

# Reimbursement Policy

## Preventive Services

REIMBURSEMENT POLICY NUMBER: 27

**Effective Date:** 10/1/2026

**Last Review Date:** 9/2026

**Next Bi-Annual Review:** 12/2026

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**INSTRUCTIONS FOR USE:** Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

### SCOPE AND APPLICATION

**Provider Type:**

- ☒ Professional Claims
- ☒ Facilities

**Plan Product:**

- ☒ Commercial
- ☒ Medicare
- ☐ Medicaid/Oregon Health Plan (OHP)

### POLICY STATEMENT

**NOTE:** Inclusion of a code on this policy does **not** guarantee payment. Other plan policies or clinical edits may be in place. This policy does not replace or supersede established bundling practices or clinical edits, including but not limited to, the use of Centers for Medicare and Medicaid Services

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

(CMS) National Correct Coding Initiative (NCCI) edits, CMS Medically Unlikely Edits (MUEs), established global period bundling or other Plan edits. This means even if a service is determined to be a benefit, it may still be denied separate payment if an NCCI edit or other Plan denial applies.

### Reimbursement Policy Quick Links

- ❖ Policy Statements
  - [Commercial Plan Members](#)
  - [Medicare Plan Members](#)
- ❖ [Table 1](#) – Commercial Line of Business Preventive Services and Billing/Coding Requirements
- ❖ [Table 2](#) – Medicare Advantage Line of Business Preventive Services and Billing/Coding Requirements

### Commercial Plan Members

- I. The Company reimburses for the preventive services described in this policy without cost share to the member (i.e., covered at 100% of allowed amounts without deductible, coinsurance, or copayment).
  - A. The preventive services need to be provided by an in-network provider in order to be reimbursed with no member cost share.
  - B. Services are covered for all ages and genders unless indicated under the Preventive Services tables below.
- II. Services are considered preventive by The Company based on review of guidelines from any of the following organizations:
  - A. United States Preventive Services Task Force (USPSTF) grade A or B recommendations.
  - B. The United States Department of Health and Human Services recommendations for preventive care.
  - C. Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Centers for Disease Control and Prevention (CDC).
  - D. Oregon Health Authority (OHA) or Washington State Department of Health (DOH).
  - E. The American Academy of Pediatrics and the Bright Futures Recommendations for Pediatric Preventive Health Care.
  - F. Health Resources and Services Administration (HRSA) guidelines for preventive care.
  - G. West Coast Health Alliance (states of Oregon, Washington, California and Hawaii) vaccine recommendations
  - H. Any state or federal regulations requiring coverage of medical or pharmaceutical services as preventive with no member cost share.
- III. A list of preventive services for Commercial lines of business, including any coding and billing requirements for correct reimbursement, is included in the Policy Guidelines [Table 1](#) below.
  - A. The list of preventive services may be updated at regular intervals by The Company, based on regular review of the organizational recommendations described in criterion II. above.

- IV. If a preventive service is performed within an inpatient setting, the preventive service is covered in full. However, the preventive service is considered incidental to the inpatient stay and is not separately reimbursable because it is not the primary reason for the admission.
  - A. For example, a newborn hearing screening 24 hours after birth is considered a preventive service but is incidental to the inpatient hospital stay for the birth and is not separately reimbursable.
- V. Certain services are considered preventive; however, they are not reimbursed separately because payment for these services is included in the reimbursement for the associated evaluation and management visit. These services are noted in [Table 1](#) below.

#### **Medicare Plan Members**

- VI. Preventive care services, as defined by Medicare, are covered in accordance with the member's Evidence of Coverage (EOC). To ensure claims are processed correctly, claims must be filed accurately, using appropriate procedural and diagnosis coding. See [Table 2](#) below for additional information.

## **POLICY GUIDELINES**

### **BACKGROUND**

#### **Commercial Plan Members**

Preventive health services are designed to identify and mitigate health risks before the onset of disease, improving population health outcomes and reducing long-term healthcare costs. Under the Patient Protection and Affordable Care Act (ACA), Section 2713 of the Public Health Service Act requires most non-grandfathered private health plans to cover specified preventive services without cost-sharing (i.e., no copayments, deductibles, or coinsurance) when delivered by in-network providers. These requirements apply to individual, small group, and large group markets.

The mandated preventive services fall into four categories:

1. Evidence-based services recommended with an "A" or "B" rating by the U.S. Preventive Services Task Force (USPSTF), such as cancer screenings, cardiovascular risk assessments, and preventive medications.
2. Routine immunizations recommended by the Oregon Health Authority (OHA), the Washington State Department of Health (DOH), or the Advisory Committee on Immunization Practices (ACIP) and adopted by the CDC.
  - a. The Companies also use state and federal protocols and guidelines, such as those from the Oregon or Washington Boards of Pharmacy and the West Coast Health Alliance, to inform coverage.
3. Preventive care and screenings for infants, children, and adolescents based on guidelines supported by the Health Resources and Services Administration (HRSA) (e.g., Bright Futures).

4. Women’s preventive services as outlined in HRSA-supported guidelines, including well-woman visits, contraceptive services, and counseling.

Research demonstrates that preventive services improve health outcomes by enabling early detection and intervention, reducing morbidity and mortality, and lowering overall healthcare expenditures. Compliance with federal and state mandates, accurate coding, and adherence to frequency and eligibility guidelines are essential for proper reimbursement and regulatory alignment.

## **Medicare Plan Members**

Benefits and coverage for preventive services for Medicare Advantage members generally align with Medicare preventive and screening services guidelines. Medicare coverage is typically determined through the National Coverage Determination process and generally includes (but is not limited to) USPSTF “A” and “B” recommendations when deemed reasonable and necessary for early detection or prevention of illness. CMS also provides detailed billing and coding guidance for these services, including the use of modifiers (e.g., Modifier 33) to indicate preventive intent and ensure cost-sharing exemptions. Benefit application and cost-share calculations will be administered in accordance with the member’s EOC.

## **DEFINITIONS**

### **Screening Tests**

Screening tests are medical tests performed on people without symptoms to detect potential health disorders or diseases early. They aim to identify individuals at risk or in the early stages of a condition so that preventive measures or timely treatment can be initiated. Screening tests are not diagnostic; they indicate whether further testing is needed.

*Examples:* Mammogram for breast cancer, cholesterol check, Pap smear.

### **Diagnostic Tests**

Diagnostic tests are procedures used to confirm or rule out a specific disease or condition in individuals who have symptoms or abnormal screening results. They provide detailed information to guide treatment decisions, monitor disease progression, and assess treatment effectiveness.

*Examples:* Blood tests, imaging (CT scan, MRI), biopsy, endoscopy.

### **Surveillance or Monitoring Tests**

Surveillance or monitoring tests involve the ongoing, systematic collection and analysis of health data to track disease trends, detect outbreaks, or monitor a patient’s condition over time. In clinical care, monitoring tests help evaluate treatment effectiveness and identify complications early. In public health, surveillance focuses on population-level data for prevention and control.

*Examples:* Regular blood glucose checks for diabetes management, infection surveillance in hospitals, public health monitoring for influenza trends.

**Table 1: Commercial Line of Business Preventive Services and Billing/Coding Requirements**

| Preventive Services                                                        |                                               |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                                    | Procedure code(s)                             | Limitations and Diagnosis Code/Billing Requirements (if applicable)                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Abdominal aortic aneurysm screening                                        | 76700, 76705, G0389, 76706                    | Limited to 1 per lifetime.                                                             | .<br><br>The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.                                                                                                                                                                                                                                                                                            |
| Anemia screening (children and adults)                                     | 85014, 85018                                  |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Anemia Prevention (children)                                               | N/A                                           | Coverage is restricted to formulary iron supplements for children up to 2 years of age | The American Academy of Pediatrics (Healthy Children) recommends, at four months of age, infants who are partially or completely breastfeeding should be supplemented with 1 mg/kg per day of oral iron until appropriate iron-containing complementary foods (including iron-fortified cereals) are introduced in their diet.                                                                                                                       |
| Aspirin prescribed to prevent cardiovascular disease and colorectal cancer | N/A                                           |                                                                                        | The USPSTF recommends the use of aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.<br><br>The USPSTF recommends the use of aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. |
| Autism screening                                                           | Included in evaluation & management services. |                                                                                        | HHS.gov recommends for children at 18 and 24 months                                                                                                                                                                                                                                                                                                                                                                                                  |

| Preventive Services                                               |                                                                                                 |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                           | Procedure code(s)                                                                               | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                           | Comments                                                                                                                                                                                                                                                          |
| Bacteriuria urinary tract or other infection (UTI) screening      | 81007, 87086, 87088                                                                             |                                                                                                                                                                                               | The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.                                                                                          |
| Behavioral assessments (anxiety screening)                        | 96127                                                                                           |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |
| Behavioral counseling for cardiovascular disease (CVD) prevention | G0447, G0473, G0446                                                                             | G0447 and G0473: limited to adults and children aged 6 to 17 years old, and frequency of 12 per calendar year, combined with obesity counseling.<br><br>G0466: limited to 1 per calendar year | The USPSTF recommends 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 healthy diet and physical activity for CVD prevention. |
| Blood pressure screening                                          | 93784, 93786, 93788, 93790, 99473, 99474                                                        |                                                                                                                                                                                               | The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The American Association of Pediatrics also has Ambulatory BP testing on the Bright Futures Preventive Grid for All Ages up to 18.                                      |
| Blood pressure monitors                                           | A4660, A4663, A4670                                                                             | Limited to adults age 18 and older                                                                                                                                                            | 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.                                     |
| Bone density: osteoporosis screening                              | 76977, 77078, 77080, 77081, 77085, G0130, 78350, 78351, 0554T-0558T, 0743T, 0749T, 0750T, 0815T |                                                                                                                                                                                               | 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.                                       |
| Breast cancer: mammography screening                              | 77061, 77062, 77063, 77065, 77066, 77067, 77067, G0279                                          |                                                                                                                                                                                               | The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.                                                                                                                                                                               |

| Preventive Services                                                              |                                                                                                           |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Service                                                                          | Procedure code(s)                                                                                         | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Breast cancer: BRCA genetic testing and counseling for breast and ovarian cancer | 81162-81167, 81212, 81215-81217, 81307, 81308, 0138U, 96040                                               |                                                                                                                                                                                                                                                                                                                        | The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. |
| Breast cancer: risk reducing medications for women at high risk                  | N/A                                                                                                       | Generic medications used for breast cancer risk reduction (tamoxifen, raloxifene, anastrozole, and letrozole) are covered in full when any of the following diagnosis codes are submitted with the prescription to the pharmacy: D05.00, D05.01, D05.02, N60.81, N60.82, N60.89, N60.91, N60.92, N60.99, Z15.01, Z80.3 | The USPSTF recommends clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.                                                                                                                                                                                                                      |
| Breastfeeding counseling and support                                             | 99211, G0463, S9443, 99201-99205, 99211-99215, 99401-99404, 99341-99345, 99347-99350, 99241, 99242, G0463 |                                                                                                                                                                                                                                                                                                                        | The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.                                                                                                                                                                                                                                                                                                                                                       |
| Breastfeeding supplies                                                           | E0602-E0604, A4281-A4286, K1005                                                                           | E0602-E0604 Limited to 1 per pregnancy                                                                                                                                                                                                                                                                                 | The U.S. Department of Health and Human Services recommends breastfeeding comprehensive support and counseling from trained providers, as well as access to                                                                                                                                                                                                                                                                                                      |

| Preventive Services           |                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Service                       | Procedure code(s)                                                                                                                                                  | Limitations and Diagnosis Code/Billing Requirements (if applicable) | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                               |                                                                                                                                                                    |                                                                     | breastfeeding supplies, for pregnant and nursing women.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Cervical cancer screening     | 88141-88143, 88147, 88148, 88150, 88152-88155, 88160-88162, 88164-88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |                                                                     | The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.                                                                                                                                                                                        |
| Cervical dysplasia screening  | N/A                                                                                                                                                                |                                                                     | Refer to the cervical cancer screening preventive service information.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Chlamydia infection screening | 86631, 86632, 87110, 87270, 87320, 87485-87487, 87490-87492, 87494, 87810, 0353U, 0402U, 0455U                                                                     |                                                                     | The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.                                                                                                                                                                                                                                                                                                                        |
| Cholesterol screening         | 80061, 82465, 83718, 83719, 83721, 83722                                                                                                                           | Limited to 1 per calendar year.                                     | <p>The USPSTF strongly recommends screening men age 35 years and older for lipid disorders.</p> <p>The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.</p> <p>The USPSTF strongly recommends screening women age 45 years and older for lipid disorders.</p> <p>The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.</p> |

| Preventive Services                                  |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                      |
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| Service                                              | Procedure code(s)                                                                                                                                                   | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                                             |
| Colorectal cancer screening: colonoscopy             | G0105, G0121, 44388-44394, 44401-44408, 45378-45382, 45355, 45384-45386, 45388-45393, 45398, G6019, G6020, G6024, G6025                                             | <p>Limited to ages 45+, frequency as recommended.</p> <p>G0105 and G0121: Requires preventive diagnosis code. See list in <a href="#">Appendix I</a>.</p> <p>All other codes: Requires Modifier 33 or PT, or preventive diagnosis code. See list in <a href="#">Appendix I</a>.</p> <p>Bowel prep agents: formulary bowel prep agents are covered in full at the pharmacy for patients aged 45 years and older</p> | The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 45 years and continuing until age 75 years. The risks and benefits of these screening methods vary. |
| Colorectal cancer screening: colonoscopy anesthesia  | 00812                                                                                                                                                               | None                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      |
| Colorectal cancer screening: sigmoidoscopy           | G0104, G0106, 45300, 45303, 45305, 45307-45309, 45315, 45317, 45320, 45321, 45327, 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350, G6022, G6023 | <p>Limited to ages 45+, frequency as recommended</p> <p>G0104 and G0106: Requires preventive diagnosis code. See list in <a href="#">Appendix I</a>.</p> <p>All other codes: Requires Modifier 33 or PT, or preventive diagnosis code. See list in <a href="#">Appendix I</a>.</p>                                                                                                                                 | The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 45 years and continuing until age 75 years. The risks and benefits of these screening methods vary. |
| Colorectal cancer screening: fecal occult blood test | 82270, 81528, G0106, G0120, G0122, G0328, 0421U, 0464U, 74270,                                                                                                      | Limited to ages 45+, frequency as recommended.                                                                                                                                                                                                                                                                                                                                                                     | The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 45 years and continuing until                                                                       |

| Preventive Services                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |
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| Service                                                             | Procedure code(s)                                                                                                                 | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                                               |
|                                                                     | 74280, 81275, 81315, 82272-82274                                                                                                  | 82270, 81528, G0106, G0120, G0122, G0328, 0421U, 0464U: Requires preventive diagnosis code. See list in <a href="#">Appendix I</a> .<br><br>74270, 74280, 81275, 81315, 82272-82274: Requires Modifier 33 or PT, or preventive diagnosis code. See list in <a href="#">Appendix I</a> . | age 75 years. The risks and benefits of these screening methods vary.                                                                                                                                                                                                                                                                  |
| Congenital hypothyroidism screening for newborns                    | 80050, 80418, 84436, 84437, 84439, 84442-84445, 84446, 84449, 84450, 84460, 84466, 84478-84482, 85660, 86378, 88307               | Limited to newborns.                                                                                                                                                                                                                                                                    | The USPSTF recommends screening for congenital hypothyroidism in newborns.                                                                                                                                                                                                                                                             |
| Contraceptive methods: sterilization                                | 00851, 0567T, 0568T, 58565, 58600, 58605, 58611, 58615, 58671                                                                     |                                                                                                                                                                                                                                                                                         | The U.S. Department of Health and Human Services recommends Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.<br><br>Coverage for contraceptive methods may not be available for groups sponsored by religious employers |
| Contraceptive methods: office-based medical services and procedures | 11976, 11981-11983, 57170, 58300, 58301, 96372, 96377, A4261, A4264, A4266, J1050, J7296-J7298, J7300, J7301, S4989, J7306, J7307 | 11976, 11981-11983, 96372, 96377: Z30011-Z30015, Z30018-Z30019, Z3041-Z3042, Z30430-Z30433, Z3044-Z3046, Z3049, Z390-Z392, Z01411, Z01419, Z3200-Z3202, Z975, Z3002, Z3009, Z30016, Z30017, Z3040, Z308, Z309                                                                           |                                                                                                                                                                                                                                                                                                                                        |
| Contraceptive methods: counseling                                   | All evaluation & management codes                                                                                                 | Z30011-Z309, Z9851                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |
| Contraceptive methods: pregnancy tests                              | 81025, 84702, 84703, 76801                                                                                                        | 81025 and 76801: Z30011-Z309                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                        |
| Contraceptive methods: prescription required                        | intrauterine devices (IUDs): J7296, J7297,                                                                                        | Coverage is provided for all forms of contraception at the pharmacy.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                        |

| Preventive Services                                                                         |                                                                                                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |
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| Service                                                                                     | Procedure code(s)                                                                                                                                                                                                        | Limitations and Diagnosis Code/Billing Requirements (if applicable)              | Comments                                                                                                                                                                                                                                                                                                                                                                             |
| (e.g., oral, patches, self-injectables) and over-the-counter (e.g., oral, topical, condoms) | J7298, J7299, J7300, J7301, J7301, S4989<br><br>Administration codes: 58300, 58301                                                                                                                                       | Coverage does not include abortifacient medications.                             |                                                                                                                                                                                                                                                                                                                                                                                      |
| Counseling for healthy weight gain and weight gain in pregnancy                             | 59400, 59425, 59426, 59510, 59610, 59612, 59618, 99202-99215, 97802, 97803, 97804, G0270, G0271, G0447, G0473, G0446, 99401-99404, 99411, 99412, 99441-99443, 98966, 98967, 98968, 99421-99423, 98970-98972, 0591T-0593T | O00.00-O09A.53, Z33.3, Z34.00-Z34.93, Z3A.00-Z3A.49, Z71.3, Z71.82, Z68.1-Z68.54 |                                                                                                                                                                                                                                                                                                                                                                                      |
| Dental health assessment                                                                    | Included in the evaluation & management services.                                                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |
| Depression and suicide risk screening                                                       | G0444 or included in evaluation & management services                                                                                                                                                                    |                                                                                  | <p>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.</p> <p>The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.</p> |
| Developmental screening                                                                     | 96110                                                                                                                                                                                                                    |                                                                                  | The U.S. Department of Health and Human Services recommends developmental screening                                                                                                                                                                                                                                                                                                  |

| Preventive Services                                                        |                                              |                                                                                                                       |                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                                    | Procedure code(s)                            | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                   | Comments                                                                                                                                                                                                                            |
|                                                                            |                                              |                                                                                                                       | for children under age 3, and surveillance throughout childhood                                                                                                                                                                     |
| Diabetes (Type II) screening                                               | 82947, 82950-82952                           | Limited to 1 per calendar year.                                                                                       | The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. |
| Domestic violence screening and counseling                                 | Included in evaluation & management services |                                                                                                                       | The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.                                           |
| Fall prevention for adults ages 65 and older                               | Included in evaluation & management services |                                                                                                                       | The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.                                                                        |
| Fluoride varnish                                                           | 99188                                        | Limited to children ages 0-5                                                                                          | The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices.                                                 |
| Fluoride supplements                                                       | N/A – Pharmacy coverage                      | Coverage is restricted to formulary preparations for children up to 16 years of age.<br>Limited to children ages 0-10 | The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.                                                               |
| Folic acid supplements for persons of childbearing age (prescription only) | N/A – Pharmacy coverage                      | Coverage is restricted to formulary prenatal vitamins with folic acid for persons up to 59 years of age.              | The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.                                                                    |
| Gestational diabetes screening                                             | 82947, 82948, 82950-82952, 82962             | O00.00 - O9A.53, Z33.3, and Z34.00 - Z34.93                                                                           | The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant people after 24 weeks of gestation or after.                                                                                                      |

| Preventive Services                                |                                                                                                                              |                                                                                                                                     |                                                                                                                                                                                                                                                                                      |
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| Service                                            | Procedure code(s)                                                                                                            | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                 | Comments                                                                                                                                                                                                                                                                             |
| Gonorrhea preventive medication for newborn's eyes | Included in evaluation & management or nursery services<br><br>May be obtained at the pharmacy if not given during admission | If not given during delivery hospital admission, erythromycin eye ointment is covered for ages 0-1 month when obtained at pharmacy. | The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.                                                                                                                                                |
| Gonorrhea screening                                | 87590-87592, 87850, 0455U                                                                                                    |                                                                                                                                     | The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.                                                                                                               |
| Gynecological exam, pelvic, and breast exam        | 81515, 99383-99387, 99393, 99397, 99401-99404, 99411, 99412, 96160, 99429, G0101                                             | Limited to 1 per year with diagnoses Z01411- Z01419, and Z0142.                                                                     | The U.S. Department of Health and Human Services recommends a preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. |
| Hearing screening for all newborns                 | 92551, 92552, or included in evaluation & management or nursery services                                                     |                                                                                                                                     | The American Academy of Pediatrics Bright Futures and the U.S. Department of Health and Human Services recommend hearing screenings for all newborns.                                                                                                                                |
| Hemoglobin A1C testing                             | 83036, 83037                                                                                                                 | Limited to 1 per calendar year.                                                                                                     |                                                                                                                                                                                                                                                                                      |
| Hematocrit or hemoglobin screening                 | 85014, 85018                                                                                                                 | Limited to children ages 0-18.                                                                                                      |                                                                                                                                                                                                                                                                                      |
| Hepatitis B virus screening: pregnancy             | 86704-86707, 87340, 87341                                                                                                    | 0200-0209, 0280-0289, 030001-030019, 030031-030899, 03100-0318X9, Z331, Z3400-Z3493, Z36, Z370-Z379                                 | The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.                                                                                                                                                            |

| Preventive Services                                                |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                     |
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| Service                                                            | Procedure code(s)                                                                                                                                                                                                                                                       | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                                                                                            |
| Hepatitis B virus screening: high risk                             | 86704-86707, 87340, 87341, G0499                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.                                                                                                                                                                                                                                                                              |
| Hepatitis C virus screening:                                       | 86803, 86804, 87520, 87521, G0472                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.                                                                                                                                                                                                                                                                                |
| Human immunodeficiency virus (HIV): screening                      | G0432, G0433, G0435, 86689, 86701-86703, 87390, 87391, 87389, G0475, 87534-87539, 87806, 87901, 87906                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>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.</p> <p>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p> |
| Human immunodeficiency virus (HIV): preexposure prophylaxis (PrEP) | <p>Prescription drug: J8499, J0738, J0739, J0750, J0751, J0752, J0799, Q0521</p> <ul style="list-style-type: none"> <li>Drugs may also be obtained at a pharmacy</li> </ul> <p>Counseling: 99202-99205, 99211-99215, 99401-99403, 99411, 99412, G0011, G0013, 99401</p> | <p>Counseling and labs for PrEP should be billed with one of the following diagnosis codes: Z01.812, Z11.3, Z11.4, Z20.2, Z20.6, Z20.89, Z20.9, Z51.81, Z72.51, Z72.52, Z72.53, Z72.89, Z77.21, Z77.9, Z79.899, Z86.59, Z87.898, W46.0XXA, W46.0XXD, W46.1XXA, W46.1XXD, F11.20, F11.21, F11.10, F11.90</p> <p>Coverage at a pharmacy is restricted to medications used for prevention (i.e., Apretude®, emtricitabine/tenofovir disoproxil fumarate, Descovy®, and</p> | The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.                                                                                                                                                                       |

| Preventive Services                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Service                                | Procedure code(s)                                              | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Labs: see <a href="#">Appendix II</a> for applicable CPT codes | Yeztugo®). Benefit cost-share will apply if using as HIV treatment                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Human papillomavirus (HPV) DNA testing | 87623-87626, G0476, 0429U, 0354U                               | Limited to 1 per calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                               | The U.S. Department of Health and Human Services recommends high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Immunizations: adults and children     | See <a href="#">Appendix III</a>                               | <p>Members can receive covered vaccinations at their participating provider's office (primary care physician [PCP] or referral to a specialist), or participating pharmacy if administered according to ACIP recommendations, Oregon Health Authority recommendations for Oregon members, or Washington State Department of Health (DOH) for Washington state members.</p> <p>Note that pharmacies may not be able to administer to children of all ages.</p> | <p>The following immunizations are considered preventive when administered according to ACIP, Oregon Health Authority, or Washington State DOH recommendations:</p> <ul style="list-style-type: none"> <li>• Haemophilus influenzae type B</li> <li>• Diphtheria, Tetanus, Pertussis</li> <li>• Haemophilus influenzae type B</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human papillomavirus</li> <li>• Inactivated Poliovirus</li> <li>• Influenza</li> <li>• Measles, Mumps, Rubella</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Respiratory Syncytial Virus (RSV)</li> <li>• Rotavirus</li> <li>• Tetanus, Diphtheria, Pertussis</li> <li>• Varicella</li> <li>• Shingles</li> <li>• Respiratory Syncytial Virus (RSV)</li> <li>• COVID-19</li> </ul> |

| Preventive Services                           |                                                                                                      |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Service                                       | Procedure code(s)                                                                                    | Limitations and Diagnosis Code/Billing Requirements (if applicable)                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Influenza vaccine administration by a dentist | D1720                                                                                                | Covered in full as preventive when administered by dentist                                        | Under Oregon House Bill 2220, licensed dentists in Oregon can administer influenza vaccines. <sup>40</sup>                                                                                                                                                                                                                                                                                                                                  |
| Lead screening                                | 83655                                                                                                | Limited to children ages 0-7                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Lung cancer counseling: office visits         | G0296                                                                                                | Limited to adults age 50-80.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Lung cancer screening                         | 71271, 71250, 71260, 71270                                                                           | Limited to adults age 50-80.<br><br>71250, 71260, and 71270 should be billed with diagnosis Z122. |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Nutrition counseling                          | 97802-97804, G0270, G0271                                                                            |                                                                                                   | The U.S. Department of Health and Human Services recommends diet counseling for adults at higher risk for chronic disease                                                                                                                                                                                                                                                                                                                   |
| Obesity screening and counseling              | G0447, G0473                                                                                         | Limited to 12 per calendar year, combined with behavioral counseling for cardiovascular disease.  | The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions.<br><br>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. |
| Periodic health: well baby/child exams        | 96160, 96161, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99460, 99461, 99463 |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Preventive Services                                              |                             |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                |
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| Service                                                          | Procedure code(s)           | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                       |
| Phenylketonuria (PKU) screening for genetic disorder in newborns | 84030, 84035                | Limited to newborns.                                                                                                                                                                                     | The USPSTF recommends screening for phenylketonuria in newborns.                                                                                                                                                                                                                                                                                               |
| Preeclampsia prevention: aspirin                                 | N/A (over the counter)      | Aspirin is available over-the-counter and is not covered by pharmacy benefit. Members may submit for reimbursement if using for this condition.                                                          | The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.                                                                                                                                                                                           |
| Prenatal visits                                                  | All E&M codes, 59425, 59426 | E&M codes as a preventive prenatal visit should be billed with one of the following diagnosis codes: 0200-0209, 0280-0289, 030001-030019, 030031-030899, 03100-0318X9, Z331, Z3400-Z3493, Z36, Z370-Z379 | The U.S. Department of Health and Human Services recommends a preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.                                                                           |
| Rh (D) incompatibility screening                                 | 80055, 80081, 86901         |                                                                                                                                                                                                          | <p>The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>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.</p> |
| Sexually Transmitted Infection (STI) prevention counseling       | G0445                       |                                                                                                                                                                                                          | The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.                                                                                                                                                                                        |
| Sickle cell screening                                            | 85660                       | Limited to newborns.                                                                                                                                                                                     | The USPSTF recommends screening for sickle cell disease in newborns.                                                                                                                                                                                                                                                                                           |

| Preventive Services                                                   |                                                               |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Service                                                               | Procedure code(s)                                             | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Skin cancer behavioral counseling                                     | Included in evaluation & management services                  |                                                                                                                                                                                                                        | The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.                                                                                                                                                                                                                                                          |
| Statin prescribing for prevention of cardiovascular disease in adults | N/A                                                           | Statin medications (atorvastatin, lovastatin, pravastatin, rosuvastatin, and simvastatin) are covered in full for patients aged 40-75 years                                                                            | The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.                                                                                                                                                                  |
| Syphilis screening                                                    | 80055, 80081, 86592, 86593, 86780, 0210U                      |                                                                                                                                                                                                                        | <p>The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.</p> <p>The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.</p>                                                                                                                                                                                                                                                     |
| Tobacco use screening and cessation                                   | 99199, S4990, S4991, S4995, S9453, 99406, 99407, G0436, G0437 | <p>CPT codes 99199, S4990, S4991 limited to diagnosis codes: F17200, F17210, F17290</p> <p>Coverage is available at the pharmacy for all forms of nicotine replacement therapy (e.g., patch, lozenge, chewing gum)</p> | <p>The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.</p> <p>The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.</p> <p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent</p> |

| Preventive Services                                  |                                                                              |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                              |
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| Service                                              | Procedure code(s)                                                            | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                           | Comments                                                                                                                                                                                                                                                                                                                                                     |
|                                                      |                                                                              |                                                                                                               | initiation of tobacco use among school-aged children and adolescents.                                                                                                                                                                                                                                                                                        |
| Tuberculin (TB) testing for children at higher risk  | 86580                                                                        | Limited to children ages 0-17.                                                                                | The U.S. Department of Health and Human Services recommends tuberculin testing for children at higher risk of tuberculosis.                                                                                                                                                                                                                                  |
| Tuberculosis Infection: Screening (Latent TB Screen) | 86480, 86481, 86580                                                          | Limited to Adults only                                                                                        | The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.                                                                                                                                                                                                                                                   |
| Unhealthy Alcohol Use in Adolescents and Adults      | 99408, 99409, G0396, G0397, G0442, 99420, 96160, 96161, G2011                | CPT codes 99420, 96160, 96161 limited to diagnosis code: Z71.41                                               | 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.                                                                       |
| Unhealth drug use screening                          | 96160, 96161, verbal assessment included in evaluation & management services | Limited to Adults only                                                                                        | The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) |
| Urinary incontinence screening for women             | 99202-99205, 99211-99215, 99381-99387, 99391-99397, 99401-99404              | L24.A2, N39.3, N39.41 through N39.46, N39.49, N39.490, N39.491, N39.492, N39.498, R32, R39.81, Z90.79, Z13.89 | Recommended per the U.S. Department of Health and Human Services Women's Preventive Services Guideline Relating to Screening for Urinary Incontinence.                                                                                                                                                                                                       |
| Vision screening                                     | 99173, 99174, and 99177                                                      | 99174 and 99177 require modifier 33.<br><br>99174 and 99177 are limited to ages 6 months-3 years.             | The USPSTF recommends vision screening for all children at least once between the ages of 3 and                                                                                                                                                                                                                                                              |

| Preventive Services                                                    |                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                           |
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| Service                                                                | Procedure code(s)       | Limitations and Diagnosis Code/Billing Requirements (if applicable)                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                        |                         |                                                                                                                        | 5 years, to detect the presence of amblyopia or its risk factors.                                                                                                                                                                                                                                                                                                         |
| Vitamin D supplement for children for Prevention of Rickets in infants | N/A – Pharmacy coverage | Coverage is available at the pharmacy and restricted to formulary vitamin D supplements for children up to age 2 years | American Academy of Pediatrics recommends that all infants receive a vitamin D supplement (unless they are consuming more than 27 ounces per day of commercial formula that has the vitamin D supplement added). Vitamin D supplements of 400 IU (10 mcg) per day are recommended for babies until age one year, with 600 IU (15 mcg) per day for children over one year. |

**Table 2: Medicare Advantage Line of Business Preventive Services and Billing/Coding Requirements**

| Medicare Preventive Services                                                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Service                                                                                                   | Procedure code(s)                                                                                                                                  | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Initial Preventive Physical Examination (IPPE) (Also known as the “Welcome to Medicare Preventive Visit”) | G0402, G0403, G0404, G0405, and G0468<br><br><b>NOTE:</b> G0468 can be used for <b>either</b> an IPPE or <b>an</b> annual wellness visit (AWV).    | See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.<br><br><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition. | The Plan covers the one-time <i>Welcome to Medicare</i> preventive visit only within the first 12 months a member has Medicare Part B.<br><br>There is no coinsurance, copayment, or deductible for the <i>Welcome to Medicare</i> preventive visit (G0402).<br><br>There is no deductible for routine electrocardiograms (ECGs) performed as a screening for the initial preventive physical examination (G0403, G0404, and G0405); however, copayment and coinsurance apply.<br><br>IPPE is allowed once per lifetime, and must occur no later than 12 months after the member’s first Part B coverage period’s effective date. |
| Annual Wellness Visit (AWV)                                                                               | G0136, G0438, G0439, G0468, 99497, 99498<br><br><b>NOTE:</b> G0468 can be used for <b>either</b> an IPPE or <b>an</b> annual wellness visit (AWV). | See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.<br><br><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition. | The Plan covers AWVs for members who have had Part B for longer than 12 months.<br><br>There is no coinsurance, copayment, or deductible for the AWV, preventive care planning, and preventive administration of health risk assessment tools.<br><br>Initial AWV (G0438) is allowed 1 per lifetime.<br><br>Subsequent AWV (G0439), advanced care planning services (99497, 99498), and the administration of a standardized, evidence-                                                                                                                                                                                           |

| Medicare Preventive Services            |                                                                             |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                           |
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| Service                                 | Procedure code(s)                                                           | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                  |
|                                         |                                                                             | <p>All provider types</p> <p><b>NOTE:</b> Care planning services (99497, 99498) and health risk assessment tool services (G0136) require modifier -33 in order to be treated as preventive. Care planning services also should be reported on the same day as AWW.</p>                                                                        | <p>based social determinants of health risk assessment tool (G0136) are allowed 1 per calendar year.</p>                                                                                                                                                                                                                                                                  |
| Annual Physical Exam                    | 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, 99401 | <p>Z01.411-Z01.419, Z01.42, V72.3, V72.32 &amp; V76.2</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>Primary care setting.</p> | <p>The Plan covers an annual routine physical exam in addition to the Medicare-covered annual wellness visit. This benefit allows members to see their provider without a specific medical complaint and includes a comprehensive physical exam once per calendar year.</p> <p>There is no coinsurance, copayment, or deductible for an annual routine physical exam.</p> |
| Alcohol Misuse Screening and Counseling | G0442, G0443                                                                | <p>See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a</p>   | <p>The Plan covers alcohol misuse screening for adults (including pregnant women) who misuse alcohol but aren't alcohol dependent.</p> <p>There is no coinsurance, copayment, or deductible for each Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</p>                                                                           |

| Medicare Preventive Services         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Service                              | Procedure code(s)                        | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                      |                                          | <p>copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>Primary care setting.</p>                                                                                                                                                                                                                                                                                                                                  | <p>Annual alcohol misuse screening (G0442) is allowed 1 per calendar year.</p> <p>Up to 4 brief face-to-face sessions (G0443) are allowed per calendar year for members who screen positive for alcohol misuse (if they are competent and alert during counseling) provided by a qualified primary care doctor or practitioner in a primary care setting.</p>                                                                                                                                                                                                                                                     |
| Bone density: osteoporosis screening | 76977, 77078, 77080, 77081, 77085, G0130 | <p>M81.10, M81.6, M81.8, M85.811, M85.812, M85.821, M85.822, M85.831, M85.832, M85.841, M85.842, M85.851, M85.852, M85.861, M85.862, M85.871, M85.872, M85.88, M85.89, M94.9</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types</p> | <p>The Plan covers the following services for <i>*qualified</i> individuals: procedures to identify bone mass, detect bone loss, or determine bone quality, including a physician's interpretation of the results.</p> <p>There is no coinsurance, copayment, or deductible for Medicare-covered bone mass measurement.</p> <p>Bone mass measurement (BMM) services (76977, 77078, 77080, 77081, 77085, G0130) are covered every 24 months or more frequently if medically necessary.</p> <p><i>*"Qualified" is defined by the EOC as individuals at risk of losing bone mass or at risk of osteoporosis.</i></p> |
| Cardiovascular Disease Screening     | 80061, 82465, 83718, 84478               | <p>Z13.6</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical</p>                                                                                                                                                                                                                                                                                                                                                                    | <p>The Plan covers cardiovascular disease screening tests.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Medicare Preventive Services                              |                                                                                                                                                                            |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Service                                                   | Procedure code(s)                                                                                                                                                          | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                           |                                                                                                                                                                            | <p>condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types</p>                                                  | <p>There is no coinsurance, copayment, or deductible for cardiovascular disease testing that is covered once every 5 years.</p> <p>Blood tests for the detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease; (80061, 82465, 83718, 84478)) are covered once every 5 years (60 months) or more frequently if medically necessary.</p>                                                                                                                                                                                                                                                                     |
| Colorectal cancer (CRC) screening; colonoscopy            | <p>G0105, G0121, 44388-44394, 44401-44408, 45378-45382, 45355, 45384-45386, 45388-45393, 45398, G6019, G6020, G6024, G6025</p> <p>Colonoscopy anesthesia: 00811, 00812</p> | <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> | <p>The Plan covers a screening colonoscopy with no minimum or maximum age limitation.</p> <p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam. If the provider finds and removes a polyp or other tissue during the colonoscopy, the screening exam becomes a diagnostic exam.</p> <p>A screening colonoscopy is covered once every 120 months (10 years) for patients not at high risk, or every 48 months after a previous flexible sigmoidoscopy for patients who aren't at high risk for colorectal cancer, and once every 24 months for high-risk patients after a previous screening colonoscopy.</p> |
| Colorectal cancer (CRC) screening; flexible sigmoidoscopy | G0104                                                                                                                                                                      | <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a</p>                                                                                              | <p>The Plan covers a screening flexible sigmoidoscopy for patients 45 years and older.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Medicare Preventive Services                                      |                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Service                                                           | Procedure code(s) | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                             | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                   |                   | copayment or coinsurance may apply for the care received for the existing medical condition.                                                                                                                                                    | <p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam. If the provider finds and removes a polyp or other tissue during the flexible sigmoidoscopy, the screening exam becomes a diagnostic exam.</p> <p>A screening flexible sigmoidoscopy (G0104) is covered once every 120 months (10 years) for patients not at high risk after the patient received a screening colonoscopy, <b>or</b> once every 48 months for high-risk patients from the last flexible sigmoidoscopy or computed tomography colonography.</p> |
| Colorectal cancer (CRC) screening; fecal occult blood test (FOBT) | 82270, G0328      | <b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition. | <p>The Plan covers screening fecal-occult blood tests for patients 45 years and older.</p> <p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.</p> <p>A screening fecal-occult blood test (82270, G0328) is covered once every 12 months.</p>                                                                                                                                                                                                                                                                      |

| Medicare Preventive Services                                                                                                                                  |                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Service                                                                                                                                                       | Procedure code(s)                                                                                                     | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                             | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Colorectal cancer (CRC) screening; non-invasive biomarker screening tests; blood-based, multitarget stool DNA (MT-sDNA), and RNA-based cancer screening tests | 0537U (Shield™ by Guardant Health), G0327 (all others), 81528 (Cologuard), 0464U (Cologuard Plus™), 0421U (ColoSense) | <b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition. | <p>Medicare-approved non-invasive biomarker tests for colorectal cancer (CRC) screening, such as Cologuard®, Shield™, ColoSense®, etc., are covered for patients who are:</p> <ul style="list-style-type: none"> <li>Asymptomatic;</li> <li>45 to 85 years of age; <b>and</b></li> <li>at average risk of developing CRC (“at average risk” means the member does not meet high risk criteria).</li> </ul> <p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.</p> <p>A non-invasive biomarker test is covered once every 3 years.</p> <p><b>NOTE:</b> Medicare determined the Epi proColon® test does <b>not</b> meet Medicare criteria for an appropriate blood-based biomarker CRC screening test and thus, is non-covered. (<a href="#">CAG-00454N</a>)</p> |
| Colorectal cancer (CRC) screening; CT colonography                                                                                                            | 74263                                                                                                                 | <b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition. | <p>The Plan covers screening computed tomography colonography (CTC).</p> <p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.</p> <p>A screening CTC (74263) is covered at the following intervals:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Medicare Preventive Services      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Service                           | Procedure code(s) | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>For individuals 45 years and older who are <b>not</b> at high risk of colorectal cancer when at least 59 months have passed from the last screening CTC or 47 months following the month of the last screening flexible sigmoidoscopy or screening colonoscopy.</li> <li>For individuals 45 years and older who <b>are</b> at high risk of colorectal cancer when performed after at least 23 months have passed following the month in which the last screening CTC or the last screening colonoscopy was performed.</li> </ul>                                                                                                                                    |
| Counseling to Prevent Tobacco Use | 99406, 99407      | <p>F17.200, F17.201, 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, 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, Z72.0, Z87.891</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>Primary care setting</p> | <p>Smoking and tobacco use cessation counseling is covered for outpatient and hospitalized patients who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease (if they are competent and alert during counseling) provided by a qualified physician or other Medicare-recognized practitioner.</p> <p>There is no coinsurance, copayment, or deductible for the Medicare-covered smoking and tobacco use cessation preventive benefit.</p> <p>Up to 2 cessation attempts are covered per year, and each attempt may include a maximum of 4 intermediate or intensive sessions (99406, 99407), with the total annual benefit covering up to 8 sessions per year.</p> |

| Medicare Preventive Services |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
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| Service                      | Procedure code(s)          | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                   | Comments                                                                                                                                                                                                                                                                                                                                                        |
| Depression Screening         | G0444                      | <p>See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>Primary care setting.</p> | <p>The Plan covers screening for depression when done in a primary care setting that can provide follow-up treatment and/or referrals.</p> <p>There is no coinsurance, copayment, or deductible for an annual depression screening visit.</p> <p>Depression screening (G0444) is allowed 1 per calendar year.</p>                                               |
| Diabetes Screening Tests     | 82947, 82950, 82951, 83036 | Z13.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>There is no coinsurance, copayment, or deductible for the Medicare-covered diabetes screening tests.</p> <p>Diabetes screening tests (82947, 82950, 82951, 83036) are allowed 2 every 12 months for members diagnosed with pre-diabetes; <b>OR</b> 1 every 12 months if previously tested but not diagnosed with pre-diabetes <b>or</b> if never tested.</p> |
| Diabetes Self-Management     | G0108, G0109               | <p>See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.</p>                                                                                                                                                                                                                                                                                     | <p>Diabetes self-management training (G0108 for individual session, G0109 for group session) is covered under certain conditions.</p> <p>There is no coinsurance, copayment, or deductible for Medicare-covered diabetes self-management training.</p>                                                                                                          |

| Medicare Preventive Services |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Service                      | Procedure code(s)                                                                                                                                                   | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                             | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                              |                                                                                                                                                                     | <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p>                       | <p>This benefit is limited to the following:</p> <ul style="list-style-type: none"> <li>• Initial year: Up to 10 hours of initial training within a continuous 12-month period;</li> <li>• Subsequent years: Up to 2 hours of follow-up training each year after the initial year</li> </ul>                                                                                                                                                                               |
| Glaucoma Screening           | G0117, G0118                                                                                                                                                        | <p>Z13.5</p> <p>All provider types/settings</p>                                                                                                                                                                                                                                                                 | <p>For people who are at high risk for glaucoma, the Plan covers glaucoma screening. People at high risk include those with a family history of glaucoma, people with diabetes, African Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>There is no coinsurance, copayment, or deductible for an annual Medicare-covered preventive glaucoma screening.</p> <p>Glaucoma screening (G0117, G0118) is allowed 1 per calendar year.</p> |
| Hepatitis B Virus Screening  | <p>G0499: Hep B Screening for Asymptomatic, Non-Pregnant Adolescents and High-Risk Adults</p> <p>86704, 86706, 87340, 87341: Hep B Screening for Pregnant Women</p> | <p>G0499: Z11.59, Z72.89</p> <p>All others: F11.10, F11.11, F11.13, F13.10, F13.11, F13.130, F13.131, F13.132, F14.10, F14.11, F14.13, F14.93, F15.10, F15.11, F15.13, N18.6, O09.90, O09391, O09.92, O09.93, Z11.59, Z20.2, Z20.5, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90,</p> | <p>The Plan covers sexually transmitted infection (STI) screenings for Hepatitis B.</p> <p>There is no coinsurance, copayment, or deductible for the Medicare-covered Hepatitis B screenings.</p> <p>These screenings are covered 1 every 12 months or at certain times during pregnancy for</p>                                                                                                                                                                           |

| Medicare Preventive Services      |                   |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Service                           | Procedure code(s) | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                   |                   | <p>Z34.91, Z34.92, Z34.93, Z72.52, Z72.53, Z72.89, F11.91, F13.91, F14.91</p> <p><b>NOTE:</b> If you are treated or monitored for an existing medical condition during the visit when you receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> | <p>pregnant women and for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider.</p> <p>We also allow up to 2 individual 20-30 minute, face-to-face high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs when provided by a primary care provider and take place in a primary care setting, such as a doctor's office.</p>                                                                                                                                                                                                                                                                                                                 |
| Hepatitis C Virus (HCV) Screening | G0472             | <p>Z72.89, F19.20, Z11.59</p> <p>All provider types/settings</p>                                                                                                                                                                                                                                                              | <p>The Plan covers a Hepatitis C screening if the Member's primary care doctor or other qualified health care provider orders one and one of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Members at high risk because they use or have used illicit injection drugs.</li> <li>• Members who had a blood transfusion before 1992.</li> <li>• Members born between 1945-1965.</li> </ul> <p>There is no coinsurance, copayment, or deductible for the Medicare-covered HCV screening.</p> <p>For individuals born between 1945-1965 and <b>not</b> considered high risk, we cover 1 HCV screening (G0472).</p> <p>For individuals at high risk (e.g., continued illicit injection drug use since previous negative</p> |

| Medicare Preventive Services                                             |                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                |
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| Service                                                                  | Procedure code(s)                                             | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                       |
|                                                                          |                                                               |                                                                                                                                                                                                                                                                                                                                                          | Hepatitis C screening test), we cover 1 HCV screening (G0472) per year.                                                                                                                                                                                        |
| Human Immunodeficiency Virus (HIV) Screening                             | G0432, G0433, G0435, G0475, 80081, 87389<br>87389             | Increased risk factors not reported - Z11.4<br><br>Increased risk factors reported - Z11.4 and Z72.89, Z72.51, Z72.52, or Z72.53<br><br>Pregnant Medicare beneficiaries - Z11.4 and 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, or O09.93<br><br>All provider types/settings | The Plan covers HIV screening tests for individuals who ask for one, are at increased risk for HIV infection, or who are pregnant.<br><br>There's no coinsurance, copayment, or deductible for members eligible for Medicare-covered preventive HIV screening. |
| Human Immunodeficiency Virus (HIV) Pre-exposure prophylaxis (PrEP)       | J8499, J0738, J0739, J0750, J0751, J0752, J0799, Q0521, G0012 | Benefit cost-share will apply if using as part of HIV treatment regimen.                                                                                                                                                                                                                                                                                 | Coverage in full under Part B at a pharmacy is restricted to medications used for prevention (i.e., Apretude®, emtricitabine/tenofovir disoproxil fumarate, Descovy®, and Yeztugo®).                                                                           |
| Immunizations: Coronavirus disease (COVID-19) Vaccine and Administration | 91304, 91318, 91319, 91320, 91321, 91322, 91323               | Z23<br><br>Under Part B, all provider types/settings                                                                                                                                                                                                                                                                                                     | Covered Medicare Part B immunization services include COVID-19 vaccines (91304, 91318, 91319, 91320, 91321, 91322, 91323).<br><br>There is no coinsurance, copayment, or deductible for COVID-19 vaccines.                                                     |
| Immunizations: Hepatitis B Vaccine and Administration                    | 90739, 90740, 90743, 90744, 90746, 90747, G0010               | Z23<br><br>All provider types/settings<br>• Applies to Part B if high-risk (e.g., patients with hemophilia, end-stage renal disease, diabetes)                                                                                                                                                                                                           | Covered Medicare Part B immunization services include Hepatitis B vaccines (90739, 90740, 90743, 90744, 90746, 90747, G0010) for members at high or intermediate risk of getting Hepatitis B.                                                                  |

| Medicare Preventive Services                              |                                                                                                                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Service                                                   | Procedure code(s)                                                                                                                                                              | Diagnosis Code/Billing Requirements (if applicable)                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                           |                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Applies to Part D for all other scenarios</li> </ul> | There is no coinsurance, copayment, or deductible for Hepatitis B vaccines.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Immunizations: Influenza Virus Vaccine and Administration | 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90694, 90756, G0008, G0009, Q2034, Q2035, Q2036, Q2037, Q2038, | Z23<br><br>Under Part B, all provider types/settings                                          | <ul style="list-style-type: none"> <li>• Copayment/coinsurance waived</li> <li>• Deductible waived</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                     |
| Immunizations: Pneumococcal Vaccine and Administration    | 90670, 90671, 90677, 90684, 90732, G0009                                                                                                                                       | Z23<br><br>Under Part B, all provider types/settings                                          | <ul style="list-style-type: none"> <li>• Copayment/coinsurance waived</li> <li>• Deductible waived</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                     |
| Immunizations: All others                                 | <a href="#">Appendix III</a>                                                                                                                                                   | Covered under Part D                                                                          | The following immunizations are considered preventive: <ul style="list-style-type: none"> <li>• Haemophilus influenzae type B</li> <li>• Diphtheria, Tetanus, Pertussis</li> <li>• Haemophilus influenzae type B</li> <li>• Hepatitis A</li> <li>• Human papillomavirus</li> <li>• Inactivated Poliovirus</li> <li>• Measles, Mumps, Rubella</li> <li>• Meningococcal</li> <li>• Rotavirus</li> <li>• Tetanus, Diphtheria, Pertussis</li> <li>• Varicella</li> <li>• Respiratory Syncytial Virus (RSV)</li> </ul> |

| Medicare Preventive Services                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Service                                                                                               | Procedure code(s) | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If administered according to Oregon Health Authority, Washington State Department of Health (DOH), or CDC/ACIP guidelines, there is no coinsurance, copayment, or deductible                                                                                                                                                                                                                                                                                               |
| Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) (aka, a CVD risk reduction visit) | G0446             | <p>See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>Primary care setting</p> | <p>The Plan covers IBT to help lower risk for cardiovascular disease. During this visit, the doctor may discuss aspirin use (if appropriate), check blood pressure, and give tips to make sure the member is eating healthy.</p> <p>There is no coinsurance, copayment, or deductible for the intensive behavioral therapy cardiovascular disease preventive benefit.</p> <p>Up to 1 IBT session for cardiovascular disease risk (G0446) is covered per calendar year.</p> |
| Intensive Behavioral Therapy (IBT) for Obesity                                                        | G0447, G0473      | <p>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</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p>                                                                                 | <p>For members with a body mass index of 30 or more, the Plan covers intensive counseling to help them lose weight. This counseling is covered if they receive this service in a primary care setting, where it can be coordinated with their comprehensive prevention plan.</p> <p>There is no coinsurance, copayment, or deductible for preventive obesity screening and therapy.</p>                                                                                    |

| Medicare Preventive Services                                   |                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Service                                                        | Procedure code(s) | Diagnosis Code/Billing Requirements (if applicable)                                     | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                |                   | Primary care setting                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lung Cancer Screening with Low Dose Computed Tomography (LDCT) | G0296, 71271      | F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891<br><br>All provider types/settings | <p>There is no coinsurance, copayment, or deductible for the Medicare-covered counseling and shared decision making visit or for LDCT.</p> <p><b><u>NOTE:</u></b> Prior authorization is required and managed through Carelon (PHN for Sycamore members).</p> <p>For eligible members, 1 LDCT (G0296, 71271) is covered every 12 months.</p> <p>Eligible members are individuals:</p> <ul style="list-style-type: none"> <li>• age 50 – 77;</li> <li>• have <b>no</b> signs or symptoms of lung cancer, but who have a history of tobacco smoking of at least 20 pack-years and</li> <li>• who currently smoke or have quit smoking within the last 15 years,</li> <li>• who get an order for LDCT during a lung cancer screening counseling and shared decision-making visit that meets the Medicare criteria for such visits and be furnished by a physician or qualified non-physician practitioner.</li> </ul> <p><i>For LDCT lung cancer screenings <b>after</b> the initial LDCT screening:</i> members must get an order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a</p> |

| Medicare Preventive Services    |                                   |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Service                         | Procedure code(s)                 | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                 |                                   |                                                                                                                                                                                                                                                                                           | physician or qualified non-physician practitioner. If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision-making visit for later lung cancer screenings with LDCT, the visit must meet the Medicare criteria for such visits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Medical Nutrition Therapy (MNT) | 97802, 97803, 97804, G0270, G0271 | <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p> | <p>This benefit is for people with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by the Member's doctor. However, the Plan covers MNT when prescribed by a physician regardless of the member's condition or diagnosis.</p> <p>There is no coinsurance, copayment, or deductible for MNT services (97802, 97803, 97804, G0270, G0271) ordered by a physician.</p> <p>The Plan covers up to 3 hours of one-on-one counseling services during the first year the Member gets MNT services under Medicare (this includes our plan, any other Medicare Advantage plan, or Original Medicare), and 2 hours each year after that. If the Member's condition, treatment, or diagnosis changes, they may be able to get more hours of treatment with a physician's order. A physician must prescribe these services and renew their order yearly if treatment is needed into the next calendar year.</p> |

| Medicare Preventive Services                                                                                         |                                                                                                          |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Service                                                                                                              | Procedure code(s)                                                                                        | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Medicare Diabetes Prevention Program (MDPP)                                                                          | G9871, G9880, G9881, G9890, G9886, G9887, G9888                                                          | All provider types/settings                                                                                                                                                                                                                                                                            | <p>There is no coinsurance, copayment, or deductible for the MDPP benefit.</p> <p>MDPP is a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.</p> <p>MDPP services are allowed up to the Lifetime dollar maximum which is currently set at \$768.00 per Lifetime</p> <p><i>Note that G9890 is a <b>one-time</b> payment.</i></p> |
| Prostate Cancer Screening                                                                                            | G0102, G0103                                                                                             | <p>Z12.5</p> <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p> | <p>The Plan covers prostate cancer screenings.</p> <p>There is no coinsurance, copayment, or deductible for a Medicare-covered annual PSA test or digital rectal exam.</p> <p>For men aged 50 and older, covered services include the following once every calendar year:</p> <ul style="list-style-type: none"> <li>• Digital rectal exam</li> <li>• Prostate Specific Antigen (PSA) test</li> </ul>                                                                                                                                |
| Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs | 86592, 86593, 86631, 86632, 86780, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, | Z11.3, Z72.89, Z72.51, Z72.52, Z72.53, 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, and O09.93                                                                                                                              | The Plan covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, and syphilis.                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Medicare Preventive Services                |                                           |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Service                                     | Procedure code(s)                         | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                             | 87810, 87850, G0445, 0353U, 0402U         | <p><b>NOTE:</b> If the member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p>                                                     | <p>There is no coinsurance, copayment, or deductible for the Medicare-covered screening for STIs and counseling for STIs preventive benefit.</p> <p>These screenings are covered 1 every 12 months or at certain times during pregnancy for pregnant women and for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider.</p> <p>We also allow up to 2 individual 20-30 minute, face-to-face high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs when provided by a primary care provider and take place in a primary care setting, such as a doctor's office.</p> |
| Screening Mammography                       | 77052, 77057, 77063, 77067                | <p>N61.21, N61.22, N61.23, N63.15, N63.25, Z12.31</p> <p><b>NOTE:</b> If a member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p> | <p>The Plan covers screening mammograms.</p> <p>There is no coinsurance, copayment, or deductible for covered screening mammograms.</p> <p>Covered services (77052, 77057, 77063, 77067) include:</p> <ul style="list-style-type: none"> <li>• One baseline mammogram between the ages of 35 and 39</li> <li>• One screening mammogram every 12 months for women age 40 and older</li> <li>• Clinical breast exams once every 24 months</li> </ul>                                                                                                                                                                                                                               |
| Screening Pap Tests, Pelvic Exams, Cervical | G0101, G0123, G0124, G0141, G0143, G0144, | For G0476: Z11.51, Z01.411, Z01.419                                                                                                                                                                                                                                                                                                           | The Plan covers cervical and vaginal screening tests, including pap tests and pelvic exams.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Medicare Preventive Services                             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                  | Procedure code(s)                               | Diagnosis Code/Billing Requirements (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| and Vaginal Cancer Screenings                            | G0145, G0147, G0148, G0476, P3000, P3001, Q0091 | <p>For all other codes <b>except</b> Q0091:</p> <p>High risk –Z77.9, Z91.89, Z72.51, Z72.52, Z72.53, Z77.29 Z92.89, Z92.850, Z92.858, and Z92.86</p> <p>Low risk – Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89</p> <p><b>NOTE:</b> If a member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p> <p>All provider types/settings</p> | <p>There is no coinsurance, copayment, or deductible for Medicare-covered preventive Pap and pelvic exams.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> <li>• For all women: Pap tests and pelvic exams are covered once every 24 months</li> <li>• For Members at high risk of cervical or vaginal cancer or of childbearing age and have had an abnormal Pap test within the past 3 years: one Pap test every 12 months</li> </ul> |
| Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) | 76706                                           | <p>See the CMS ICD-10 webpage for individual Change Requests (CRs) and coding translations for ICD-10 and contact your Medicare Administrative Contractor (MAC) for guidance.</p> <p><b>NOTE:</b> If a member is treated or monitored for an existing medical condition during the visit when they receive this preventive service, a copayment or coinsurance may apply for the care received for the existing medical condition.</p>                                                                             | <p>The Plan covers a screening ultrasound for people with certain risk factors with a referral for it from a physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>There is no coinsurance, copayment, or deductible for members eligible for this preventive screening.</p> <p>Ultrasound screening for abdominal aortic aneurysm (AAA) (76706) is allowed 1 per lifetime.</p>                                              |



## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medicare guidance regarding Medicare-covered preventive services can be found on the Medicare Preventive Services chart. The following Centers for Medicare & Medicaid (CMS) guidance is identified and may be useful in determining appropriate coding for Medicare-covered preventive care:

- Medicare Preventive Services interactive chart.
- Medicare Claims Processing Manual, Chapter 18 – Preventive and Screening Services
- CMS web page for Preventive Services
- National coverage determination (NCD) for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (210.8).
- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §80.5 - Bone Mass Measurements (BMMs) (previously NCD 150.3).
- NCD for Colorectal Cancer Screening Tests (210.3).
- NCD for Counseling to Prevent Tobacco Use (210.4.1).
- NCD for Screening for Depression in Adults (210.9).
- NCD for Diabetes Outpatient Self-Management Training (40.1).
- NCD for Screening for Hepatitis B Virus (HBV) Infection (210.6).
- NCD for Screening for Hepatitis C Virus (HCV) in Adults (210.13).
- NCD for Screening for the Human Immunodeficiency Virus (HIV) Infection (210.7).
- NCD for Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention (210.15).
- MLN Matters MM14031, CR14031 for 2025 updates for Hep B Vaccine Updates and screening CT colonography.
- NCD for Intensive Behavioral Therapy for Cardiovascular Disease (210.11).
- NCD for Intensive Behavioral Therapy for Obesity (210.12).
- NCD for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14).
- NCD for Medical Nutrition Therapy (180.1).
- December 2024 MLN Matters Article MLN34893002. *Medicare Diabetes Prevention Program Expanded Model*.
- NCD for Prostate Cancer Screening Tests (210.1).
- NCD for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (210.10).
- NCD for Mammograms (220.4).
- NCD for Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (210.2).
- NCD for Screening for Cervical Cancer with Human Papillomavirus (HPV) (210.2.1).
- MLN Matters, Number 14581, CR14581. National Coverage Determination 210.3: Colorectal Cancer Screening Tests – Non-Invasive Biomarker Testing

## BILLING AND CODING GUIDELINES

Any applicable billing and coding guidelines are described in the Preventive Services table above, or the appendices below.

## CROSS REFERENCES

The full Company portfolio of current Reimbursement Policies is available online and can be [accessed here](#).

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## POLICY REVISION HISTORY

| Date    | Revision Summary                                                |
|---------|-----------------------------------------------------------------|
| 1/2026  | New Reimbursement Policy                                        |
| 7/2026  | Bi-annual review                                                |
| 10/2026 | Interim update; add 0421U to Medicare preventive services table |

## APPENDICES

### Appendix I:

The below are diagnosis codes which qualify colorectal cancer screening as a preventive service for Commercial plan members.

| ICD-10 Code | Description                              |
|-------------|------------------------------------------|
| C18.7       | Malignant neoplasm of sigmoid colon      |
| C18.9       | Malignant neoplasm of colon, unspecified |
| C20         | Malignant neoplasm of rectum             |
| D12.0       | Benign neoplasm of cecum                 |
| D12.1       | Benign neoplasm of appendix              |
| D12.2       | Benign neoplasm of ascending colon       |
| D12.3       | Benign neoplasm of transverse colon      |
| D12.4       | Benign neoplasm of descending colon      |
| D12.5       | Benign neoplasm of sigmoid colon         |
| D12.6       | Benign neoplasm of colon, unspecified    |
| D12.7       | Benign neoplasm of rectosigmoid junction |
| D12.8       | Benign neoplasm of rectum                |

|          |                                                                                         |
|----------|-----------------------------------------------------------------------------------------|
| D12.9    | Benign neoplasm of anus and anal canal                                                  |
| D37.1    | Neoplasm of uncertain behavior of stomach                                               |
| D37.2    | Neoplasm of uncertain behavior of small intestine                                       |
| D37.3    | Neoplasm of uncertain behavior of appendix                                              |
| D37.4    | Neoplasm of uncertain behavior of colon                                                 |
| D37.5    | Neoplasm of uncertain behavior of rectum                                                |
| K62.0    | Anal polyp                                                                              |
| K62.1    | Rectal polyp                                                                            |
| K63.5    | Polyp of colon                                                                          |
| R19.5    | Other fecal abnormalities                                                               |
| Z12.11   | Encounter for screening for malignant neoplasm of colon                                 |
| Z12.12   | Encounter for screening for malignant neoplasm of rectum                                |
| Z80.0    | Family history of malignant neoplasm of digestive organs                                |
| Z83.71   | Family history of colonic polyps                                                        |
| Z83.710  | Family history of adenomatous and serrated polyps                                       |
| Z83.711  | Family history of hyperplastic colon polyps                                             |
| Z83.718  | Other family history of colon polyps                                                    |
| Z83.719  | Family history of colon polyps, unspecified                                             |
| Z85.00   | Personal history of malignant neoplasm of unspecified digestive organ                   |
| Z85.038  | Personal history of other malignant neoplasm of large intestine                         |
| Z85.048  | Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus |
| Z86.010  | Personal history of colon polyps                                                        |
| Z86.0100 | Personal history of colon polyps, unspecified                                           |
| Z86.0101 | Personal history of adenomatous and serrated colon polyps                               |
| Z86.0102 | Personal history of hyperplastic colon polyps                                           |
| Z86.0109 | Personal history of other colon polyps                                                  |

#### Appendix II:

The below CPT codes qualify HIV preexposure prophylaxis lab testing as preventive when billed with an appropriate diagnosis for Commercial plan members.

| CPT Code | Description                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 84702    | Gonadotropin, chorionic (hCG); quantitative                                                                                                      |
| 84703    | Gonadotropin, chorionic (hCG); qualitative                                                                                                       |
| 86631    | Antibody; Chlamydia                                                                                                                              |
| 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 enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis |
| 87485    | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique                                            |

|       |                                                                                                                                                                                                                                                                  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 87486 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique                                                                                                                                                         |
| 87487 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification                                                                                                                                                                    |
| 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                                                                                                                                                        |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification                                                                                                                                                                   |
| 87535 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed                                                                                                                         |
| 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                                                                                                                                                        |
| 87592 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification                                                                                                                                                                   |
| 87810 | Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis                                                                                                                                                         |
| 87850 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae                                                                                                                                            |
| 80047 | Basic metabolic panel (calcium, ionized)                                                                                                                                                                                                                         |
| 80048 | Basic metabolic panel (calcium, total)                                                                                                                                                                                                                           |
| 80053 | Comprehensive metabolic panel                                                                                                                                                                                                                                    |
| 80069 | Renal function panel                                                                                                                                                                                                                                             |
| 86803 | Hepatitis C antibody;                                                                                                                                                                                                                                            |
| 86804 | Hepatitis C antibody; confirmatory test (eg, 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                                                                                                                   |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                                                                                                                                                       |
| G0012 | Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle                                                                                                                                                                  |
| 86704 | Hepatitis B core antibody (HBcAb); total                                                                                                                                                                                                                         |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody                                                                                                                                                                                                                  |
| 86706 | Hepatitis B surface antibody (HBsAB)                                                                                                                                                                                                                             |
| 86707 | Hepatitis Be antibody (HBeAb)                                                                                                                                                                                                                                    |
| 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 enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization                                                                                    |
| 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) |

|       |                                                                                                                                                                                                                                                                                                             |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 86689 | Antibody; HTLV or HIV antibody, confirmatory test (eg, 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 enzyme 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 |
| 87390 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1                                                                                                                                                                            |
| 87391 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2                                                                                                                                                                            |
| 87534 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique                                                                                                                                                                                                                      |
| 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed                                                                                                                                                                               |
| 87537 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique                                                                                                                                                                                                                      |
| 87538 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed                                                                                                                                                                    |
| 87539 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, 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                                                                                                                                                                        |
| 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 antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening H281                                                                                                                                                                                         |
| G0475 | Hiv antigen/antibody, combination assay, screening                                                                                                                                                                                                                                                          |
| 82565 | Creatinine; blood                                                                                                                                                                                                                                                                                           |
| 82570 | Creatinine; other source                                                                                                                                                                                                                                                                                    |
| 82575 | Creatinine; clearance                                                                                                                                                                                                                                                                                       |
| 81025 | Urine pregnancy test, by visual color comparison methods                                                                                                                                                                                                                                                    |
| 87081 | Culture, presumptive, pathogenic organisms, screening only                                                                                                                                                                                                                                                  |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types                                                                                                                                                                                                          |
| 87901 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions                                                                                                                                                                                          |
| 87906 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)                                                                                                                                                                                                |

### Appendix III:

The below CPT codes are for immunizations that are considered preventive when administered according to CDC/ACIP recommendations and state/federal regulations/protocols for Commercial and Medicare plan members:

| <b>CPT Code</b> | <b>Description</b>                                                                                                                                                                                                                                                | <b>Population</b>  | <b>Medicare Benefit</b> |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| 90616           | Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 mL dosage, for intramuscular use                                                                                                                                                                   | Children<br>Adults | Part B                  |
| 90639           | Influenza virus vaccine, quadrivalent (qIRV), mRNA; 50 mcg/0.5 mL dosage, for intramuscular use                                                                                                                                                                   | Children<br>Adults | Part B                  |
| 90481           | Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (List separately in addition to code for primary procedure) | Children<br>Adults | Part B                  |
| 90702           | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use                                                                                                                                         | Children           | Part D                  |
| 90698           | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use                                                                                                | Children           | Part D                  |
| 90723           | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use                                                                                                                   | Children           | Part D                  |
| 90696           | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use                                                                             | Children           | Part D                  |
| 90697           | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use                                             | Children           | Part D                  |
| 90700           | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use                                                                                                                 | Children           | Part D                  |
| 90647           | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use                                                                                                                                                            | Children           | Part D                  |
| 90648           | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use                                                                                                                                                              | Children           | Part D                  |
| 90636           | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use                                                                                                                                                                              | Adult              | Part D                  |
| 90632           | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use                                                                                                                                                                                                   | Adult              | Part D                  |
| 90633           | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use                                                                                                                                                                    | Children           | Part D                  |
| 90634           | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use                                                                                                                                                                    | Children           | Part D                  |
| 90748           | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use                                                                                                                                                                           | Children<br>Adult  | Part D                  |
| 90759           | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use                                                                                                                                                  | Not on the Market  | Part B for high-risk    |

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|       |                                                                                                                                                             |                   | Part D for other                         |
| 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use                                                                              | Children          | Part B for high-risk<br>Part D for other |
| 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use                                                                            | Adult             | Part B for high-risk<br>Part D for other |
| 90739 | Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use                                                  | Adult             | Part B for high-risk<br>Part D for other |
| 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use                                             | Adult             | Part B                                   |
| 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use                                             | Adult             | Part B                                   |
| 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use                                                             | Children          | Part B for high-risk<br>Part D for other |
| 90650 | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use                                                        | Children<br>Adult | Part D                                   |
| 90649 | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use                                             | Children<br>Adult | Part D                                   |
| 90651 | Human Papillomavirus vaccine, types 6,11,16,18,31,33,45,52,58 nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                               | Children          | Part D                                   |
| 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use                                                                            | Adult             | Part B                                   |
| 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use                 | Adult             | Part B                                   |
| 90686 | Influenza virus vaccine , quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use                                         | Not on the Market | Part B                                   |
| 90635 | Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use                                                                | Not on the Market | Part B                                   |
| 90694 | Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use                             | Adult             | Part B                                   |
| 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | Children<br>Adult | Part B                                   |
| 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use                  | Children<br>Adult | Part B                                   |

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| 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use                                                                     | Children          | Part B |
| 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use                                                                      | Not on the Market | Part B |
| 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use                                                         | Children          | Part B |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use | Adult             | Part B |
| 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use                                                                                              | Adult             | Part B |
| Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)                                     | Children<br>Adult | Part B |
| Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)                                    | Children<br>Adult | Part B |
| Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)                                    | Children<br>Adult | Part B |
| Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)                                     | Children<br>Adult | Part B |
| 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use                              | Children<br>Adult | Part B |
| 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use                                                                        | Children<br>Adult | Part B |
| 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use                                                                         | Children<br>Adult | Part B |
| 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use                                                      | Children<br>Adult | Part B |
| 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use    | Adult             | Part B |
| 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use                                                                                                 | Children<br>Adult | Part B |
| 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use                                                                                           | Children<br>Adult | Part D |
| 90710 | Measles, mumps, rubella and varicella vaccine (MMRV), live, for subcutaneous use                                                                                     | Children          | Part D |
| 90619 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use                                     | Children          | Part D |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D), or CRM197 carrier (MenACWY-CRM), for intramuscular use  | Children<br>Adult | Part D |

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| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use | No longer on the market | Part D |
| 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use                                                                             | Children                | Part D |
| 90624 | Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use                              | Children<br>Adult       | Part D |
| 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use                                                                                             | Children<br>Adult       | Part D |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use                                                                                     | Children                | Part D |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), for intramuscular use                                                                                      | Children                | Part D |
| 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use                                                                                                                                | Adult                   | Part B |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use                                                                                                                                | Children                | Part B |
| 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use                                                                                                                                | Children<br>Adult       | Part B |
| 90684 | Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use                                                                                                                                | Adult                   | Part B |
| 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             | Children<br>Adult       | Part B |
| 90713 | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use                                                                                                                            | Children<br>Adult       | Part D |
| 90683 | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use                                                                                                                    | Adult                   | Part D |
| 90679 | Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use                                                                                                      | Adult                   | Part D |
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use                                                                                                                     | Children<br>Adult       | Part D |
| 90378 | Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each                                                                                                       | Children                | Part D |
| 90382 | Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use                                                                                                          | Children                | Part D |
| 90380 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use                                                                                                   | Children                | Part D |
| 90381 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use                                                                                                     | Children                | Part D |

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| 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use                                                                                                                                             | Children          | Part D |
| 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use                                                                                                                                                   | Children          | Part D |
| 91304 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5mL dosage, for intramuscular use            | Children<br>Adult | Part B |
| 91318 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | Children<br>Adult | Part B |
| 91319 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use                       | Children<br>Adult | Part B |
| 91320 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use                       | Children<br>Adult | Part B |
| 91321 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use                                                               | Children<br>Adult | Part B |
| 91322 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use                                                                | Children<br>Adult | Part B |
| 91323 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use                                                                 | Not on the Market | Part B |
| 90611 | Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use                                                                        | Adult             | Part D |
| 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use                                                                                   | Children<br>Adult | Part D |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use                                                                                | Children<br>Adult | Part D |
| 90716 | Varicella virus vaccine (VAR), live, for subcutaneous use                                                                                                                                                                   | Children<br>Adult | Part D |
| 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection                                                                                                                                                           | Adult             | Part D |
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection                                                                                                                             | Adult             | Part D |