| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|---|---|--|
| Routine Exams The following services are considered integral to preventive medicine comprehensive evaluation and management services (i.e., wellness examinations) and not eligible for separate reimbursement: Administration/interpretation of Health Risk Anxiety screening Autism screening Blood pressure measurement for high blood pressure screening/preeclampsia screening Breast cancer chemoprevention counseling with women at risk for breast cancer Breastfeeding primary care interventions Counseling to prevent initiation of tobacco use Counseling/education to minimize exposure to ultraviolet radiation (skin cancer prevention) Critical congenital heart disease screening Discussion of aspirin prophylaxis Discussion/referral for genetic counseling/evaluation for BRCA testing Falls prevention risk assessment | Newborn 99460, 99462, 99463 Ages 0 to 5 years (ends on 5th birthday) 99381, 99382, 99391, 99392 Ages 5 to 17 years Limited to one per calendar year* 99383, 99384, 99393, 99394 Ages 18 years and older Males: Limited to one per calendar year 99385, 99386, 99387, 99395, 99396, 99397 Females: Limited to two per calendar year 99383, 99384, 99385, 99386, 99387, 99395, 99396, 99397 | ICD-10-CM Code(s) Does not have diagnosis code requirements for the preventive benefit to apply |
| Falls prevention risk assessment Hearing (other than newborn) and vision screening Intimate partner/interpersonal and domestic violence screening/referral to support services Maternal depression screening Obesity screening Ocular prophylaxis (newborn gonorrhea prophylactic medications) Oral health assessment/discussion of water fluoridation Tobacco use screening Tuberculosis (TB) risk assessment Unhealthy alcohol use and substance abuse screening Urinary incontinence screening | 99396, 99397, S0610, S0612, S0613, G0101 * Women are eligible for one routine and one gynecological exam per year | forming an annual preventive |
| exam and are eligible for separate reimbursement by DMBA: Abdominal Aortic Aneurysm (AAA) Screening <u>USPSTF "B" Recommendation December 2019</u> The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked. | Limited to one per lifetime for men aged 65–75 years (ends on 76th birthday) 76706 | Must be billed with the following ICD-10 codes: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 |
| BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing USPSTF "B" Recommendation August 2019 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. | Risk assessment Included as part of a preventive exam and not eligible for separate reimbursement. Genetic counseling Adult women 96040, 96041, S0265 Genetic testing Limited to one per lifetime for women. Preauthorization required. 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 | Must be billed with one of the following ICD-10 codes: Genetic counseling Z80.3, Z80.41 Z15.01. Z15.02, Z85.3, Z85.43 |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|---|--|--|
| Breast Cancer (Mammography) ScreeningUSPSTF "B" Recommendation January 2016The USPSTF recommends biennial screening mammography for women aged40–74 years.HRSA Recommendation December 2019The Women's Preventive Services Initiative recommends that average-riskwomen initiate mammography screening no earlier than age 40 and no laterthan age 50. Screening mammography should occur at least biennially and asfrequently as annually. Screening should continue through at least age 74and age alone should not be the basis to discontinue screening. Thesescreening recommendations are for women at average risk of breast cancer.Women at increased risk should also undergo periodic mammographyscreening, however, recommendations for additional services are beyondthe scope of this recommendation. | Limited to one per calendar year for women aged 40 years and older 77063, 77067, Revenue Code 0403 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> |
| Breast and Cervical Cancer Navigation Services | 99424, 99425, 99426, 99427 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> |
| Breastfeeding Services and Supplies <u>HRSA Requirement October 2020</u> The Women's Preventive Services Initiative recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding. | Counseling Maximum of six per calendar year 98960, S9443 Breast pump Maximum of one every three calendar years E0603, A4287 storage bags— no limits Replacement parts Limited to once per calendar year (A4281-A4286) (count of two), dx list B or Z39.1. | Counseling Must be billed with ICD-10 code Z39.1 Breast pump Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> B or Z39.1 Replacement parts Diag list B or Z39.1 |
| Cervical Cancer Screening USPSTF "A" Recommendation August 2018 The USPSTF recommends screening for cervical cancer every three years with cervical cytology alone in women aged 21–29 years. For women aged 30–65 years, the USPSTF recommends screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (cotesting). <u>HRSA Requirement October 2020</u> The Women's Preventive Services Initiative recommends cervical cancer screening for average-risk women aged 21–65 years. For women aged 21–29 years, the Women's Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every three years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30–65 years should be screened with cytology and human papillomavirus testing every five years or cytology alone every three years. Women who are at average risk should not be screened more than once every three years. Bright Futures Recommends cervical dysplasia screening for adolescents aged 21 years. | Each limited to one per calendar year for women aged 21–65 years (ends on 66th birthday) HPV screening 87624, 87625, G0476 Papanicolaou (pap) smear 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0141, G0143, G0144, G0145, G0147, G0148, G0476 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|---|---|---|
| Colorectal Cancer Screening USPSTF "A" Recommendation May 2021 The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. USPSTF "B" Recommendation May 2021 The USPSTF recommends screening for colorectal cancer in adults aged 45– 49 years. | Fecal occult blood (FOBT) and FITLimited to one every calendar year for adults aged 45–75 years (ends on 76th birthday)82270, 82274FIT-DNALimited to one every three calendar years for adults aged 45–75 years81528SigmoidoscopyLimited to one every five calendar years for adults aged 45–75 years4530, 45331, 45333, 45338, 45346, G0104ColonoscopyLimited to one every five calendar years for adults aged 45–75 years45330, 45331, 45333, 45388, 45346, G0104ColonoscopyLimited to one every five calendar years for adults aged 45–75 years4389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388, G0121Facility 0750Pathology 88305Anesthesia 00812See Medications (Retail Pharmacy) for covered bowel preparation drugs. | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> Facility, pathology, anesthesia Diagnosis Z12.11, Z12.12 only |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|--------------------|--|---|
| Contraception | Pregnancy tests | Contraceptive management |
| | 81025, 84702, 84703 | Z30.012, Z30.013, Z30.014, |
| | Implantable devices | Z30.017, Z30.018, Z30.019, |
| | J7307 (Nexplanon) | Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, |
| | 11981 (implant insertion) | Z30.433, Z30.46, Z30.49, |
| | 11982 (implant removal) | Z30.8, Z30.9 |
| | 11983 (removal with reinsertion) | |
| | IUDs | |
| | J7296 (Kyleena) | |
| | J7297 (Liletta) | |
| | J7298 (Mirena) | |
| | J7300 (Copper IUD) | |
| | J7301 (Skyla) | |
| | 58300, (IUD insertion) | |
| | 58301 (IUD removal) | |
| | Injectable contraceptives | |
| | 96372 (administration) | |
| | J1050 (Depo-provera) | |
| | J3490 (Depo-Subq) | |
| | May be purchased from a pharmacy | |
| | Diaphragms (fitting 57170, A4261, A4266) | |
| | Cervical caps (fitting 57170, A4261, A4266) | |
| | Pharmacy only | |
| | Oral contraceptives (combined) | |
| | Oral contraceptives (progestin only) | |
| | Oral contraceptives (extended) | |
| | Contraceptive patch (J7304) | |
| | Vaginal contraceptive rings (J7295) | |
| | Contraceptive sponges, condoms, spermicides | |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|--|--|--|
| Depression ScreeningUSPSTF "B" Recommendation January 2016The USPSTF recommends screening for depression in the general adultpopulation, including pregnant and postpartum women.Screening should be implemented with adequate systems in place to ensureaccurate diagnosis, effective treatment, and appropriate follow-up.Perinatal depression: preventive interventionsUSPSTF "B" Recommendation February 2019The USPSTF recommends that clinicians provide or refer pregnant andpostpartum persons who are at increased risk of perinatal depression tocounseling interventions.Depression in children and adolescents screeningUSPSTF "B" Recommendation February 2016The USPSTF recommends screening for major depressive disorder (MDD) inadolescents aged 12–18 years. Screening should be implemented withadequate systems in place to ensure accurate diagnosis, effective treatment,and appropriate follow-up.Bright FuturesRecommends depression screening for adolescents between the ages of 11and 21 years. | Limited to one per calendar year for individuals 11 years and older G0444 Maternal depression screening Four per calendar year under age one—ends on first birthday 96161 (billed on child's claim) | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> |
| Developmental Screening/Autism Screening Bright Futures Bright Futures recommends the following: A formal, standardized developmental screen is recommended during the 9-month visit. A formal, standardized developmental screen is recommended during the 18-month visit, including a formal autism screen. A formal, standardized autism screen is recommended during the 24-month visit. A formal, standardized developmental screen is recommended during the 30-month visit. | Limited to four per lifetime for children aged 3 years and younger 96110 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> to be paid at 100% |
| Diet Counseling for Cardiovascular Disease Prevention <u>USPSTF "B" Recommendation November 2020</u> The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. | Limited to three visits per calendar year 99401, 99402, 99403, 99404, G0446, G0447, G0473 | Must be billed with one of the following ICD-10 codes: E10.10–E10.9, E11.00–E11.9, E13.00–E13.9, E66.3, E75.6, E78.00, E78.70, E78.1, E78.2, E78.79, E78.89, E78.9, E88.81, E88.89, I10, I11.0, I11.9, R73.01–R73.03, R73.09, R73.9, or diagnosis list B |
| Fluoride: Dental Caries Prevention for Children USPSTF "B" Recommendation May 2014 Children from birth through age 5 years The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. Children from birth through age 5 years The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. | Topical varnish Limited to four per calendar year for children aged 5 years and younger 99188 Oral fluoride supplementation See <u>Medications (Retail</u> <u>Pharmacy)</u> for covered oral fluoride. | |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|---|--|--|
| Hearing Loss in Newborns Screening | Newborn | Must be billed with one of the |
| | 0-62 days unlimited 92650, 470, 471 | ICD-10 codes in <u>Diagnosis List</u> |
| | 63 days to 21 years | |
| | V5008 (ends on 22nd birthday). | |
| | Limit of one per calendar year. | |
| High Blood Pressure Screening | Office-based | Must be billed with the |
| USPSTF "A" Recommendation October 2015 | Included as part of a | following ICD-10 code: |
| 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. | preventive exam and not eligible for separate reimbursement. | R03.0 |
| | Ambulatory Limited to one per calendar | |
| | year for adults 18 years and older | |
| | 93784 | |
| Laboratory Tests | | |
| Abnormal blood glucose and type 2 diabetes mellitus screening | Limited to one test per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 82947, 82948, 82950, 82951, 82952, 83036 | <u>A</u> |
| Asymptomatic bacteriuria screening | Limited to two per calendar year. | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | A42, 87081, 87084, 87086, 87088 | B |
| Chlamydia and gonorrhea screening | Limited to one per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | Chlamydia | <u>A</u> or <u>Diagnosis List B</u> |
| | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 | |
| | Gonorrhea | |
| | 87590, 87591, 87592, 87850 | |
| Cholesterol screening | Limited to one per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 80061, 82465, 83718, 83719, 83721, 83722, 84478 | <u>A</u> |
| Diabetes mellitus after pregnancy screening | Limited to one test per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 82947, 82948, 82950, 82951, 82952, 83036 | <u>A</u> or <u>Diagnosis List B</u> |
| Dyslipidemia screening | Limited to one per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 80061, 82465, 83718, 83719, 83721, 83722, 84478 | Δ |
| Gestational diabetes screening | Limited to one test per calendar year | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | , 82947, 82948, 82950, 82951, 82952, 83036 | <u>B</u> |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|--|---|--|
| Anemia screening (Hematocrit or hemogle | bin) Limited to one per calendar year 85014, 85018 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| Hepatitis B virus infection screening | Nonpregnant adolescents and adults | Nonpregnant adolescents and adults |
| | Limited to one per calendar year | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | 86704, 86705, 86706, 86708 87340, 87341, 87467, G0499 | · |
| | Pregnant women | Must be billed with one of the |
| | Limited to one per calendar year (in addition to the one above – total two) | ICD-10 codes in <u>Diagnosis List</u> <u>B</u> |
| | 80055, 80081, 86704, 86705 86706, 86708, 87340, 87341 87467, G0499 | |
| Hepatitis C virus infection screening in add | lescents and adults Limited to one per calendar year | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | 86803, 86804, 87520, 87521 87522, G0472 | , <u>A</u> |
| HIV screening | Limited to one per calendar year ages 15–65 | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 86689, 86701, 86702, 86703 87389, 87390, 87391 | , <u>A</u> or <u>Diagnosis List B</u> |
| Newborn bilirubin screening | Limited to two laboratory tests under one year of age | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | 82247, 88248, 88720 | <u>A</u> |
| Newborn metabolic screening | Metabolic panels | No dx requirement, no limit |
| | 82017, 82136, 82261, 82775 83020, 83498, 83516, 84030 84437, 84443, S3620 | |
| | Hypothyroid | |
| | 84437, 84443 | |
| | PKU: 84030, S3620 | |
| | Sickle cell: 83020, 83021, 83030, 83033, 83051, S3850 | |
| Rh incompatibility screening (pregnant wo | men) Limited to two per calendar year—one for list A and one for list B | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| | 86592, 86593, 86780 | |
| Syphilis screening | No limit | Must be billed with one of the |
| | 80055, 86901 | ICD-10 codes in <u>Diagnosis List</u> <u>A</u> or <u>Diagnosis List B</u> |
| Tuberculosis (TB) testing | Limited to one per calendar year | Must be billed with one of the ICD-10 codes in Diagnosis List |
| | 86480, 86481, 86580 | A |
| Lead Screening | No limit—ends on 7th birthday | Must be billed with diagnosis code Z77.011 |
| | 83655 | |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|---|--|--|
| Lung Cancer Screening USPSTF "B" Recommendation December 2013 The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55–80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. | Limited to one per calendar year for adults aged 50–80 years 71271, Revenue Code 0352 Counseling visit G0296 | Must be billed with the following ICD-10 code: Z12.2 Counseling visit No diagnosis requirement |
| Medications (Retail Pharmacy) | Must be filled at a pharmacy wit | h a valid prescription. |
| Aspirin to help prevent preeclampsia for women aged 15–50 years Generic OTC 81 mg and 325 mg strengths when filled with a valid prescription Bowel preparation medications for colorectal cancer screening for adults aged 45–75 years Generic Rx and OTC bowel preparation medications for colonoscopy (e.g., Colyte, Golytely, Halflytely, and Moviprep) Breast cancer preventive medications for women 35 years of age and older who are at an increased risk (Rx) (e.g., Tamoxifen, Raloxifene, aromatase inhibitors) Fluoride supplements to help prevent cavities (dental caries) in children aged five years or younger Generic OTC and Rx fluoride Folic Acid supplement to help prevent birth defects in women aged 12–59 years Generic OTC and Rx folic acid Statins for the prevention of cardiovascular disease in adults aged 40–75 who are at risk Generic low to moderate intensity statins (Rx) (e.g., Lovastatin, Pravastatin, Simvastatin) Tobacco Cessation Products (nonpregnant adults) Bupropion (generic for Zyban), NRT patches, Varenicline (generic for Chantix), NRT gum, NRT lozenges, Nicotrol inhaler, and NRT nasal spray covered with written prescription by physician. Vaccines: Children and Adults Refer to <u>CDC Guidelines</u> for details | | |
| Obesity Screening and Behavioral Interventions | Limited to six visits per | Must be billed with one of the following ICD-10 codes: |
| USPSTF "B" Recommendation September 2018 The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions. Obesity in children and adolescents: screening <u>USPSTF "B" Recommendation June 2017</u> The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. | calendar year over age 18 Age 6–18 has no visit limit. 99401, 99402, 99403, 99404, G0447, G0473 | following ICD-10 codes: Z13.1, E66.01 – E66.1, E66.3, E66.8 – E66.9, Z68.25-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 E10.10–E10.9, E11.00–E11.9, E13.00–E13.9, E66.3, E75.6, E78.00, E78.70, E78.1, E78.2, E78.79, E78.89, E78.9, E88.81, E88.82, E88.89, I10, I11.0, I11.9, R73.01–R73.03, R73.09, R73.9 or Diagnosis List B |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|--|--|--|
| Osteoporosis Screening <u>USPSTF "B" Recommendation June 2018</u> The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. | Limited to two per lifetime for females No age limit 76977, 77078, 77080, 77081 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| Sexually Transmitted Infection Behavioral Counseling | Limited to two per year G0445 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) Risk Assessment and ECG Screening | Ages 11–21 93000, 93005, 93010 | Must be billed with one of the following diagnoses: 142.0, 142.1, 142.2, 145.81, 149.8, 149.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Z82.41, Z84.81, Z82.49 |
| Tobacco Use Prevention: Counseling and InterventionsUSPSTF "A" Recommendation January 2021Nonpregnant adultsThe USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.USPSTF "A" Recommendation January 2021Pregnant personsThe USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco. | Limited to eight visits per calendar year 99406, 99407 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> Separate counter for adults and children |
| Tuberculosis (TB) ScreeningUSPSTF "B" Recommendation September 2016The USPSTF recommends screening for latent tuberculosis infection (LTBI) inpopulations at increased risk.Bright FuturesBright FuturesBright Futures recommends tuberculosis testing if the risk assessment ispositive for individual's aged prenatal to 21 (ends on 22nd birthday). | Limited to two per calendar year 86480, 86481, 86580 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> |
| Unhealthy Drug and Alcohol Use in Adolescents and Adults USPSTF "B" Recommendation November 2018 The USPSTF recommends screening for unhealthy alcohol use in primary care settings for 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. Bright Futures Recommends alcohol and drug use assessments for adolescents between the ages of 11 and 21 years. | For individuals 11 years and older. No visit limit. 99408, 99409 | Must be billed with one of the ICD-10 codes in <u>Diagnosis List</u> <u>A</u> |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|--|---|---|
| Vaccines: Children and Adults Children COVID-19 Diphtheria, Tetanus, Pertussis Haemophilus Influenzae Type B Hepatitis A Hepatitis B Human Papillomavirus Inactivated Poliovirus Influenza Measles, Mumps, Rubella Meningococcal Pneumococcal Rotavirus Varicella Adults COVID-19 Hepatitis A Hepatitis B Herpes Zoster Human Papillomavirus Hifluenza Measles, Mumps, Rubella Measles, Mumps, Rubella | DMBA follows the guidelines published by the <u>Centers for</u> . <u>Disease Control and</u> <u>Prevention</u> . | Does not have diagnosis code requirements for the preventive benefit to apply. |
| Vision Impairment Screening USPSTF Rating (Sept. 2017): B Vision in children ages 6 months to 5 years: screening The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors. | Visual acuity screening (e.g., Snellen chart) 99173 Limit to one per calendar year age 5 and under (ends on 6th birthday) Instrument-based screening 99174, 99177 Limit of three age 5 and younger (ends on 6th birthday) | |
| Weight and Weight Gain in Pregnancy | Six visit limit per calendar year 99401, 99402, 99403, 99404, G0447, G0473 | Must be billed with one of the following ICD-10 codes: Z13.1, E66.01 – E66.1, E66.3, E66.8 – E66.9, Z68.25-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 E10.10–E10.9, E11.00–E11.9, E13.00–E13.9, E66.3, E75.6, E78.00, E78.70, E78.1, E78.2, E78.79, E78.89, E78.9, E88.81, E88.82, E88.89, I10, I11.0, I11.9, R73.01–R73.03, R73.09, R73.9 or <u>Diagnosis List B</u> |

| Preventive Service | Procedure Code(s) | ICD-10-CM Code(s) |
|----------------------|--|---|
| Well-woman Maternity | Physician prenatal education, group setting 99078 | Billed with <u>Diagnosis List B</u> Limit of three visits for eval and management codes per |
| | Prenatal care (antepartum) visits | calendar year |
| | 59425, 59426, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463 | |
| | Global obstetrical codes | |
| | 59400, 59510, 59610, 59618 | |
| | Postpartum care visits (outpatient) | |
| | 59430 | |

Diagnosis List A

| 700.00 | Encounter for general adult modical examination without abnormal findings |
|--------------------|---|
| Z00.00 Z00.01 | Encounter for general adult medical examination without abnormal findings Encounter for general adult medical examination with abnormal findings |
| Z00.01 Z00.110 | Health examination for newborn under 8 days old |
| Z00.110 Z00.111 | Health examination for newborn under 8 days old Health examination for newborn 8–28 days old |
| Z00.111 Z00.121 | Encounter for routine child health examination with abnormal findings |
| Z00.121 Z00.129 | Encounter for routine child health examination without abnormal findings |
| Z00.129 Z00.8 | Encounter for other general examination |
| Z00.8 Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.411 Z01.419 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.419 Z02.83 | Encounter for blood-alcohol and blood-drug test |
| ZUZ.85 Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.1 Z11.2 | |
| Z11.2 Z11.3 | Encounter for screening for other bacterial diseases Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.3 Z11.4 | |
| | Encounter for screening for human immunodeficiency virus (HIV) |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) |
| Z11.7 | Encounter for testing for latent tuberculosis infection |
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.2 | Encounter for screening for malignant neoplasm of respiratory organs |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z13.0 | Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.220 | Encounter for screening for lipoid disorders |
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.40 | Encounter for screening for unspecified developmental delays |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.5 | Encounter for screening for eye and ear disorders |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z15.01 | Genetic susceptibility to malignant neoplasm of breast—added 2024 |
| Z15.02 | Genetic susceptibility to malignant neoplasm of ovary—added 2024 |
| Z23 | Encounter for immunization |
| Z32.2 | Encounter for childbirth instruction |
| Z71.3 | Dietary counseling and surveillance |
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- Z71.41 Alcohol abuse counseling and surveillance of alcoholic
- Z71.51 Drug abuse counseling and surveillance of drug abuser
- Z71.6 Tobacco abuse counseling
- Z71.7 Human immunodeficiency virus (HIV) counseling
- Z71.82 Exercise counseling
- Z71.83 Encounter for nonprocreative genetic counseling
- Z72.51 High risk heterosexual behavior
- Z72.52 High risk homosexual behavior
- Z72.53 High risk bisexual behavior
- Z80.3 Family history of malignant neoplasm of breast
- Z80.41 Family history of malignant neoplasm of ovary
- Z82.62 Family history of osteoporosis
- Z85.3 Personal history of malignant neoplasm of breast
- Z85.43 Personal history of malignant neoplasm of ovary
- Z86.32 Personal history of gestational diabetes

Diagnosis List B

009.00 Supervision of pregnancy with history of infertility, unspecified trimester 009.01 Supervision of pregnancy with history of infertility, first trimester 009.02 Supervision of pregnancy with history of infertility, second trimester 009.03 Supervision of pregnancy with history of infertility, third trimester 009.10 Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester 009.11 Supervision of pregnancy with history of ectopic pregnancy, first trimester 009.12 Supervision of pregnancy with history of ectopic pregnancy, second trimester 009.13 Supervision of pregnancy with history of ectopic pregnancy, third trimester 009.A0 Supervision of pregnancy with history of molar pregnancy, unspecified trimester 009.A1 Supervision of pregnancy with history of molar pregnancy, first trimester 009.A2 Supervision of pregnancy with history of molar pregnancy, second trimester 009.A3 Supervision of pregnancy with history of molar pregnancy, third trimester 009.211 Supervision of pregnancy with history of pre-term labor, first trimester 009.212 Supervision of pregnancy with history of pre-term labor, second trimester 009.213 Supervision of pregnancy with history of pre-term labor, third trimester 009.219 Supervision of pregnancy with history of pre-term labor, unspecified trimester 009.291 Supervision of pregnancy with other poor reproductive or obstetric history, first trimester 009.292 Supervision of pregnancy with other poor reproductive or obstetric history, second trimester 009.293 Supervision of pregnancy with other poor reproductive or obstetric history, third trimester 009.299 Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester 009.30 Supervision of pregnancy with insufficient antenatal care, unspecified trimester 009.31 Supervision of pregnancy with insufficient antenatal care, first trimester 009.32 Supervision of pregnancy with insufficient antenatal care, second trimester 009.33 Supervision of pregnancy with insufficient antenatal care, third trimester 009.40 Supervision of pregnancy with grand multiparity, unspecified trimester 009.41 Supervision of pregnancy with grand multiparity, first trimester 009.42 Supervision of pregnancy with grand multiparity, second trimester 009.43 Supervision of pregnancy with grand multiparity, third trimester 009.511 Supervision of elderly primigravida, first trimester 009.512 Supervision of elderly primigravida, second trimester O09.513 Supervision of elderly primigravida, third trimester 009.519 Supervision of elderly primigravida, unspecified trimester 009.521 Supervision of elderly multigravida, first trimester O09.522 Supervision of elderly multigravida, second trimester 009.523 Supervision of elderly multigravida, third trimester 009.529 Supervision of elderly multigravida, unspecified trimester 009.611 Supervision of young primigravida, first trimester O09.612 Supervision of young primigravida, second trimester 009.613 Supervision of young primigravida, third trimester

009.619 Supervision of young primigravida, unspecified trimester 009.621 Supervision of young multigravida, first trimester 009.622 Supervision of young multigravida, second trimester 009.623 Supervision of young multigravida, third trimester 009.629 Supervision of young multigravida, unspecified trimester 009.70 Supervision of high-risk pregnancy due to social problems, unspecified trimester 009.71 Supervision of high-risk pregnancy due to social problems, first trimester 009.72 Supervision of high-risk pregnancy due to social problems, second trimester 009.73 Supervision of high-risk pregnancy due to social problems, third trimester 009.811 Supervision of pregnancy resulting from assisted reproductive technology, first trimester 009.812 Supervision of pregnancy resulting from assisted reproductive technology, second trimester 009.813 Supervision of pregnancy resulting from assisted reproductive technology, third trimester 009.819 Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester 009.821 Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester 009.822 Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester 009.823 Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester 009.829 Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester 009.891 Supervision of other high-risk pregnancies, first trimester 009.892 Supervision of other high-risk pregnancies, second trimester 009.893 Supervision of other high-risk pregnancies, third trimester 009.899 Supervision of other high-risk pregnancies, unspecified trimester 009.90 Supervision of high-risk pregnancy, unspecified, unspecified trimester 009.91 Supervision of high-risk pregnancy, unspecified, first trimester 009.92 Supervision of high-risk pregnancy, unspecified, second trimester 009.93 Supervision of high-risk pregnancy, unspecified, third trimester O36.80X0 Pregnancy with inconclusive fetal viability, not applicable or unspecified O36.80X1 Pregnancy with inconclusive fetal viability, fetus 1 O36.80X2 Pregnancy with inconclusive fetal viability, fetus 2 O36.80X3 Pregnancy with inconclusive fetal viability, fetus 3 O36.80X4 Pregnancy with inconclusive fetal viability, fetus 4 O36.80X5 Pregnancy with inconclusive fetal viability, fetus 5 O36.80X9 Pregnancy with inconclusive fetal viability, other fetus Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester Z34.01 Encounter for supervision of normal first pregnancy, first trimester Z34.02 Encounter for supervision of normal first pregnancy, second trimester Z34.03 Encounter for supervision of normal first pregnancy, third trimester Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester Z34.81 Encounter for supervision of other normal pregnancy, first trimester Z34.82 Encounter for supervision of other normal pregnancy, second trimester Z34.83 Encounter for supervision of other normal pregnancy, third trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester

Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester