

DMBA Preventive Services

Preventive Service	Procedure Code(s)	ICD-10-CM Code(s)
<p>Routine Exams</p> <p>The following services are considered integral to preventive medicine comprehensive evaluation and management services (i.e., wellness examinations) and not eligible for separate reimbursement:</p> <ul style="list-style-type: none"> 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 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 	<p>Newborn 99460, 99462, 99463</p> <p>Ages 0 to 5 years (ends on 5th birthday) 99381, 99382, 99391, 99392</p> <p>Ages 5 to 17 years Limited to one per calendar year* 99383, 99384, 99393, 99394</p> <p>Ages 18 years and older Males: Limited to one per calendar year 99385, 99386, 99387, 99395, 99396, 99397</p> <p>Females: Limited to two per calendar year 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, S0610, S0612, S0613, G0101</p> <p><i>* Women are eligible for one routine and one gynecological exam per year</i></p>	Does not have diagnosis code requirements for the preventive benefit to apply
<p>The following are billable preventive services and recommended interventions that may be ordered as a result of performing an annual preventive exam and are eligible for separate reimbursement by DMBA:</p>		
<p>Abdominal Aortic Aneurysm (AAA) Screening</p> <p>USPSTF "B" Recommendation December 2019</p> <p>The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.</p>	<p>Limited to one per lifetime for men aged 65–75 years (ends on 76th birthday) 76706</p>	<p>Must be billed with the following ICD-10 codes: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p>
<p>BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing</p> <p>USPSTF "B" Recommendation August 2019</p> <p>USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p>	<p>Risk assessment Included as part of a preventive exam and not eligible for separate reimbursement.</p> <p>Genetic counseling Adult women 96040, 96041, S0265</p> <p>Genetic testing Limited to one per lifetime for women. Preauthorization required. 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217</p>	<p>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</p>

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Breast Cancer (Mammography) Screening USPSTF "B" Recommendation January 2016 The USPSTF recommends biennial screening mammography for women aged 40–74 years. HRSA Recommendation December 2019 The Women's Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.	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 Diagnosis List A
Breast and Cervical Cancer Navigation Services	Maximum of two per year—one each for breast cancer and cervical cancer 99401, 99402, 99403, 99404	Must be billed with one of the ICD-10 codes in Diagnosis List A
Breastfeeding Services and Supplies HRSA Requirement October 2020 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, 98961, 98962 Lactation class Maximum of one per calendar year S9443 Breast pump Maximum of one every three calendar years E0603, A4287, A4288 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 Lactation class Z39.1 Breast pump Must be billed with one of the ICD-10 codes in Diagnosis List B or Z39.1 Replacement parts Diag list B or Z39.1

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<p>Cervical Cancer Screening</p> <p>USPSTF "A" Recommendation August 2018</p> <p>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).</p> <p>HRSA Requirement October 2020</p> <p>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.</p> <p>Bright Futures</p> <p>Recommends cervical dysplasia screening for adolescents aged 21 years.</p>	<p>Each limited to one per calendar year for women aged 21–65 years (ends on 66th birthday)</p> <p>HPV screening 87624, 87625, 87626, G0476</p> <p>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, Q0091</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p>

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<p>Colorectal Cancer Screening</p> <p>USPSTF "A" Recommendation May 2021</p> <p>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.</p> <p>USPSTF "B" Recommendation May 2021</p> <p>The USPSTF recommends screening for colorectal cancer in adults aged 45–49 years.</p>	<p>Fecal occult blood (FOBT) and FIT</p> <p>Limited to one every calendar year for adults aged 45–75 years (ends on 76th birthday) 82270, 82274</p> <p>FIT-DNA</p> <p>Limited to one every three calendar years for adults aged 45–75 years (Note: A FIT-DNA test cannot be done within five years after a sigmoidoscopy or colonoscopy is done.) 81528</p> <p>Sigmoidoscopy</p> <p>Limited to one every five calendar years for adults aged 45–75 years (Note: A sigmoidoscopy cannot be done within five years after a FIT-DNA test is done.) 45330, 45331, 45333, 45338, 45346, G0104</p> <p>Colonoscopy</p> <p>Limited to one every five calendar years for adults aged 45–75 years (Note: A colonoscopy cannot be done within three years after a FIT-DNA test is done.) 44389, 44392, 44394, 44401, 45378, 45380, 45381, 45384, 45385, 45388, G0105, G0121</p> <p>Facility 0750</p> <p>Pathology 88305</p> <p>Anesthesia 00812</p> <p>See Medications (Retail Pharmacy) for covered bowel preparation drugs.</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Facility, pathology, anesthesia</p> <p>Diagnosis Z12.11, Z12.12 only</p>

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

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<p>Depression Screening</p> <p>USPSTF "B" Recommendation January 2016</p> <p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>Perinatal depression: preventive interventions</p> <p>USPSTF "B" Recommendation February 2019</p> <p>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> <p>Depression in children and adolescents screening</p> <p>USPSTF "B" Recommendation February 2016</p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12–18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>Bright Futures</p> <p>Recommends depression screening for adolescents between the ages of 11 and 21 years.</p>	<p>Limited to one per calendar year for individuals 11 years and older</p> <p>G0444</p> <p>Maternal depression screening</p> <p>Four per calendar year under age one—ends on first birthday</p> <p>96161 (billed on child's claim)</p>	Must be billed with one of the ICD-10 codes in Diagnosis List A
<p>Developmental Screening/Autism Screening</p> <p>Bright Futures</p> <p>Bright Futures recommends the following:</p> <ul style="list-style-type: none"> • A formal, standardized developmental screen is recommended during the 9-month visit. • A formal, standardized developmental screen is recommended during the 18-month visit, including a formal autism screen. • A formal, standardized autism screen is recommended during the 24-month visit. • A formal, standardized developmental screen is recommended during the 30-month visit. 	<p>Limited to four per lifetime for children aged 3 years and younger</p> <p>96110</p>	Must be billed with one of the ICD-10 codes in Diagnosis List A to be paid at 100%
<p>Diet Counseling for Cardiovascular Disease Prevention</p> <p>USPSTF "B" Recommendation November 2020</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p>	<p>Limited to three visits per calendar year</p> <p>99401, 99402, 99403, 99404, G0446, G0447, G0473</p>	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
<p>Fluoride: Dental Caries Prevention for Children</p> <p>USPSTF "B" Recommendation May 2014</p> <p>Children from birth through age 5 years</p> <p>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.</p> <p>Children from birth through age 5 years</p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>	<p>Topical varnish</p> <p>Limited to four per calendar year for children aged 5 years and younger</p> <p>99188</p> <p>Oral fluoride supplementation</p> <p>See Medications (Retail Pharmacy) for covered oral fluoride.</p>	

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Hearing Loss in Newborns Screening	Newborn 0-62 days unlimited 92650, 470, 471 63 days to 21 years V5008 (ends on 22nd birthday). Limit of one per calendar year.	Must be billed with one of the ICD-10 codes in Diagnosis List A
High Blood Pressure Screening USPSTF "A" Recommendation October 2015 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.	Office-based Included as part of a preventive exam and not eligible for separate reimbursement. Ambulatory Limited to one per calendar year for adults 18 years and older 93784	Must be billed with the following ICD-10 code: R03.0
Laboratory Tests <ul style="list-style-type: none"> Abnormal blood glucose and type 2 diabetes mellitus screening Asymptomatic bacteriuria screening Chlamydia and gonorrhea screening Cholesterol screening Diabetes mellitus after pregnancy screening Dyslipidemia screening Gestational diabetes screening 	<p>Limited to one test per calendar year 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Limited to two per calendar year. A42, 87081, 87084, 87086, 87088</p> <p>Limited to one per calendar year Chlamydia 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 Gonorrhea 87590, 87591, 87592, 87850</p> <p>Limited to one per calendar year 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p>Limited to one test per calendar year 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Limited to one per calendar year 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p>Limited to one test per calendar year 82947, 82948, 82950, 82951, 82952, 83036</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List B</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A or Diagnosis List B</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A or Diagnosis List B</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A or Diagnosis List B</p>

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<ul style="list-style-type: none"> Anemia screening (Hematocrit or hemoglobin) Hepatitis B virus infection screening 	<p>Limited to one per calendar year 85014, 85018</p> <p>Nonpregnant adolescents and adults Limited to one per calendar year 86704, 86705, 86706, 86708, 87340, 87341, 87467, G0499</p> <p>Pregnant women Limited to one per calendar year (in addition to the one above – total two) 80055, 80081, 86704, 86705, 86706, 86708, 87340, 87341, 87467, G0499</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Nonpregnant adolescents and adults Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Pregnant women Must be billed with one of the ICD-10 codes in Diagnosis List B</p>
<ul style="list-style-type: none"> Hepatitis C virus infection screening in adolescents and adults HIV screening 	<p>Limited to one per calendar year 86803, 86804, 87520, 87521, 87522, G0472</p> <p>Limited to one per calendar year ages 15–65 86689, 86701, 86702, 86703, 87389, 87390, 87391</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A or Diagnosis List B</p>
<ul style="list-style-type: none"> Newborn bilirubin screening Newborn metabolic screening 	<p>Limited to two laboratory tests under one year of age 82247, 88248, 88720</p> <p>Metabolic panels 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620</p> <p>Hypothyroid 84437, 84443</p> <p>PKU: 84030, S3620</p> <p>Sickle cell: 83020, 83021, 83030, 83033, 83051, S3850</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p> <p>No dx requirement, no limit other than age must be <1, ends on first birthday</p>
<ul style="list-style-type: none"> Rh incompatibility screening (pregnant women) Syphilis screening Tuberculosis (TB) testing 	<p>Limited to two per calendar year—one for list A and one for list B 86592, 86593, 86780</p> <p>No limit 80055, 86901</p> <p>Limited to one per calendar year 86480, 86481, 86580</p>	<p>Must be billed with one of the ICD-10 codes in Diagnosis List B</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A or Diagnosis List B</p> <p>Must be billed with one of the ICD-10 codes in Diagnosis List A</p>
Lead Screening	No limit—ends on 7th birthday 83655	Must be billed with diagnosis code Z77.011

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Lung Cancer Screening USPSTF "B" Recommendation December 2013 <p>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.</p>	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) <ul style="list-style-type: none"> Aspirin to help prevent preeclampsia for women aged 15–50 years <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Generic OTC and Rx fluoride Folic Acid supplement to help prevent birth defects in women aged 12–59 years <ul style="list-style-type: none"> Generic OTC and Rx folic acid Statins for the prevention of cardiovascular disease in adults aged 40–75 who are at risk <ul style="list-style-type: none"> Generic low to moderate intensity statins (Rx) (e.g., Lovastatin, Pravastatin, Simvastatin) Tobacco Cessation Products (nonpregnant adults) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Refer to CDC Guidelines for details 	Must be filled at a pharmacy with a valid prescription.	
Obesity Screening and Behavioral Interventions USPSTF "B" Recommendation September 2018 <p>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</p> <p>Obesity in children and adolescents: screening USPSTF "B" Recommendation June 2017 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.</p>	Limited to six visits per calendar year over age 18 Age 6–18 has no visit limit. 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 Diagnosis List B

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Osteoporosis Screening USPSTF "B" Recommendation June 2018 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 Diagnosis List A
Sexually Transmitted Infection Behavioral Counseling	Limited to two per year G0445	Must be billed with one of the ICD-10 codes in Diagnosis List A
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: I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, 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 Interventions USPSTF "A" Recommendation January 2021 Nonpregnant adults The 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 2021 Pregnant persons The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	Limited to eight visits per calendar year 99406, 99407	Must be billed with one of the ICD-10 codes in Diagnosis List A Separate counter for adults and children
Tuberculosis (TB) Screening USPSTF "B" Recommendation September 2016 The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. Bright Futures Bright Futures recommends tuberculosis testing if the risk assessment is positive 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 Diagnosis List A
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 Diagnosis List A

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Vaccines: Children and Adults <p>Children</p> <ul style="list-style-type: none"> 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 <p>Adults</p> <ul style="list-style-type: none"> COVID-19 Hepatitis A Hepatitis B Herpes Zoster Human Papillomavirus Influenza Measles, Mumps, Rubella Meningococcal Pneumococcal Tetanus, Diphtheria, Pertussis Varicella 	DMBA follows the guidelines published by the Centers for Disease Control and Prevention .	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 Diagnosis List B

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Well-woman Maternity	Physician prenatal education, group setting 99078 Prenatal care (antepartum) visits 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	Billed with Diagnosis List B Limit of three visits for eval and management codes per calendar year

Diagnosis List A

Z00.00 Encounter for general adult medical examination without abnormal findings
Z00.01 Encounter for general adult medical examination with abnormal findings
Z00.110 Health examination for newborn under 8 days old
Z00.111 Health examination for newborn 8–28 days old
Z00.121 Encounter for routine child health examination with abnormal findings
Z00.129 Encounter for routine child health examination without abnormal findings
Z00.8 Encounter for other general examination
Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.83 Encounter for blood-alcohol and blood-drug test
Z11.1 Encounter for screening for respiratory tuberculosis
Z11.2 Encounter for screening for other bacterial diseases
Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4 Encounter for screening for human immunodeficiency virus (HIV)
Z11.51 Encounter for screening for human papillomavirus (HPV)
Z11.7 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 lipid 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
- 009.513 Supervision of elderly primigravida, third trimester
- 009.519 Supervision of elderly primigravida, unspecified trimester
- 009.521 Supervision of elderly multigravida, first trimester
- 009.522 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
- 009.612 Supervision of young primigravida, second trimester
- 009.613 Supervision of young primigravida, third trimester

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- 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
- 036.80X0 Pregnancy with inconclusive fetal viability, not applicable or unspecified
- 036.80X1 Pregnancy with inconclusive fetal viability, fetus 1
- 036.80X2 Pregnancy with inconclusive fetal viability, fetus 2
- 036.80X3 Pregnancy with inconclusive fetal viability, fetus 3
- 036.80X4 Pregnancy with inconclusive fetal viability, fetus 4
- 036.80X5 Pregnancy with inconclusive fetal viability, fetus 5
- 036.80X9 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