseling as a separate and identifiable service.	
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (Age 1 through 4 Years)		
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (Age 5 through 11 Years)		
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (Age 12 through 17 Years)		
99385	Initial comprehensive preventive medicine evaluation and management of an individual		

	including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 Years	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 Years	
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 Years and Older	
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (Age younger than 1 year)	
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (Age 1 through 4 Years)	
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination,	

	counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (Age 5 through 11 Years)	
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (Age 12 through 17 Years)	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 Years	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 Years	
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an Age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 Years and Older	
Preventive Counseling		
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an	All Diagnosis

	individual (separate procedure); approximately 15 minutes	Counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. Grade B: One visit every 12 months Clinicians screening for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. Grade B: Once visit every 12 months. Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). Grade B: One visit every 12 months. Offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. Grade: B Counseling women ages 55-79 about aspirin to reduce the risk of ischemic strokes. Counseling men ages 45 to 79 to reduce the risk of coronary heart disease. Clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or Raloxifene The appropriate ICD-10 codes to report these services are D24.1-D24.9, N60.81-N60.89, Z85.3, Z80.3. Z79.810 or Z15.01. Counseling women on exercise interventions to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls. Once every 12 months	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes		
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes		
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes		
Rh(D) Incompatibility: Screening			
86901	Blood typing, Rh (D)	O09.00-O09.93, or Z34.0-Z36	The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. Grade: A

			The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative. Grade: B
Syphilis Screening Pregnant Women and Non-Pregnant Persons			
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	B20, F52.8, O09.00-O09.93, P00.2, Z00.00, Z00.01, Z00.121, Z00.129, Z01.411-Z01.419, Z11.2, Z11.3, Z11.59, Z11.9, Z20.2, Z21, Z65.1, Z71.89, Z72.51, Z72.52, Z72.53, Z34.0-Z36, Z77.21, Z72.89, Z91.42	Annually or more frequently depending on health status, health needs and other risk factors The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection & recommends early screening for syphilis infection in all pregnant women Grade: A Risk factors for increased risk include: Males who have sex with males. Individuals who are HIV positive. Individuals with a history of incarceration. Individuals with a history of commercial sex work Males younger than 29 years. Individuals having sex with multiple partners. Individuals having a sexual partner who has tested positive for syphilis.
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)		
86780	Antibody; Treponema pallidum		
87660	Infectious Agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique		
87661	Infectious Agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique		
Tobacco and E-cigarettes Use Counseling: Children, Adolescents, Adults and Pregnant Women			
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298,	Two smoking cessation attempts allowed per year. Each attempt may include a maximum of four intermediate or intensive sessions. A
99407	Smoking and tobacco use cessation counseling visit;		

	intensive, greater than 10 minutes	F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z87.891	total of eight sessions are covered in a 12-month period. The USPSTF recommends that clinicians ask all pregnant women, children adolescents and adults about tobacco use and provide augmented, pregnancy tailored counseling to those who smoke. Grade: B
Tuberculosis Screening			
86580	Skin test; tuberculosis, intradermal (PPD Skin Test)	R76.11, Z11.1, Z11.7	Up to 2 tests annually are covered, or more frequently depending on health status, health needs and other risk factors The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk. Individuals born in or is a former resident of countries with increased TB prevalence. Individuals who live in or have lived in high risk congregate settings (e.g. homeless shelters and correctional facilities). Individual who is immunosuppressed. Individual with silicosis. Grade: B
99211	Office of other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	FOR TUBERCULOSIS TESTING, CPT CODE 99211 WILL ONLY BE COVERED AS A PREVENTIVE SERVICE FOR THE FOLLOWING DIAGNOSIS CODES: R76.11, Z11.1, Z11.7	
EXERCISE INTERVENTIONS FOR THE PREVENTION OF FALLS			
97110	Therapeutic procedure, 1 or more areas, each 15 minutes;		Exercise interventions for community-

	therapeutic exercises to develop strength and endurance, range of motion and flexibility	R26.0, R26.1, R26.2, R26.81, R26.89, R26.9, R29.6, Z91.81 Must be billed with the appropriate modifier 33 to indicate that the preventive coverage has been met.	dwelling (i.e. not living in a facility) adults 65 years of age or older who are at increased risk for falls are covered as a preventive service when the following criteria are met: The individual is not diagnosed with osteoporosis or vitamin D deficiency. The exercise interventions include at least one of the following components: Gait training Balance training Functional training Resistance training Flexibility Endurance training
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		
97150	Therapeutic procedure(s), group (2 or more individuals)		
97161	Physical therapy evaluation: low complexity		
97162	Physical therapy evaluation: moderate complexity		
97163	Physical therapy evaluation: high complexity		
97164	Re-evaluation of physical therapy established plan of care		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		
When the following codes are reported in conjunction with a Preventive Service			
36415	Collection of venous blood by venipuncture	All Diagnosis When performed with a preventive lab service.	No copay or deductible when performed with a preventive lab service. Cost share applies when billed with any other laboratory codes not listed in this policy. (Paramount Elite Enhanced Medical coverage)
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)		
Facility Service when directly related to Preventive Care.			

Women's Preventive Health
Commercial and Elite/ProMedica Medicare Plan
The following medical services are covered without member cost share: 1. Removal of long acting contraception, such as Implanon or IUDs, but only as long as it is immediately replaced with a similar method or device. Otherwise, removal of long acting contraception is covered under the standard medical benefit plan. 2. Tubal ligations and associated services; this includes salpingectomy or use of tubal occlusion devices, such as Essure. 3. Insertion or implantation of birth control pellets and capsules. 4. Fitting and insertion of diaphragms, rings and caps.

5. Injection of long acting contraceptives			
Codes	**Description**	**Diagnosis**	**Criteria/Limits**
Contraceptive Methods and Counseling			
A4261	Cervical cap for contraceptive use	All Diagnosis	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system		
A4266	Diaphragm for contraceptive use		
A4267	Contraceptive supply, condom, male, each		
A4268	Contraceptive supply, condom, female, each		
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each		
J1050	Injection, medroxyprogesterone acetate, 1 mg		
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg IUD Implantable system		
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration IUD Implantable system		
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration IUD Implantable system		
J7300	Intrauterine copper contraceptive IUD Implantable system		
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg IUD Implantable system		
J7303	Contraceptive supply, hormone containing vaginal ring, each. Vaginal Contraceptive Ring		
J7304	Contraceptive supply, hormone-containing patch, each. Patch		
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies. IUD Implantable system		

J7307	Etonogestrel (contraceptive) implant system, including implant and supplies. IUD Implantable system		
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena)		
S4981	Insertion of progesterone containing IUD		
S4989	Progestasert IUD, or other IUD		
00840	Anesthesia for intraperitoneal proc in lower abdomen incl laparoscopy; NOS		Covered as Preventive when billed with a preventive procedure
00851	Anesthesia for intraperitoneal proc in lower abdomen incl laparoscopy; tubal ligation/transection		
11976	Removal implantable contraceptive capsules (when followed by 11981)		
11980	Subcutaneous hormone pellet implantation		
11981	Insertion, non-biodegradable drug delivery implant		
11982	Removal, non-biodegradable drug delivery implant		
11983	Removal & reinsertion, non-biodegradable drug delivery implant		
57170	Fitting of diaphragm		
58300	Insertion of IUD		
58301	Removal of IUD (when followed by 58300)		
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography is covered one time when performed within 120 days of 58565 (same DOS as 58300).		
58565	Hysteroscopy and tubal ablation		
58600	Ligation/transection of fallopian tube(s), abd or vag approach, unilat or bilat		
58605	Ligation/transection of fallopian tube(s), abd or vag approach, postpartum, unilat or bilat, during same hospitalization (sep procedure)		
58611	Ligation/transection of fallopian tubes at time of Cesarean delivery or intra-abd surgery (not a separate procedure—listed in addition to primary procedure)		

58615	Occlusion of fallopian tube(s) by device vaginal or suprapubic approach		
58670	Surgical laparoscopy w/fulguration of oviducts (+/- transection)		
58671	Surgical laparoscopy; w/occlusion of oviducts by device		

Preventive Services

Advantage

Ohio administrative Code
5160-1-16 Preventive services.
(A) "Preventive service" is a procedure, treatment, or other measure that is included in either of two groups:

(1) Services addressed in any of the following sources:

(a) "USPSTF A and B Recommendations" (January 2017), published by the United States preventive services task force and available at http://www.uspreventiveservicestaskforce.org;

(b) Immunization schedules for January 2017 published by the centers for disease control and prevention and available at http://www.cdc.gov;

(c) "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, 4th Edition" (2017), published by the American academy of pediatrics and available at http://www.aap.org; or

(d) "Recommendations for Preventive Services for Women" (December 2016), published by the women's preventive services initiative and available at http://www.womenspreventivehealth.org; or

(2) Medically necessary procedures that meet the definition of "early and periodic screening, diagnostic, and treatment services" set forth in 42 U.S.C. 1396d(r) (as in effect in January 2017).

(B) Payment may be made for a preventive service and necessary related services (e.g., medications, procedures, devices, tests, education, and counseling) when both of the following conditions are met:

(1) A practitioner in an appropriate discipline, acting within the scope of practice authorized under state law, has determined, on the basis of at least one risk factor, that the preventive service is indicated for a particular individual; and

(2) The preventive service is provided in accordance with nationally recognized, evidence-based frequency schedules.

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual Ohio Medicaid fee schedule for appropriate codes.

Paramount covers and reimburses for immunizations/vaccines based on the recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The Centers for Disease Control and Prevention (CDC) purchases vaccines at a discount and distributes them to state health departments, which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers.

COVID-19 Vaccines: Refer to Medical Policy PG0486 COVID-19 Vaccines

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/services/providers/medical-policies/ .

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 11/15/2007

Date	Explanation & Changes
07/01/2020	• Updated policy to most recent preventive services and criteria • Reformatted policy to include specific preventive coverage detailed to procedures, diagnosis and limits
08/19/2020	• Updated policy to indicate: When a preventive service identified within this medical policy exceeds the preventive coverage limits as documented, the service may be covered under another portion of the members medical benefit plan, requiring member cost share
09/02/2020	• Paramount 2020 Elite Enhanced Medical coverage r/t Vision, clarified with the covered diagnosis and limits
11/01/2020	• Updated: Women's Preventive Health applies to both Commercial and Elite product lines • Updated typos: ○ Breast Feeding Support, Supplies and Counseling-Procedure code A4826 should be A4286 - Locking ring for breast pump, replacement. ○ Osteoporosis Screening: Women (Bone Density)-Removed invalid diagnosis code Z83.62. ○ Syphilis Screening Pregnant Women and Non-Pregnant Persons-Removed invalid diagnosis code E65.1. ○ HIV Screening: Pregnant & Non-Pregnant Women, Adolescents and Adults-Procedure code 87603 should be 86703 - Antibody; HIV-1 and HIV-2, single result
01/01/2021	• Medical policy placed on the new Paramount Medical Policy Format
01/06/2021	• Added new CPT code 71271-effective 1/1/2021 • Deleted code G0297- 01/01/2021. • Documentation added to refer to medial policy PG0486 COVID-19 Vaccines r/t COVID-19 Vaccines and Administration Preventive Coverage
04/01/2021	• Medical Policy updated to the latest March 09, 2021 USPSTF Lung Cancer Screening Recommendations. The age populations' span changed to 50-80 and the number of pack-year requirement decreased to 20. The USPSTF grade is a B.
04/06/2021	• Procedure G0438 changed from once per lifetime to Effective 04/01/2021 Once per lifetime (first AWV)/provider-member combination (For Providers whom see Members that switched PCPs, this code would be the appropriate code as opposed to the G0439).

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

MEDICARE PREVENTIVE SERVICES. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.

American Academy of Family Physicians

American Academy of Pediatrics. Bright Futures guidelines

American Cancer Society. Cancer screening guidelines
Professional Specialty Societies

Centers for Disease Control and Prevention

Health Resources and Services Administration (HRSA)

U.S. Preventive Services Task Force (USPSTF) grade A or B recommendations

Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC)