

## **PREVENTIVE SERVICES HEALTH COVERAGE GUIDELINES**

January 2026

### **INTRODUCTION**

The purpose of the Health Coverage Guidelines is to provide a quick reference of the recommended applicable codes that are covered as preventive care services.

The Patient Protection and Affordable Care Act (PPACA) requires CHIP, individual, and nongrandfathered group plans to cover in-network services at no member cost share (*e.g., deductible, copayments, or coinsurance*). Grandfathered plans are not required to provide preventive coverage without cost sharing. Accordingly, please refer to the member's benefit booklet or go to **CapitalBlueCross.com** to confirm a member's preventive benefit coverage.

The following resources identify covered preventive services under PPACA. These resources review and update preventive services periodically, their recommendations may be subject to change:

1. United States Preventive Services Task Force (USPSTF) recommendations with a rating of A or B. **USPreventiveServicesTaskforce.org/**.
2. Advisory Committee on Immunization Practices (ACIP) immunization recommendations adopted by the Centers for Disease Control and Prevention (CDC).  
**CDC.gov/vaccines/schedules/easy-to-read/index.html.**
3. Health Resources and Services Administration (HRSA) comprehensive guidelines which appear in any of the following: **HRSA.gov/womens-guidelines/index.html.**
  - a. Women's Preventive Health Recommendations | WPSI  
**WomensPreventiveHealth.org.**
  - b. American College of Obstetricians and Gynecologists (ACOG) **ACOG.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations.**
  - c. American Academy of Pediatrics Bright Future's periodicity schedule **Preventive Care/Periodicity Schedule.**

### **Coding information related to preventive services (commercial and CHIP only)**

1. **Preventive physical exams** are a comprehensive physical exam to screen for disease, promote a healthy lifestyle, and screen for potential risk factors that could lead to future medical problems. Visits for problem-focused evaluations, the monitoring of chronic disease(s), or for administrative purposes such as a school or sports physical are NOT covered as a preventive service.
  - a. Claims should be submitted with the reason for preventive health service encounter as the primary (first) ICD-10 diagnosis code.
  - b. Preventive service claims should not be submitted with a primary (first) diagnosis code that represents treatment of illness or injury. This may result in a claim paying under the normal medical benefit instead of preventive.

- c. When a preventive and problem-focused evaluation and management (E/M) service are billed together:
    - i. Reporting both a preventive and problem-focused visit at the same time should be infrequent since preventive E/M codes include a comprehensive exam, encompassing management of chronic and/or stable conditions, abnormal findings on review of systems, and diagnosis and treatment of minor conditions.
    - ii. The E/M criteria for the problem-focused visit must be independently met to support reporting the separate service; modifier 25 should be appended so that separate payment may be considered.
2. **Frequency:** If a preventive service or visit is provided more frequently than indicated, the claim may be denied or assessed applicable cost share.
3. **When a screening service results in a positive finding:** The classification of the preventive service is not altered; however, it does influence how that service is classified when additional work-up is done or when the same service (e.g., colonoscopy) is rendered in the future.
  - a. Diagnostic, monitoring, and surveillance of a medical condition is not covered under the preventive benefit. These services are typically provided more frequently than routine screening services.
4. **Blood draw/venipuncture:** CPT code 36415 is only covered as preventive when submitted with an appropriate preventive laboratory procedure that requires a blood draw.
5. **Modifier PT:** Identifies when a preventive colorectal screening procedure turns into a diagnostic procedure.
  - a. You may not bill both the screening and the diagnostic service(s) when a screening turns into a diagnostic procedure.
  - b. Modifier should also be applied to anesthesia services.
6. **Modifier GG:** When billing a screening mammogram and a diagnostic mammogram on the same day to indicate the mammography screening turned into a diagnostic study.
7. **Immunization administration:** If the sole reason for an office visit is vaccines only, it is not acceptable to bill for an E/M service. Additional coding information can be found on our Immunization Administration Network Reimbursement Policy (NR-09.003).
  - a. When a scheduled immunization is refused or deferred, it is important to report the appropriate ICD-10 nonadministration diagnosis code (Z28 range) for quality measures and tracking purposes.
  - b. New FDA immunization services are adopted as preventive within one (1) year of posting in the CDC Morbidity and Mortality Weekly Report (MMWR).
8. **Gynecological examinations provided during a comprehensive preventive physical exam:** (CPT 99383—99385 and 99393—99395) should include the appropriate ICD-10 diagnosis for the physical exam and a secondary diagnosis for the screening gynecological exam.
  - a. When the gynecological exam is received from a provider OTHER THAN the provider who completed the comprehensive preventive physical exam, the appropriate service code (G0101, S0610, S0612, S0613) should be submitted.
9. **Cost sharing:** Coverage of preventive services, without cost sharing, is limited to in-network services. Nonpreventive services received in conjunction with a preventive service may be subject to cost sharing (i.e., additional evaluation of a finding during a preventive procedure or visit).

10. **Preauthorization:** Services requiring preauthorization must still meet plan requirements even when preventive in nature. Refer to the Single Source Preauthorization list to confirm if preauthorization is required.
11. **Payment edits:** All claims are subject to payment edits. These are updated at regular intervals and generally based on National Correct Coding Initiative (NCCI), drug package inserts/Food and Drug Administration (FDA) approval, and Centers for Medicare and Medicaid Services (CMS).
  - a. For additional information, please reference our Professional Network Reimbursement Policy for Correct Coding and Reimbursement Methodology (NR-30.019).
12. **Modifier 33:** Utilization specifies the primary purpose for the service is the delivery of a USPSTF mandated A or B rated preventive service select circumstances, it may not be solely utilized in making preventive care benefit determinations. Preventive care services are dependent upon claim submission using preventive diagnosis and procedure codes in order to be identified and covered as preventive care services.
13. **Gender-specific** preventive screenings may be appropriate for transgender members appropriate to their former or present anatomy, depending on the service. For these circumstances, please append modifier KX when submitting claims on the CMS 1500 or 837P and Condition Code 45 when submitting claims on the UB04 or 837 I.
14. **CPT 99429 (other preventive medicine services):** This unlisted preventive medicine service is only reportable when a more specific preventive medicine service code does not exist. When submitting a claim, include supporting documentation for the service provided.
15. **Diagnosis:** For claims, other than physical examinations, to pay correctly, services should be coded to the highest level of specificity; therefore, the primary ICD-10 diagnosis should be specific to the service that was provided. For example, it is not appropriate to code a colorectal cancer screening with a diagnosis of screening for malignant neoplasm of the breast (Z12.31).
16. **Evaluation and/or monitoring (E/M)** of abnormal findings is not a preventive service.

**The following pages reflect the PPACA designated clinical recommendations and associated CPT, HCPCS, and ICD-10 diagnoses for coding guidance.**

PREVENTIVE WELLNESS VISITS			
Preventive service	Procedure code(s)	Recommended ICD-10 diagnosis code(s)	Comments
<b>COMPREHENSIVE PREVENTIVE PHYSICAL EXAM:</b>  <i>Infants and children—based on Bright Futures periodicity table</i>  <i>Adults (male and female)—at least annually</i>	99381—99384 99391—99394	Age-appropriate preventive health service diagnosis should be applied. (e.g., Z00.00)	For new patient only.  A patient not seen by the provider within the last three (3) years.
	99385—99387 99395—99397		For established patient, not classified as new.

**A comprehensive preventive medicine evaluation or reevaluation and management of an individual includes:**

- An age and gender-appropriate history.
- A physical examination includes pelvic and breast, as well as height, weight, and Body Mass Index (BMI).
- Counseling/anticipatory guidance for age-appropriate issues (e.g., female controlled contraceptive methods, unintentional injuries, seatbelt use, firearms, poisoning, sun exposure/skin cancer prevention).
- Offer appropriate risk factor reduction intervention(s).
- Ordering of appropriate immunization(s) and laboratory/screening procedures (See the following pages for the specific preventive laboratory screenings).

**Note:** Codes 99381—99397 include counseling, anticipatory guidance, and risk factor reduction. Intervention provided at the time of the comprehensive preventive medicine examination.

**Examples of components typically included, as part of the preventive evaluation and management service:**

- Age and gender-appropriate review of physical condition, including vital signs such as blood pressure, cardiac risk assessments, height/weight/BMI calculation, to screen for obesity.
- Review of family and personal health risks.
- Screening (not examination) of vision and hearing status.
- Screening for growth and development milestones and developmental surveillance.
- Lead risk assessment.
- Autism assessment.
- Psychosocial/behavioral assessment.
- Assessment for anxiety, depression, and/or suicide risk in adolescents and adults. (See guidelines below for administration of health risk assessment and screening).
- Assessment for unhealthy alcohol and/or drug use. (See guidelines below for screening and counseling).
- Assessment for tobacco use (See guidelines below for counseling).
- Assessment for fall prevention/risk in community (65 years and older).
- Screening for urinary incontinence.

**Adult counseling and patient education include, if indicated (see guidelines below for recommendations):**

- Aspirin prophylaxis for cardiovascular risk.
- Breast cancer chemoprevention for women at high risk.
- Breast-feeding counseling/support and supplies.
- BRCA genetic counseling and evaluation for testing if positive screening.
- Cardiovascular disease prevention with low to moderate dose statins.
- Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related disease.
- Fall prevention: exercise or physical therapy.
- Folic acid supplementation for childbearing age women.
- Hormone replacement therapy (HRT) risks and benefits.
- Obesity, weight loss, healthy diet, and exercise counseling.
- Screening procedure recommendations (e.g., colorectal cancer, breast cancer, osteoporosis).
- Sexual behavior/sexually transmitted disease (STD)/sexually transmitted infection (STI) prevention counseling.
- Substance abuse, unhealthy alcohol and/or drug use, tobacco use guidance and counseling.
- Review of laboratory test results available at the time of the encounter.

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<b>GYNECOLOGICAL SCREENING EXAMINATION:</b> <i>Limited to one (1) annually</i>	G0101, S0610, S0612, S0613	Z01.411, Z01.419, Z12.4	USPSTF recommends every three (3) years for women aged 21-65 years.  HPV DNA every five (5) years for women aged 30-65 years.
<b>SPECIALTY OFFICE VISIT:</b> <ul style="list-style-type: none"> <li><i>BRCA genetic counseling, when provided <b>by a physician</b> (when performed by a licensed genetic counselor, see 96041 below).</i></li> </ul>	99202—99205	Genetic counseling by the physician: Z15.01, Z15.02, Z71.83	For new patient only. A patient not seen by the provider within the last three (3) years.
	99211—99215	Contraceptive management: Z30.011—Z30.9  Pregnancy: <i>See list at end of document.</i>	For established patient, not classified as new.
<b>SPECIALTY CONSULTATION:</b> <ul style="list-style-type: none"> <li><i>BRCA genetic counseling, when provided by a physician (when performed by a licensed genetic counselor, see 96041 below).</i></li> <li><i>Prenatal and postnatal visits, including breastfeeding support, provided outside the inclusive care services (e.g., 59425).</i></li> </ul>	99242—99245	Genetic counseling by a physician: Z15.01, Z15.02, Z71.83  Pregnancy: <i>See list at end of document.</i>	For new patient only. A patient not seen by the provider within the last three (3) years.
<b>PRE-SCREENING COLONOSCOPY CONSULTATION</b>	S0285	Z12.11, Z12.12	USPSTF recommends a colonoscopy pre-screening consultation once (1) every ten (10) years.
<b>PRE-SCREENING COUNSELING VISIT FOR LUNG CANCER SCREENING BY LOW DOSE CT SCAN</b>	G0296	F17.200—F17.209, F17.210—F17.219, Z12.2, Z72.0, Z87.891	Visit prior to first low dose CT scan; to discuss the need for lung cancer screening, eligibility determination, and shared decision-making.

## PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING by Ultrasonography: (USPSTF)</b>	76706	F17.210, F17.211, F17.213, F17.218, F17.219, Z13.6, Z87.891	USPSTF recommends screening once (1) per lifetime.  One (1)-time screening for <b>men</b> ages 65 to 75 years who have EVER smoked.
<b>ALCOHOL (unhealthy use): (USPSTF/Bright Futures)</b>			
Screening	G0442	Z13.39 or Pregnancy: <i>See list at end of document.</i>	Age 18* years or older engaged in risky or hazardous drinking behavior, including pregnant persons.  <i>*Bright Futures recommends risk assessment for adolescents beginning at age 11 for alcohol use as part of the annual well child visit.</i>
Assessment	99408, 99409		
Counseling in primary care	G0443	F10.10—F10.99	
<b>ANEMIA SCREENING: (Bright Futures/HRSA)</b>			
Children (Bright Futures—children/HRSA)	85018	Z13.0	Children, age 12 months or as soon as possible.
Adults/Pregnant women	80055, 80081 (obstetrical panel), or 85025	Pregnancy: <i>See list at end of document.</i> or Z13.0	Pregnant women at 24—28 weeks.
<b>ANXIETY SCREENING: (USPSTF/WPSI)</b>	96127, 96160, 96161	R45.0—R45.89, R53.81—R53.83, Z13.30—Z13.32 or Pregnancy: <i>See list at end of document.</i>	Adults, adolescents, and children beginning at age eight (8) years and older who are not currently diagnosed with anxiety disorders, including pregnant and postpartum women.
<b>ASPIRIN THERAPY: (USPSTF)</b> Low-dose aspirin use for the primary prevention of cardiovascular disease.	Preventive medications are administered through the member's pharmacy benefit.*	N/A	Age 40 to 59 years who have a 10% or greater than ten (10) year cardiovascular risk based on individual risk. <i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i>
<b>AUTISM SCREENING: (Bright Futures)</b>  ~ Limited to five (5) occurrences from age zero (0) to three (3) years for developmental delay screening AND autism.	96110, 96112	Z00.121, Z00.129, Z13.41	Bright Futures recommends screening for autism at 18 and 24 months.

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<b>BACTERIURIA (ASYMPTOMATIC) SCREENING:</b> <i>(By urine culture)</i> <b>(USPSTF)</b>	81000—81003, 81007, 87081, 87086, 87088	Pregnancy: <i>See list at end of document.</i>	Screening by <b>urine culture</b> for asymptomatic pregnant women at first prenatal visit or at 12 to 16 weeks of gestation, whichever is earlier.
<b>BILIRUBIN SCREENING – NEWBORNS:</b> (Bright Futures)  <i>~Limited to one (1) time, if NOT done prior to hospital discharge, otherwise diagnostic.</i>	82247, 88720	Z00.110, Z00.111, Z13.0, Z13.228	Age zero (0) to 28 days.
<b>BLOOD PRESSURE (BP):</b>  <b>BP SCREENING:</b> (USPSTF-adults; Bright Futures-children)  <b>BP AMBULATORY MONITORING:</b> (USPSTF)	Integral to comprehensive preventive physical exam or problem-focused office visit  93784, 93786, 93788, 93790, 99473, 99474	N/A  R03.0	Beginning at three (3) years of age through adulthood at every well visit.  For those screened in the medical/office setting and found to have high blood pressure reading. Purpose is to determine if high blood pressure (BP) is confirmed outside the office setting before initiating treatment.
<b>BRCA RELATED CANCER RISK ASSESSMENT/COUNSELING:</b> (USPSTF)  <b>Genetic counseling for women at risk</b> <i>(provided by a licensed genetic counselor*)</i>	96041 <b>and</b> modifier 33	Z15.01, Z15.02, Z71.83, Z80.3, Z80.41, Z85.3, Z85.43	Women with a positive assessment should receive genetic counseling and, if indicated after counseling, BRCA testing.  <b>*NOTE:</b> For genetic counseling provided by a <b>physician</b> , refer to the section on wellness visits.
<b>BRCA1/BRCA2 GENETIC TESTING:</b> (USPSTF)  <i>~Limited to once (1) per lifetime</i>	81162—81167, 81212, 81215— 81217 <b>and</b> modifier 33*	Z15.01, Z15.02, Z71.83, Z80.3, Z80.41, Z85.3, Z85.4A, Z85.43	For women, when indicated, after receiving genetic counseling.  <b>NOTE:</b> Post-surgical testing is not a preventive benefit. <b>*Genetic testing requires preauthorization.</b>

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<b>BREAST CANCER SCREENING FOR WOMEN AT AVERAGE RISK and PREVENTIVE THERAPY: (USPSTF/WPSI/State Mandate)</b>	77067*	Z12.31	Women at average risk beginning at age 40. Every 1-2 years.
<b>Screening mammography (2D or 3D) ~Limited to one (1) per year</b>	<i>Digital breast tomosynthesis:</i> 77063		<i>*Append modifier GG to show screening and then diagnostic study performed on the same day.</i>
<b>MRI of breast (WPSI and State Mandate)</b>	77046, 77047, 77048, 77049  A9573, A9575, A9576, A9577, A9578, A9579, A9581, A9585, Q9953, Q9954	N60.21, N60.22, N60.81, N60.82, Q85.82, Q87.89, R92.2, R92.30, R92.311, R92.312, R92.313, R92.321, R92.322, R92.323, R92.331, R92.332, R92.333, R92.341, R92.342, R92.343, Z12.39, Z15.01, Z80.3, Z85.3, Z86.000, Z92.3	Include one (1) additional MRI and/or ultrasound for women at average risk for breast cancer.
<b>Ultrasound of breast (WPSI and State Mandate)</b>	76641		
<b>Pathology Evaluations</b>	19081 - 19086, 10004 - 10012, 10021, 19100, 19101, 19281 - 19288, 77012 <u>and</u> modifier 33  81162 - 81167, 81191 - 81194, 81212, 81215 - 81217, 81307 - 81309, 81321 - 81323, 81402, 81406, 88162, 88305, 88307, 0753T, 0754T <u>and</u> modifier 33  99151 - 99153, 99155 - 99157, J2003, J2004 <u>and</u> modifier 33		<b>Note:</b> Genetic testing requires preauthorization.
<b>Patient Navigation Services (WPSI)</b>	G0023, G0024, G0140, G0146 <u>and</u> modifier 33*	Z12.31, Z12.39	<i>*Append modifier 33 to indicate patient navigation services were performed for preventive breast cancer screening.</i>



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<b>BREAST CANCER PREVENTIVE THERAPY: (USPSTF)</b> <b>Chemoprevention</b>	Preventive medications are administered through the member's pharmacy benefit.*	N/A	Clinicians engage in shared, informed decision-making with women at increased risk for breast cancer about medications to reduce their risk, if at low risk for adverse medication effects. Clinicians should offer to prescribe risk-reducing medications, such as tamoxifen.  <i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i>
<b>BREASTFEEDING SERVICES: (HRSA/WPSI)</b>  Lactation classes  Lactation counseling	S9443  99401—99404 99411, 99412	Pregnancy: <i>See list at end of document.</i>	Lactation classes/counseling are limited to the mother.  During pregnancy and after birth to support breastfeeding.
<b>BREASTFEEDING EQUIPMENT AND SUPPLIES:</b>  Manual or electric breast pump <i>~Limit one (1) breast pump per benefit period/year</i>  Supplies	E0602, E0603  A4281—A4287		Breast milk storage bags ~ Limit 800 bags per benefit period/year.  Replacement supplies for breastfeeding equipment are limited to: <ul style="list-style-type: none"> <li>• Tubing for breast pump.</li> <li>• Adapter for breast pump.</li> <li>• Cap for breast pump bottle.</li> <li>• Breast shield and splash protector for use with breast pump.</li> <li>• Polycarbonate bottle for use with breast pump.</li> <li>• Locking ring for breast pump.</li> </ul> Other supplies may not be covered.
<b>CARDIOVASCULAR DISEASE PREVENTION: (USPSTF)</b> <i>~Limit one (1) per year</i>  Behavioral counseling interventions	G0446, G0537	Z13.6, Z71.3, Z71.82, Z71.89, Z71.9	Offer or refer adults 18 and older in primary care settings who are overweight or obese, with additional cardiovascular disease (CVD) risk factors of hypertension, dyslipidemia, or metabolic syndrome to behavioral counseling interventions.

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<b>CARDIOVASCULAR DISEASE (CVD) PREVENTIVE MEDICATION—STATIN: (USPSTF)</b>	Preventive medications are administered through the member's pharmacy benefit.*	N/A	Adults, 40 to 75 years without a history of CVD, one (1) or more CVD risk factors, and a calculated ten (10) year CVD event risk of 10% or greater.  *The member's pharmacy benefit may or may not be administered through Capital Blue Cross.
<b>CERVICAL CANCER SCREENING: (USPSTF)</b>  <b>Cytology (pap smear)</b> ~Once every three (3) to five (5) years	88141—88143, 88147—88148, 88150, 88152—88153, 88164—88167, 88174—88175, G0123—G0124, G0141, G0143—G0145, G0147—G0148, P3000—P3001, Q0091	Z01.411, Z01.419, Z12.4	USPSTF recommends screening for cervical cancer every three (3) years with cervical cytology alone in women aged 21 to 29 years. For 30 to 65 years, screening every three (3) years with cervical cytology alone, or every five (5) years with high-risk human papillomavirus (hrHPV) testing alone or in combination with cytology (cotesting).
<b>Human papillomavirus (HPV)</b> <b>NOTE: covered when provided in combination with cytology (pap smear).</b>	87623—87626*, G0476	Z01.411, Z01.419, Z11.51	The USPSTF recommends <b>against</b> screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (e.g., cervical intraepithelial neoplasia [CIN] grade two (2) or three (3)) or cervical cancer.
<b>Patient Navigation Services (WPSI)</b>	G0023, G0024, G0140, G0146 <b>and</b> modifier 33*	Z01.411, Z01.419, Z01.42, Z12.4	*Append modifier 33 to indicate patient navigation services were performed for preventive cervical cancer screening.

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<b>CHLAMYDIA SCREENING: (USPSTF—adults; Bright Futures— adolescents)</b>	87491 or 87801, 87494 (when testing for both chlamydia and gonorrhea)	Z11.3, Z11.8, Z29.81	Sexually active women, 24 years or younger and in older women at increased risk for infection, including pregnant persons.  Screenings as recommended by physician when monitoring persons prescribed HIV PrEP medications.  Bright Futures recommends screening adolescents for STI's per current edition of the American Academy of Pediatrics (AAP) Red Book.

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<b>COLORECTAL CANCER SCREENING: (USPSTF)</b>			Men and women, age 45 years and continuing until age 75 years utilizing either gFOBT, FIT, Sigmoidoscopy, CT Colonography, FIT-DNA Test, or Colonoscopy.
<b>Fecal occult blood testing (gFOBT) or fecal immunochemical testing (FIT) ~annually</b>	<b>gFOBT:</b> 82270, G0328  <b>FIT:</b> 82274	Z12.11, Z12.12	<b>NOTE:</b> Applies to asymptomatic adults 45 years and older who are at average risk of colorectal cancer and who <b>do not have</b> a family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer (such as Lynch syndrome or familial adenomatous polyposis), a personal history of inflammatory bowel disease, a <b>previous adenomatous polyp</b> , or previous colorectal cancer.
<b>Sigmoidoscopy ~Every five (5) years when done alone or every ten (10) years when done in conjunction with annual screening with FIT.</b>	45330—45335, or 45338—45342, 45346—45347, 45349—45350, or G0104, <b>and</b> modifier PT*	Z12.11, Z12.12	
<b>Computed tomographic (CT) Colonography ~Every five (5) years</b>	74263	Z12.11, Z12.12	*Append modifier PT to indicate a preventive screening then diagnostic study performed on the same day if applicable.
<b>Stool-based deoxyribonucleic acid (DNA) [FIT-DNA Test] ~Every three (3) years (imposed by manufacturer)</b>	81528	Z12.11, Z12.12	When screening results in the diagnosis of adenomatous polyps, colorectal adenomas, or cancer, patients are followed up with a <i>surveillance regimen</i> and <b><u>USPSTF recommendations</u></b> for screening no longer apply.
<b>Colonoscopy ~Every ten (10) years</b>	45378—45392, 45398, 44389—44392, 44394, 44401—44407, or G0105, G0121,*** <b>and</b> modifier PT*	Z12.11, Z12.12	*** For consultation prior to colonoscopy (CPT S0285), see wellness visits.  *Append modifier PT to indicate a preventive screening then diagnostic study performed on the same day if applicable.
<b>Related anesthesia services</b>	00811 or 00812 (screening colonoscopy) <b>and</b> modifier PT*		<b>NOTE:</b> Modifier PT or 33 can be applied to indicate a preventive colorectal screening was performed when applicable.
<b>Pathology</b>	88305		

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<b>CRITICAL CONGENITAL HEART DEFECTS NEWBORN TESTING: (PA state mandate)</b>	Integral to newborn assessment	N/A	Oxygen saturation is to be completed on newborns after 24 hours and before the infant is discharged from the hospital setting.
<b>DENTAL CARIES PREVENTION/ORAL HEALTH: (USPSTF)</b>			
<b>Fluoride varnish application</b> (by a physician or other qualified healthcare professional)	99188	Z29.3	All primary teeth of infants and children, starting at the age of primary tooth eruption in primary care practices.
<b>Oral fluoride supplementation</b>	Preventive medications are administered through the member's pharmacy benefit*	N/A	Starting at age six (6) months for children whose water supply is fluoride deficient. Prescribed by primary care clinicians.  <i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i>
<b>DEPRESSION AND SUICIDE RISK SCREENING IN PRIMARY CARE SETTING: (USPSTF/Bright Futures)</b>			
<b>Infants:</b> Assessing mother for postpartum depression	96161	Z13.32	Assessment <b>of mother</b> of infant for postpartum depression during infant wellness visits at one (1) through six (6) months of age. Service is performed by the infant's physician and billed under the infant during the well child visit.
<b>Adolescents:</b> Major depressive disorder (MDD) Screening <b>~Limited to one (1) per year</b>	G0444	Z13.31	<i>*Psychosocial/behavioral assessment should occur as part of every well child visit.</i>
Depression/suicide risk assessment <b>~Limited to one (1) annually</b>	96127, 96160	R45.0—R45.89, R53.81—R53.83, Z13.30—Z13.32, Z91.51, Z91.52, Z97.89	Depression and suicide risk assessment recommended for ages 12 and older.
<b>Adults:</b> Depression screening: (USPSTF) <b>~Annually unless pregnant or postpartum female</b>	G0444	Z13.31, Z13.32, or Pregnancy: <i>See list at end of document.</i>	Includes pregnant and postpartum women* with an infant zero (0) through six (6) months of age.  <i>*If the service is performed by the infant's physician and billed under the infant during the well child visit, see infants screening above (96161).</i>
Depression risk assessment <b>~Limited to one (1) annually</b>	96127, 96160		

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>DEVELOPMENTAL DELAY/ SCREENING: (Bright Futures)</b>  <i>~Limited to five (5) occurrences from age zero (0) to three (3) years for autism AND developmental delay screening</i>	96110, 96112	Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	Bright Futures recommends screening* at nine (9), 18, and 30 months.  <i>*Developmental surveillance should occur as part of every well child visit.</i>
<b>DIABETES SCREENING: (USPSTF/HRSA)</b>  <b>Prediabetes and type 2 diabetes screening (USPSTF)</b>	82947, 83036	Z13.1	Age 35 to 70 years who are overweight or obese (with a BMI of 25 or greater). Patients with abnormal blood glucose should be offered or referred to behavioral counseling interventions to promote healthy eating and physical activity. (See obesity/weight loss interventions).
<b>Gestational diabetes screening (USPSTF, HRSA, WPSI)</b>	82947, 82950, 82951, 82952	Gestational diabetes; <i>see list at end of document</i>	Asymptomatic pregnant women between 24 and 28 weeks of gestation. Pregnant women identified with high risk for diabetes before 24-weeks' gestation—ideally at the first prenatal visit.
<b>Post pregnancy diabetes screening (HRSA, WPSI)</b> <i>(for those diagnosed with gestational diabetes)</i>	82947, 82950, 82951, 82952, 83036	Z86.32	Screening asymptomatic women should ideally occur within four (4) to six (6) weeks post pregnancy who were diagnosed with gestational diabetes. Women not screened in the first year postpartum or those with negative initial postpartum screening test result should be screened at least every three (3) years for a minimum of ten (10) years.
<b>DRUG USE SCREENING/RISK ASSESSMENT: (USPSTF and Bright Futures)</b>  <b>Screening for unhealthy drug use/substance abuse</b>	Integral to a comprehensive preventive physical exam <b>or</b> 99408, 99409; with problem-focused office visit	N/A  Z71.51	The USPSTF recommends screening by asking questions about unhealthy drug use in adults 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).  Bright Futures recommends risk assessment for adolescents beginning at age 11.

## PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>FOLIC ACID SUPPLEMENTATION: (USPSTF)</b>	Preventive medications are administered through the member's pharmacy benefit.*	N/A	All women, planning or capable of pregnancy. Recommended daily supplement contains 0.4 to 0.8 mg (400 to 800 µg) of folic acid.  <i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i>
<b>GONORRHEA OCULAR PROPHYLACTIC MEDICATION: (USPSTF)</b>  Topical eye medication	Integral to delivery of infant.	N/A	Newborns for the prevention of gonococcal ophthalmia neonatorum.
<b>GONORRHEA SCREENING: (USPSTF—adults; Bright Futures—adolescents)</b>	87591 or 87801, 87494 (when testing for both chlamydia and gonorrhea)	Z11.3, Z11.8, Z29.81	Sexually active women, 24 years or younger and in older women at increased risk for infection, including pregnant persons. Bright Futures recommends screening adolescents for STI's per current edition of the AAP Red Book.  Screenings as recommended by physician when monitoring persons prescribed HIV PrEP medications.
<b>HEALTHY WEIGHT GAIN IN PREGNANCY: (USPSTF)</b>  Pregnant adults and adolescents: behavioral counseling interventions	97802—97804, 99401—99404, 99411, 99412, G0447, G0473, S9451, S9452, S9470	Pregnancy: <i>See list at end of document.</i>	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.  Counseling should begin at the end of the first trimester or beginning of second trimester and end prior to delivery.
<b>HEARING SCREENING: (Bright Futures)</b>  <i>Screening requires use of calibrated electronic equipment; tests using other methods (e.g., whispered voice, tuning fork) are not reported separately.</i>	<b>Newborn:</b> 92587, 92650  <b>Age 4—21 years:</b> 92551, 92587, 92650	Z00.110, Z00.111, Z01.10, Z01.118, Z00.121, Z00.129	Per Bright Futures periodicity schedule: newborn (if not done prior to hospital discharge) and ages four (4), five (5), six (6), eight (8), and ten (10) years. Thereafter at least once between ages: 11-14, 15-17, and 18-21 years.  Primary care providers should complete a <b>hearing risk assessment</b> as part of the comprehensive preventive physical examination for years when the hearing screening test is not recommended by Bright Futures periodicity schedule.



### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>HEPATITIS B SCREENING: (USPSTF)</b>  <b>Adults, adolescents, and children (nonpregnant)</b> <i>~Limit one (1) per year (nonpregnant)</i>  <b>Pregnant women</b>  <b>Confirmatory testing</b> <i>~Limit of one (1) per lifetime</i>	86704—86706, 87340, G0499	Z11.59, Z29.81, Z72.89	Annual screening for nonpregnant adolescents and adults at high risk for infection.  Bright Futures recommends screening for newborns to 21 years old for STI's per current edition of the AAP Red Book.  Screenings as recommended by physician when monitoring persons prescribed HIV PrEP medications.
	80055, <b>or</b> 80081 (obstetrical panel), <b>or</b> 86704—86706, 87340	Pregnancy: <i>See list at end of document.</i>	First prenatal visit for each pregnancy and rescreening at the time of delivery for those with new or continued risk factors.
	87341 <b>and</b> modifier 33	Z11.59, Z29.81, Z72.89 <b>or</b> Pregnancy: <i>See list at end of document.</i>	Covered once (1) per lifetime, following a positive screening test.
<b>HEPATITIS C SCREENING (HCV): (USPSTF)</b>  <b>Screening</b>  <b>Confirmatory testing</b> <i>~Limit of one (1) per lifetime</i>	87522, G0472	Z11.59, Z29.81, Z72.89	One (1)-time screening for asymptomatic adults, age 18 to 79 years, without known liver disease.  Persons younger than 18 years and older than 79 years who are at high risk for infection.  Screenings as recommended by physician when monitoring persons prescribed HIV PrEP medications.
	86803, 86804	Z11.59, Z29.81, Z72.89	Covered once (1) following a positive screening test.
<b>HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION: SCREENING: (USPSTF/WPSI/ Bright Futures)</b>  <b>Adults (nonpregnant)</b> <i>~Limit one (1) per year (nonpregnant)</i>  <b>Pregnant women (USPSTF)</b>  <b>Confirmatory testing</b> <i>~Limit of one (1) per lifetime</i>	86701—86703, 87389—87391, 87534—87539, G0432, G0433, G0435, G0475	Z11.4	Nonpregnant adolescents and adults, age 15 to 65 years or when at increased risk.  Bright Futures recommends screening all adolescents at least one (1) time beginning at 11 years old.
	80081 (obstetrical panel) or codes listed above	Pregnancy: <i>See list at end of document.</i>	All pregnant women, including those who present in labor untested and HIV status is unknown.
	87535	Z11.4	Covered once (1), following a positive screening test.



### **PREVENTIVE SCREENINGS AND INTERVENTIONS**

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREEXPOSURE PREVENTION (PrEP) (USPSTF)</b>	Preventive medications are administered through the member's pharmacy benefit.*		Preexposure prophylaxis (PrEP) with effective antiretroviral therapy is recommended for persons who are at high risk of HIV acquisition.
<b>HIV PrEP medication/ administration (USPSTF)</b>	J0739 G0012	N/A	*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.
<b>Screenings, testing and counseling related to HIV PrEP:</b>			
<b>HIV screenings</b>	See HIV screenings**	Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51—Z72.53	Additional screenings may be necessary before prescribing PrEP medications. During treatment, ongoing follow-up and monitoring should include continued screenings, additional testing and counseling as needed.
<b>Lipid screenings</b>	See Hep B and Hep C screenings**		Please refer to the USPSTF full recommendation related to timing and frequency of these related services.
<b>Hepatitis B/C screenings</b>	82565		
<b>Creatinine testing</b>	81025, 84702, 84703		**Refer to sections on HIV, Lipid screening, Hepatitis B and Hepatitis C screenings for current coding and other recommendations.
<b>Pregnancy testing</b>			
<b>STI screenings</b>	See specific STI screenings***	See specific STI screenings	***Refer to specific STI screening sections on chlamydia, gonorrhea, and syphilis screenings for current coding and other recommendations.
<b>Adherence counseling</b>	99202—99215, or 99401—99404, or 99411, 99412, G0011, G0013, or Integral to comprehensive preventive physical exam or problem-focused office visit	Z71.7, Z71.89, or other diagnosis listed above for screenings.	Adherence counseling should continue throughout treatment to ensure effectiveness in preventing HIV acquisition.

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>IMMUNIZATIONS: (ACIP/CDC)</b>			
<b>Administration</b>	90460*, 90461*, 90471—90474, 90480, 90481, 96380, 96381, G0008—G0010	Z23 Z29.11	Birth through adulthood— <i>Refer to <u>CDC guidelines</u> for healthcare providers.</i>  *CPT 90460—90461 indicate patient is 18 years or younger AND face-to-face immunization counseling was provided prior to administration.
<b>Immunization counseling by physician</b> (not administered by provider on same day of service)	90482, 90483, 90484	Z71.85, Z28.20	<b>NOTE:</b> Administration of noncovered immunizations (e.g., travel vaccines) should not be submitted as a covered service.  <b>NOTE:</b> New FDA approved immunization services are adopted as preventive within one (1) year of posting in the CDC MMWR.
<b>Immunization safety counseling:</b> <i>For immunization hesitancy/safety counseling including COVID-19 immunizations.</i>	Integral to a comprehensive preventive physical exam OR with problem-focused office visit**	Z71.85, Z28.20	<b>NOTE:</b> Vaccines supplied by the government are not reimbursable. Providers should append SL modifier to indicate a government supplied vaccine was administered.  **An office visit may be covered as preventive if immunization counseling is offered and immunization(s) are not administered. Counseling is included with administration fees as noted above.
<b>INTIMATE AND DOMESTIC VIOLENCE SCREENING: (HRSA/WPSI)</b>	Integral to a comprehensive preventive physical exam or problem-focused office visit	N/A	Adolescents and women of childbearing age who do not have signs or symptoms of abuse. Includes physical and/or sexual violence, stalking, psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both.
<b>LEAD SCREENING: (USPSTF)</b>	83655	Z13.88	Screening is generally performed between one (1)-two (2) years of age for children with positive risk assessment.  <b>NOTE:</b> For ALL CHIP members, lead screening is required between one (1)-two (2) years of age, not just for those with a positive risk assessment.

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>LIPID DISORDER/DYSLIPIDEMIA SCREENING:</b> (Bright Futures-children)	80061 (panel) <u>or</u> one (1) of the following: 82465, 83718, 83721, 84478	Z13.220, Z29.81	Children should be tested once between nine (9)-11 years of age and once between 17-21 years of age.  Adults should be tested once <b>every five (5) years</b> , for 20 years of age and older.
<b>LUNG CANCER SCREENING:</b> (USPSTF)  Low-dose computed tomography (CT)  ~Limit of one (1) per year	71271*	F17.200—F17.209, F17.210—F17.219, Z12.2, Z72.0, Z87.891	*CT requires preauthorization. Annually, for adults 50 to 80 years with a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has: <ul style="list-style-type: none"> <li>• not smoked for 15 years,</li> <li>• develops a health problem that substantially limits life expectancy, <b>or</b></li> <li>• does not have the ability or willingness to have curative lung surgery.</li> </ul> <b>NOTE:</b> For counseling visit prior to low dose CT lung scan for eligibility determination and shared decision-making see wellness visits (G0296).
<b>NEWBORN SCREENING PANEL:</b> (State mandate)  ~ Limited to one (1) per lifetime, if not done prior hospital discharge.	S3620	Z00.110, Z00.111	Mandated newborn testing for specific health conditions per <u>PA state law</u> .  <b>NOTE:</b> Only report this code if you are billing for the laboratory test, not used for specimen collection.
<b>OBESITY COUNSELING/ WEIGHT LOSS INTERVENTIONS:</b> (USPSTF/WPSI)  Adult/Children/adolescents: (USPSTF) behavioral counseling interventions	G0270, G0271, G0447, G0473, S9451 <b>OR</b> 97802—97804, S9452, S9470 <u>and</u> modifier 33*	E66.01, E66.09, E66.1—E66.3, E66.8, E66.811—E66.813, E66.89, E66.9, E88.82, Z68.30—Z68.45, Z68.53—Z68.56	<b>Children and adolescents</b> , six (6) years and older. All adults with a body mass index of 30 kg/m <sup>2</sup> or higher should be offered or referred to intensive multicomponent behavioral (Intensive Behavioral Treatment (IBT)) interventions.  <b>NOTE:</b> An ICD-10 diagnosis code E66 for overweight and obesity, must be billed in the primary position before the Z68 diagnosis code. <b>NOTE: *MUST</b> append modifier 33 to indicate a preventive counseling intervention was provided in accordance with USPSTF recommendation.

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>Obesity in midlife women: (WPSI) counseling to prevent obesity</b>	99401—99404, 99411, 99412 or integral to comprehensive preventive physical exam or problem-focused office visit.	E66.3, Z68.1, Z68.20—Z68.29	Women ages 40-60 years with normal to overweight BMI, offer counseling maintain or limit weight gain to prevent obesity.  <b>NOTE:</b> An ICD-10 diagnosis code E66 for overweight and obesity, must be billed in the primary position before the Z68 diagnosis code.
<b>OSTEOPOROSIS SCREENING: (USPSTF)</b>  <b>Bone density measurements</b> <b>~Every two (2) years or annually if medically necessary</b>	76977, 77078, 77080, 77081, 77085, G0130	Z13.820, Z82.62	Women, 65 years and older <b>or</b> younger women whose fracture risk is equal to or greater than that of a 65-year-old without additional risk factors.  USPSTF Risk Assessment Tools: <ul style="list-style-type: none"> <li>▪ <a href="#">Fracture Risk Assessment Tool (FRAX)</a>.</li> <li>▪ <a href="#">Osteoporosis Risk Assessment Instrument (ORAI)</a> (See table 2).</li> </ul>
<b>PREECLAMPSIA SCREENING/ PREVENTION THERAPY: (USPSTF)</b>			
<b>SCREENING: Routine blood pressure check</b>	Integral to office visit	N/A	Women, throughout pregnancy.
<b>PREVENTION THERAPY: Low-dose aspirin therapy (81 mg per day)</b>	Preventive medications are administered through the member's pharmacy benefit.*	N/A	Women, after 12 weeks of gestation at high risk for preeclampsia.  <i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i>
<b>PROSTATE CANCER SCREENING:</b>			
<b>Digital rectal exam</b>	G0102	Z12.5	Annually for men 50 years of age and older.
<b>PSA</b> <b>~Limited to one (1) annually</b>	84152—84154, G0103	Z12.5	

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>Rh INCOMPATIBILITY SCREENING: (USPSTF)</b>			
<b>Rh (D) blood typing and antibody testing</b>	80055, 80081 (obstetrical panel), or 86901	Pregnancy: <i>See list at end of document.</i>	All pregnant women during their first maternity care visit.
<b>Rh (D) antibody testing if unsensitized RH (D) negative</b>	86850		Women at approximately 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
<b>RUBELLA SCREENING:</b>	80055, 80081 (obstetrical panel), or 86762	Pregnancy: <i>See list at end of document.</i>	
<b>SEXUALLY TRANSMITTED INFECTIONS (STI) COUNSELING (SEMIANNUAL): (USPSTF)</b>	G0445	Z11.3, Z11.4, Z70.0, Z70.1, Z70.2, Z70.3, Z70.8, Z70.9, Z71.7, Z72.51, Z72.52, Z72.53	Moderate to high intensity behavioral counseling for all sexually active adolescents and adults at increased risk.
<b>SKIN CANCER PREVENTION BEHAVIORAL COUNSELING: (USPSTF)</b>	99401—99404 99411, 99412	Z71.89	For young adults, adolescents, children, and parent(s) of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged six (6) months to 24 years of age with fair skin types.  <b>NOTE:</b> <i>When performed during a well visit, this service is part of the Office Visit (OV)/wellness visit payment.</i>
<b>SYPHILIS SCREENING: (USPSTF and Bright Futures)</b>			
<b>Adults and adolescents (nonpregnant)</b>	86592	Z11.3, Z11.8, Z29.81	Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection.  Bright Futures indicates adolescents should be screened for STI per recommendations in the current edition of the AAP Red Book.  Screenings as recommended by physician when monitoring persons prescribed HIV PrEP medications.
<b>Pregnant women</b>	80055, 80081 (obstetrical panel), or 86592	Z11.3, Z11.8, or Pregnancy: <i>See list at end of document.</i>	All pregnant women.
<b>Confirmatory testing</b>	86593, 86780	Z11.3, Z11.8, Z29.81 or Pregnancy: <i>See list at end of document.</i>	

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>TOBACCO USE-PREVENTIVE INTERVENTIONS, CESSATION COUNSELING, AND PHARMACOTHERAPY: (USPSTF/Bright Futures/FDA)</b>  <b>PREVENTIVE INTERVENTIONS:</b> Children and adolescents	99401, 99402	N/A	<p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Bright futures recommends risk assessment for adolescents beginning at age 11 for tobacco use as part of the annual child wellness visit.</p> <p><b>NOTE:</b> When performed during a well visit, this service is part of the OV/wellness visit payment.</p>
<b>CESSATION COUNSELING:</b> Adults, including pregnant women, children, and adolescent	99406, 99407	F17.200— F17.299, Z87.891, <b>or</b> Pregnancy: <i>See list at end of document.</i>	Counseling for tobacco use cessation.
<b>TOBACCO USE PHARMACOTHERAPY: (USPSTF AND FDA)</b>	Preventive medications are administered through the member's pharmacy benefit.*	N/A	<p>FDA-approved products for adults who use tobacco.</p> <p><b>NOTE:</b> <i>Pharmacotherapy for tobacco cessation in pregnant women is NOT recommended by USPSTF.</i></p> <p><i>*The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i></p>

### PREVENTIVE SCREENINGS AND INTERVENTIONS

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Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>TUBERCULOSIS (LATENT) SCREENING: (USPSTF AND Bright Futures)</b>			
<b>Adult testing (USPSTF)</b>	86480, 86481, 86580	Z11.7	USPSTF recommends screening in asymptomatic adults at increased risk for latent tuberculosis infection (LTBI).
<b>Infant—adolescent testing (Bright Futures)</b>	86580	Z11.7	For infants through adolescents, Bright Futures indicates risk assessment should be performed and when risk assessment is positive, then testing should be initiated.
<b>Interpretation of test results</b>	99211	R76.11 (if <i>positive</i> ), Z11.7	If the patient returns to have a nurse read and provide interpretation of test results.
<b>VISUAL ACUITY SCREEN (Bright Futures): ~Limit one (1) per year</b>			
<b>Manual (e.g., Snellen)</b>	99173	Z01.00, Z01.01, Z00.121, Z00.129	<b>Visual acuity screening</b> at ages four (4) and five (5) years, as well as cooperative three (3)-year olds. <b>Risk assessment</b> during wellness visits per Bright Futures.  Instrument based screening may be used to assess risk at ages 12 and 24 months.
<b>Instrument based testing</b>	99174, 99177		

CONTRACEPTIVE SERVICES AND SUPPLIES FOR FEMALES			
Preventive service	Procedure code(s)	ICD-10 diagnosis code(s)	Comments
<b>SURGICAL SERVICES: (HRSA)</b>	11976, 11981—11983, 57170, 58300, 58301, 58565, 58600, 58605, 58615, 58670, 58671	Contraceptive management: <i>See list at end of document.*</i>	<i>*Appropriate contraceptive management diagnosis should be submitted based on service provided.</i>
<b>Surgical follow-up services</b>	58340, 74740	Z30.2, Z98.51	<i>Services to confirm occlusion of the fallopian tubes after tubal ligation.</i>
<b>CONTRACEPTIVE DEVICES/SUPPLIES</b>	A4261, A4264, A4266, A9293, J1050, J7294—J7298, J7300, J7301, J7304, J7306, J7307, S4981, S4989	Contraceptive management: <i>See list at end of document.*</i>	<b><i>Self-administered preventive medications are administered through the member's pharmacy benefit. The member's pharmacy benefit may or may not be administered through Capital Blue Cross.</i></b>  <i>*Appropriate contraceptive management diagnosis should be submitted based on service provided.</i>

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CONTRACEPTIVE MANAGEMENT DIAGNOSIS LIST	
Diagnosis	Code description
Z30.011	Encounter for initial prescription of contraceptive pills.
Z30.012	Encounter for prescription of emergency contraception.
Z30.013	Encounter for initial prescription of injectable contraceptive.
Z30.014	Encounter for initial prescription of intrauterine contraceptive device.
Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive.
Z30.016	Encounter for initial prescription of transdermal patch hormonal contraceptive device.
Z30.017	Encounter for initial prescription of implantable subdermal contraceptive.
Z30.018	Encounter for initial prescription of other contraceptives (e.g., barrier, diaphragm).
Z30.019	Encounter for initial prescription of contraceptives, unspecified.
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy.
Z30.09	Encounter for other general counseling and advice on contraception (e.g., FP advice, NOS).
Z30.2	Encounter for sterilization.
Z30.40	Encounter for surveillance of contraceptives, unspecified.
Z30.41	Encounter for surveillance of contraceptive pills (e.g., repeat prescription of contraceptive pill).
Z30.42	Encounter for surveillance of injectable contraceptive.
Z30.430	Encounter for insertion of intrauterine contraceptive device.
Z30.431	Encounter for routine checking of intrauterine contraceptive device.
Z30.432	Encounter for removal of intrauterine contraceptive device.
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device (e.g., replacement of IUD).
Z30.44	Encounter for surveillance of vaginal ring hormonal contraceptive device.
Z30.45	Encounter for surveillance of transdermal patch hormonal contraceptive device.
Z30.46	Encounter for surveillance of implantable subdermal contraceptive (e.g., checking, reinsertion or removal of implantable subdermal contraceptive).



### CONTRACEPTIVE MANAGEMENT DIAGNOSIS LIST

Diagnosis	Code description
Z30.49	Encounter for surveillance of other contraceptives (e.g., for surveillance of barrier or diaphragm).
Z30.8	Encounter for other contraceptive management (e.g., post-vasectomy sperm count or routine examination for contraceptive maintenance).
Z30.9	Encounter for contraceptive management, unspecified.
Z97.5	Presence of (intrauterine) contraceptive device.

### GESTATIONAL DIABETES DIAGNOSIS CODE LIST

Diagnosis	Code description
O00.00—O99.893 O9A.111—O9A.33	Any pregnancy, childbirth, and puerperium diagnosis appropriate for the encounter.
Z13.1	Encounter for screening for diabetes mellitus.
Z32.01	Encounter for pregnancy test, result positive.
Z33.1	Pregnant state, incidental.
Z33.2	Encounter for elective termination of pregnancy.
Z33.3	Pregnant state, gestational carrier.
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester.
Z34.01	Encounter for supervision of normal first pregnancy, first trimester.
Z34.02	Encounter for supervision of normal first pregnancy, second trimester.
Z34.03	Encounter for supervision of normal first pregnancy, third trimester.
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester.
Z34.81	Encounter for supervision of other normal pregnancy, first trimester.
Z34.82	Encounter for supervision of other normal pregnancy, second trimester.
Z34.83	Encounter for supervision of other normal pregnancy, third trimester.
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester.
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester.
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester.
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester.
Z36.2	Encounter for other antenatal screening follow-up.
Z36.87	Encounter for antenatal screening for uncertain dates.
Z36.89	Encounter for other specified antenatal screening.
Z36.9	Encounter for antenatal screening, unspecified.
Z83.3	Family history of diabetes mellitus.
Z86.32	Personal history of gestational diabetes.

# PREGNANCY DIAGNOSIS CODE LIST

Diagnosis	Code description
O00.00—O99.893 O9A.111—O9A.53	Any pregnancy, childbirth, and puerperium diagnosis appropriate for the encounter.
Z03.71	Encounter for suspected problem with amniotic cavity and membrane ruled out.
Z03.72	Encounter for suspected placental problem ruled out.
Z03.73	Encounter for suspected fetal anomaly ruled out.
Z03.74	Encounter for suspected problem with fetal growth ruled out.
Z03.75	Encounter for suspected cervical shortening ruled out.
Z03.79	Encounter for other suspected maternal and fetal conditions ruled out.
Z11.59	Encounter for screening for other viral diseases.
Z29.13	Encounter for prophylactic Rho(D) immune globulin.
Z32.01	Encounter for pregnancy test, result positive.
Z32.2	Encounter for childbirth instruction.
Z33.1	Pregnant state, incidental.
Z33.2	Encounter for elective termination of pregnancy.
Z33.3	Pregnant state, gestational carrier.
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester.
Z34.01	Encounter for supervision of normal first pregnancy, first trimester.
Z34.02	Encounter for supervision of normal first pregnancy, second trimester.
Z34.03	Encounter for supervision of normal first pregnancy, third trimester.
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester.
Z34.81	Encounter for supervision of other normal pregnancy, first trimester.
Z34.82	Encounter for supervision of other normal pregnancy, second trimester.
Z34.83	Encounter for supervision of other normal pregnancy, third trimester.
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester.
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester.
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester.
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester.
Z36.0	Encounter for antenatal screening for chromosomal anomalies.
Z36.1	Encounter for antenatal screening for raised alpha fetoprotein level.
Z36.2	Encounter for other antenatal screening follow-up.
Z36.3	Encounter for antenatal screening for malformations.
Z36.4	Encounter for antenatal screening for fetal growth retardation.
Z36.5	Encounter for antenatal screening for isoimmunization.
Z36.81	Encounter for antenatal screening for hydrops fetalis.
Z36.82	Encounter for antenatal screening for nuchal translucency.
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities.
Z36.84	Encounter for antenatal screening for fetal lung maturity.
Z36.85	Encounter for antenatal screening for Streptococcus B.
Z36.86	Encounter for antenatal screening for cervical length.
Z36.87	Encounter for antenatal screening for uncertain dates.
Z36.88	Encounter for antenatal screening for fetal macrosomia.
Z36.89	Encounter for other specified antenatal screening.
Z36.8A	Encounter for antenatal screening for other genetic defects.

PREGNANCY DIAGNOSIS CODE LIST	
Diagnosis	Code description
Z36.9	Encounter for antenatal screening, unspecified.
Z39.1	Encounter for care and examination of lactating mother.
Z39.2	Encounter for routine postpartum follow-up.

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