

Health Plans

Billing Guideline

Subject: Preventive Services

Effective: 1/1/13

Last revision effective: 9/1/2017

Background

We are committed to the wellness of our members and encourage preventive services that can detect serious medical issues early. Certain preventive services are covered at no cost to the member due to plan provisions or regulatory requirements. These services are addressed here. For all lines of business, procedure codes recognized to report preventive services are listed, along with any frequency limits, diagnosis coding, or separate payment policies.

Note that preventive screenings are conducted when signs or symptoms of a condition are not present, and in accordance with established guidelines. Testing done for diagnostic purposes may be covered with cost-share. Be sure to verify benefits.

References

The Affordable Care Act (ACA) requires full coverage of the following preventive services for non-grandfathered plans¹:

- Services recommended by the U.S. Preventive Services Task Force (USPSTF) with a rating of A or B.
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) for routine use in children, adolescents, and adults.
- Preventive care and screenings for women, infants, children, and adolescents that are provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

We continually monitor changes to preventive service guidelines and will adjust coverage as required by law. For an official current list of recommended preventive services, visit www.healthcare.gov.

Medicare has adopted many, but not all, of these recommendations. Any differences in coverage and billing rules are noted. For details about Original Medicare coverage of preventive services, see "Medicare Preventive Services", available at <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>

¹ As used in connection with the ACA, a grandfathered plan is a group health plan that was created, or an individual health insurance policy that was purchased, on or before March 23, 2010. Grandfathered plans are exempted from many changes required under the ACA, including implementation of the preventive services provisions. Health First Health Plans does not have any grandfathered plans.

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Tips

1. **Preventive office visit coding:** A preventive office visit must be billed with a preventive (routine) office visit E/M code. A problem-oriented E/M code will not be covered as a preventive benefit.
 - a. A problem-oriented E/M code will be denied if submitted with a primary preventive diagnosis code.
 - b. A preventive E/M code will be denied if submitted with a primary problem-oriented diagnosis code.
2. **Preventive and problem-oriented E/M codes billed together:** 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. It is rare that a separate E/M code is justified because its components cannot be independently met, however when documentation is provided that supports reporting the separate service and the problem E/M code is billed with modifier -25, separate payment may be considered.
3. **Diagnosis code limits:** Where diagnosis code limits are indicated, payment may be denied if a different code is billed. Be sure to use the appropriate primary diagnosis code for each service reported on a claim.
 - a. If a test not clearly described as a screening exam is billed with a diagnosis code not listed in this guideline, it may be covered as a diagnostic test with applicable cost-share.
4. **Frequency limits:** If a preventive service is provided more often than indicated, payment may be denied.
 - a. If a test not clearly described as a screening exam is billed more often than indicated in this guideline, it may be covered as a diagnostic test with applicable cost-share.

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Preventive Office Visits								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Medicare Annual Wellness Visit (AWV)	Medicare	1 per lifetime after the IPPE	G0438	Annual wellness visit, including PPS, first visit	Y	N	Category 1	Z00.00 and Z00.01
		1 per calendar year	G0439	Annual wellness visit, including PPS, subsequent visit	Y	N	Category 1	
			99497*	Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by a physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate)	Y	N	Category 2	
			99498*	Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes	Y	N	Add-on code	
Medicare Initial Preventive Physical Examination (IPPE)	Medicare	1 per lifetime within 12 months of Medicare enrollment	G0402	Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment	Y	N	Category 1	Z00.00 and Z00.01
			G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	Y	N	Category 2	

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Medicare Initial Preventive Physical Examination (IPPE) (continued from above)	Medicare	1 per lifetime within 12 months of Medicare enrollment	G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical exam	Y	N	Category 2	Z00.00 and Z00.01
			G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical exam	Y	N	Category 2	

*CPT codes 99497 and 99498 used to describe advance care planning (ACP) will be separately payable under the MPFS for OPSS claims when billed as part of the AWW on the same date of service by the same provider. ACP services furnished on the same day and by the same provider as an AWW are considered a preventive service. Therefore, beneficiary cost-share is not applied to the codes used to report ACP services when performed as part of an AWW.

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Prenatal and Postnatal Office Visits	Pregnant and postpartum individuals	Up to 15 prenatal and postnatal visits are covered as preventive each calendar year.*	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	O09.00 – O9A.53, Z33.1, Z34.00 – Z36, Z39.0 – Z39.2

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Prenatal and Postnatal Office Visits (continued from above)	Pregnant and postpartum individuals	Up to 15 prenatal and postnatal visits are covered as preventive each calendar year.*	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	O09.00 – O9A.53, Z33.1, Z34.00 – Z36, Z39.0 – Z39.2
			99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Prenatal and Postnatal Office Visits (continued from above)	Pregnant and postpartum individuals	Up to 15 prenatal and postnatal visits are covered as preventive each calendar year.*	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	O09.00 – O9A.53, Z33.1, Z34.00 – Z36, Z39.0 – Z39.2
			99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	
			99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	N	Y	Category 1	

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Prenatal and Postnatal Office Visits (continued from above)	Pregnant and postpartum individuals	Up to 15 prenatal and postnatal visits are covered as preventive each calendar year.*	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	O09.00 – O9A.53, Z33.1, Z34.00 – Z36, Z39.0 – Z39.2
			99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Prenatal and Postnatal Office Visits (continued from above)	Pregnant and postpartum individuals	Up to 15 prenatal and postnatal visits are covered as preventive each calendar year.*	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	O09.00 – O9A.53, Z33.1, Z34.00 – Z36, Z39.0 – Z39.2
			99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	N	Y	Category 1	
			59425	Antepartum care only; 4-6 visits	N	Y	Category 1	
			59426	Antepartum care only; 7 or more visits	N	Y	Category 1	
			59430	Postpartum care only (separate procedure)	N	Y	Category 1	

*Services rendered by a Perinatologist/Maternal-Fetal Medicine specialist are not covered under the preventive benefit and are subject to cost-sharing. Preventive coverage varies by plan. See plan documents.

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Preventive Office Visits	Adults	1 per calendar year for all members, as well as well-woman exams for females as follows: <u>Commercial:</u> 1 per calendar year <u>Medicare:</u> High-risk: 1 per calendar year Normal risk: 1 every 24 months	99385	Preventive E/M, new patient; 18-39 years	Y	Y	Category 1	Annual Physical: Z00.00, Z00.01 Well-woman: Z01.411, Z01.419
			99386	Preventive E/M, new patient; 40-64 years	Y	Y	Category 1	
			99387	Preventive E/M, new patient; 65+ years	Y	Y	Category 1	
			99395	Preventive E/M, established patient; 18-39 years	Y	Y	Category 1	
			99396	Preventive E/M, established patient; 40-64 years	Y	Y	Category 1	
			99397	Preventive E/M, established patient; 65+ years	Y	Y	Category 1	
	Children and Adolescents	Up to 7 visits for children under 1 year of age	99381	Preventive E/M, new patient; infant (age younger than 1 year)	Y	Y	Category 1	Well-Child: Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2
			99391	Preventive E/M, established patient; infant (age younger than 1 year)	Y	Y	Category 1	
		Up to 7 visits for children 1 – 4 years of age	99382	Preventive E/M, new patient; early childhood (1-4 years)	Y	Y	Category 1	
			99392	Preventive E/M, established patient; early childhood (1-4 years)	Y	Y	Category 1	
		1 per calendar year for children 5 – 11 years of age	99383	Preventive E/M, new patient; late childhood (5-11 years)	Y	Y	Category 1	
			99393	Preventive E/M; late childhood (5-11 years)	Y	Y	Category 1	

Preventive Office Visits continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Preventive Office Visits (continued from above)	Children and Adolescents	1 per calendar year for all members, as well as 1 well-woman exam per calendar year for female members.	99384	Preventive E/M, new patient; adolescent (12-17 years)	Y	Y	Category 1	Well-Child: Z00.121, Z00.129, Z76.1, Z76.2
			99394	Preventive E/M, established patient; adolescent (12-17 years)	Y	Y	Category 1	Well-Woman: Z01.411, Z01.419

Behavioral/Developmental Screenings								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Alcohol/Drug Misuse Screening	Adults and Adolescents	1 per calendar year	99408	Alcohol and/or substance abuse (other than tobacco) abuse structured screening (et, AUDIT, DAST), and brief intervention (SBI) services; 15 - 30 minutes	Y	Y	Category 2	Unlimited
			G0442	Annual alcohol screen 15 min	Y	Y	Category 2	Unlimited
Depression Screening	Adults and Adolescents	1 per calendar year	G0444	Annual Depression Screening, 15 minutes	Y	Y	Category 2	Unlimited
Developmental Screening	Children	N/A	Included in E/M code	N/A	N	N	N/A	N/A
		1 per calendar year	96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	N	Y	Category 2	Unlimited

Behavioral/Developmental Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Developmental Screening (continued from above)	Children	1 per calendar year	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale, with scoring and documentation, per standardized instrument.	N	Y	Category 2	Unlimited
			G0451	Development testing, with interpretation and report per standardized instrument form	N	Y	Category 2	Unlimited
Obesity Screening	Adults and Children	1 per calendar year	Included in E/M Code	N/A	Y	Y	N/A	Unlimited

Behavioral Counseling								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Alcohol/Drug Misuse Counseling	Adults and Adolescents	1 per calendar year	99409	Alcohol and/or substance abuse (other than tobacco) abuse structured screening (et, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Y	Y	Category 2	Unlimited
		Up to 4 times per year	G0443	Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes	Y	Y	Category 3	Unlimited
Breast Cancer Prevention	Females	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A

Behavioral Counseling continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cardiovascular Disease (including aspirin use)	Adults	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
		Once per calendar year	G0446	Annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk; individual, 15 minutes	Y	N	Category 2	Unlimited (Medicare only)
Diabetes Self-Management Training Services (DSMT)	Adults	10 hours first year; 2 hours subsequent years <i>(Benefits may vary by plan.)</i>	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Y	Y	Category 2	Unlimited
			G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Y	Y	Category 2	Unlimited
Diet/Nutrition	Adults	Up to 3 hours per calendar year <i>(Benefits may vary by plan.)</i>	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Y	Y	Category 2	Limited to treatment for cardiovascular or diet-related chronic diseases that are diagnosed by a physician, including, but not limited to: 1. Diabetes 2. Heart Disease 3. Kidney Disease 4. Lipid Disorders 5. Malnutrition 6. Obesity Dx codes not specified.
			97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Y	Y	Category 2	
			97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Y	Y	Category 2	
			G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen	Y	Y	Category 2	

Behavioral Counseling continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Diet/Nutrition (continued from above)	Adults	Up to 3 hours per calendar year <i>(Benefits may vary by plan.)</i>	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group	Y	Y	Category 2	See above.
Folic Acid Supplementation	Pregnant individuals	N/A	Included in E/M Code	N/A	Y	Y	N/A	N/A
Genetic Counseling: BRCA for Breast Cancer	Females	Up to 4 visits per calendar year	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	Y	Y	Category 2	Z15.01, Z15.02
			S0265	Genetic counseling, under physician supervision, each 15 minutes	Y	Y	Category 2	
Interpersonal and Domestic Violence	Females	As needed	Included in E/M Code	N/A	Y	Y	N/A	N/A
Iron Supplementation	Pregnant individuals	As needed	Included in E/M Code	N/A	Y	Y	N/A	N/A
Obesity Counseling	Individuals 6 years of age or older	<u>Medicare</u> 22 visits per calendar year	G0447	Face-to-face behavioral counseling for obesity, individual, 15 minutes	Y	Y	Category 3	Z68.30 - Z68.45
		<u>Commercial</u> 26 visits per calendar year	G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	Y	Y	Category 3	

Behavioral Counseling continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Obesity Counseling (continued from above)	Individuals 6 years of age or older	Commercial 26 visits per calendar year	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	N	Y	Category 2	Z68.30 - Z68.45
			99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	N	Y	Category 2	
			99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	N	Y	Category 2	
			99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	N	Y	Category 2	
			99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	N	Y	Category 2	
			99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	N	Y	Category 2	

Behavioral Counseling continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Oral Health – Children	Children	N/A	99188	Application of topical fluoride varnish by a physician or other qualified health care professional	Y	Y	Category 2	Unlimited
Sexually Transmitted Infections (STIs)	Adults and Adolescents	Unlimited	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	N	Y	Category 2	Z70.0, Z70.1, Z70.3, Z70.8, Z70.9, Z72.51-Z72.53, and Z72.89
			99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	N	Y	Category 2	
			99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	N	Y	Category 2	
			99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	N	Y	Category 2	
	Up to 2 times per calendar year	G0445	Semi-annual high intensity behavioral counseling to prevent STIs, individual, face to face includes education skills training & guidance on how to change sexual behavior, 30 minutes	Y	N	Category 2		

Behavioral Counseling continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Tobacco Use Counseling	Adults and Adolescents ages 11+	Up to 8 sessions (any combination of codes) per calendar year	99406	Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Y	Y	Category 2	<u>Medicare:</u> F17.200, F17.201 F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, T65.211A – T65.214A, T65.221A – T65.224A, T65.291A – T65.293A, T65.294A, Z71.6, Z72.0, Z87.891 <u>Commercial:</u> Unlimited
			99407	Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes	Y	Y	Category 2	

Cancer Screenings								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Breast Cancer Screening	Females	1 per calendar year	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	Y	Y	Category 2	Unlimited for women 35 and older; For high-risk women under 35: Z85.3, Z80.3, Z12.31
			G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	Y	Y	Category 2	
			77063	Screening digital breast tomosynthesis, bilateral	Y	Y	Add-on code	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer Screening	Females	Commercial: 1 per calendar year Medicare: High-risk: 1 per calendar year Normal risk: 1 every 24 months	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Y	Y	Category 2	
			88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Y	Y	Category 2	
			88147	Cytopathology smears, cervical or vaginal; screening by automated system	Y	Y	Category 2	
			88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening	Y	Y	Category 2	
			88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	Y	Y	Category 2	
			88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening	Y	Y	Category 2	
			88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening	Y	Y	Category 2	

Cancer Screenings continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer Screening (continued from above)	Females	Commercial: 1 per calendar year Medicare: High-risk: 1 per calendar year Normal risk: 1 every 24 months	88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation	Y	Y	Category 2	
			88160	Cytopathology, smears, any other source; screening and interpretation	Y	Y	Category 2	
			88161	Cytopathology, smears, any other source; preparation, screening and interpretation	Y	Y	Category 2	
			88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	Y	Y	Category 2	
			88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Y	Y	Category 2	
			88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Y	Y	Category 2	
			88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer Screening (continued from above)	Females	Commercial: 1 per calendar year Medicare: High-risk: 1 per calendar year Normal risk: 1 every 24 months	88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			88172	Cytopathology, evaluation of fine needle aspirate	Y	Y	Category 2	
			88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	Y	Y	Category 2	
			88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system	Y	Y	Category 2	
			88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review	Y	Y	Category 2	
			G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Y	Y	Category 3	
			G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer Screening (continued from above)	Females	Commercial: 1 per calendar year Medicare: High-risk: 1 per calendar year Normal risk: 1 every 24 months	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
			G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Y	Y	Category 2	
			G0143	Screening cytopathology, cervical or vaginal, collected in preservative fluid	Y	Y	Category 2	
			G0144	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system	Y	Y	Category 2	
			G0145	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening	Y	Y	Category 2	
			G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system	Y	Y	Category 2	
			G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Cervical Cancer Screening (continued from above)	Females	Commercial: 1 per calendar year	P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	Y	Y	Category 2	Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z12.72, Z12.79
		Medicare: High-risk: 1 per calendar year Normal risk: 1 every 24 months	P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	Y	Y	Category 2	
		Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Y	Y	Category 3		
Colorectal Cancer Screening	Adults aged 50+ or younger if at high-risk.	<u>Flexible Sigmoidoscopy:</u> Once every 4 years after the last flexible sigmoidoscopy or barium enema, or 10 years after a previous screening colonoscopy.	45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Y	Y	Category 2	<u>Low-Risk:</u> Z12.11, Z12.12, Z08, Z09 <u>High-Risk:</u> Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010 <u>Note:</u> Facility claims must include Modifier PT or -33. See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Y	Y	Category 2	
			45332	Sigmoidoscopy, flexible; with removal of foreign body	Y	Y	Category 2	
			45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Y	Y	Category 2	
			45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer Screening (continued from above)	Adults aged 50+ or younger if at high-risk.	<u>Flexible Sigmoidoscopy:</u> Once every 4 years after the last flexible sigmoidoscopy or barium enema, or 10 years after a previous screening colonoscopy.	45335	Sigmoidoscopy, flexible; with direct submucosal injection(s), any substance	Y	Y	Category 2	Low-Risk: Z12.11, Z12.12, Z08, Z09 High-Risk: Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010 Note: Facility claims must include Modifier PT or -33. See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	Y	Y	Category 2	
			45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Y	Y	Category 2	
			45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Y	Y	Category 2	
			45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	Y	Y	Category 2	
			45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Y	Y	Category 2	
			45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Y	Y	Category 2	
			45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	Y	Y	Category 2	
			G0104	Colorectal cancer screening; flexible sigmoidoscopy	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer Screening (continued from above)	Adults aged 50+ or younger if at high-risk.	<u>Barium Enema:</u> Normal-risk: Once every 4 years when used instead of sigmoidoscopy or colonoscopy. High-risk: Once every 2 years	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Y	Y	Category 2	<u>Low-Risk:</u> Z12.11, Z12.12, Z08, Z09 <u>High-Risk:</u> Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010 <u>Note:</u> Facility claims must include Modifier PT or -33. See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Y	Y	Category 2	
			G0122	Colorectal cancer screening; barium enema	Y	Y	Category 2	
		<u>Fecal Occult Blood Test:</u> Once every 12 months.	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening	Y	Y	Category 2	
			82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1 - 3 simultaneous determinations	Y	Y	Category 2	
			G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	Y	Y	Category 2	
		<u>Cologuard Multitarget Stool DNA (sDNA) Test:</u> Once every 3 years PRIOR AUTH REQUIRED	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer Screening (continued from above)	Adults aged 50+ or younger if at high-risk.	<u>Screening Colonoscopy:</u> Once every 10 years, or 4 years after a previous flexible sigmoidoscopy. High-risk: Once every 2 years	45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	Y	Y	Category 2	<u>Low-Risk:</u> Z12.11, Z12.12, Z08, Z09 <u>High-Risk:</u> Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010 <u>Note:</u> Facility claims must include Modifier PT or -33. See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	Y	Y	Category 2	
			45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Y	Y	Category 2	
			45381	Colonoscopy, flexible, proximal to splenic flexure; w/directed submucosal injection(s), any substance	Y	Y	Category 2	
			45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Y	Y	Category 2	
			45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Y	Y	Category 2	
			45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Y	Y	Category 2	

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Colorectal Cancer Screening (continued from above)	Adults aged 50+ or younger if at high-risk.	<u>Screening Colonoscopy:</u> Once every 10 years, or 4 years after a previous flexible sigmoidoscopy. High-risk: Once every 2 years	45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Y	Y	Category 2	<u>Low-Risk:</u> Z12.11, Z12.12, Z08, Z09 <u>High-Risk:</u> Z80.0, Z83.71, Z85.00, Z85.038, Z85.048, Z86.010 <u>Note:</u> Facility claims must include Modifier PT or -33. See HFHP's Billing Guideline for Invasive Colorectal Cancer Screenings for special billing rules.
			45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	Y	Y	Category 2	
			45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement	Y	Y	Category 2	
			45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	Y	Y	Category 2	
			45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(ies)	Y	Y	Category 2	
			G0105	Colonoscopy on individual at high risk	Y	N	Category 2	
			G0121	Colonoscopy on individual not meeting criteria for high risk	Y	N	Category 2	
		00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Y	Y	Category 2		
	Once every 5 years PRIOR AUTH REQUIRED	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	N	Y	Category 2		

Cancer Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Lung Cancer Screening	Asymptomatic members aged 55 – 77 (Medicare) or aged 55 – 80 (Commercial) who smoke or quit in last 15 years.	1 per calendar year PRIOR AUTH REQUIRED	G0297	Low dose CT scan (LDCT) for lung cancer screening	Y	Y	Category 2	Unlimited
		1 per lifetime	G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)	Y	Y	Category 2	Unlimited
Prostate Cancer Screening	Males aged 50+, or younger if at high-risk.	1 per calendar year	84152	Prostate specific antigen (PSA); complexed (direct measurement)	Y	Y	Category 2	Z12.5
			84153	Prostate specific antigen (PSA); total	Y	Y	Category 2	
			84154	Prostate specific antigen (PSA); free	Y	Y	Category 2	
			G0102	Prostate cancer screening; digital rectal examination	Y	Y	Category 4	Unlimited
			G0103	Prostate cancer screening; prostate specific antigen test (PSA)	Y	Y	Category 2	Unlimited

Other Lab Tests								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Anemia	Adults and Pregnancies	Pregnancy: Unlimited	85013	Blood count; spun microhematocrit	Y	Y	Category 2	Z13.0
		Non-pregnant Adults: 1 per calendar year	85014	Hematocrit (Hct)	Y	Y	Category 2	Payable with pregnancy diagnosis codes.

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Anemia (continued from above)	Adults and Pregnancies	Pregnancy: Unlimited	85018	Hemoglobin (Hgb)	Y	Y	Category 2	Z13.0
		Non-pregnant Adults: 1 per calendar year	85025	Blood count; complete (CBC) and automated differential WBC count	Y	Y	Category 2	Payable with pregnancy diagnosis codes.
			85027	Blood count; complete (CBC)	Y	Y	Category 2	
Urinalysis (Bacteriuria)	Adults and Pregnancies	Pregnancy: Unlimited Non-pregnant Adults: 1 per calendar year	81000	Urinalysis, by dip stick or tablet reagent; non-automated, with microscopy	Y	Y	Category 2	Payable with pregnancy diagnosis codes.
			81001	Urinalysis, by dip stick or tablet reagent; automated, with microscopy	Y	Y	Category 2	Non-pregnant adults: Z00.00, Z00.01, Z00.8, Z01.411, Z01.419
			81002	Urinalysis, by dip stick or tablet reagent; automated, with microscopy	Y	Y	Category 2	
			81003	Urinalysis, by dip stick or tablet reagent; non-automated, without microscopy	Y	Y	Category 2	
			81005	Urinalysis, qualitative or semiquantitative, except immunoassays	Y	Y	Category 2	
			81007	Urinalysis, qualitative or semiquantitative, except immunoassays; bacteriuria screen, except by culture or dipstick	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
BRCA Analysis	Females	Once per lifetime PRIOR AUTH REQUIRED	81162	Breast cancer 1 and 2 (BRCA1, BRCA2) full sequence gene analysis and analysis of full duplication and deletion variants	Y	Y	Category 2	Unlimited
			81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1	Y	Y	Category 2	
			81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis	Y	Y	Category 2	
			81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	Y	Y	Category 2	
			81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants	Y	Y	Category 2	
			81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Y	Y	Category 2	
			81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Y	Y	Category 2	
			81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Chlamydia Screening	Adults and Adolescents	Unlimited	87110	Culture, chlamydia, any source	Y	Y	Category 2	Unlimited
			87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Y	Y	Category 2	
			87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	Y	Y	Category 2	
			87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Y	Y	Category 2	
			87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	Y	Y	Category 2	
			87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	Y	Y	Category 2	
			87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	Y	Y	Category 2	
Cholesterol Screening	Adults and Children	<u>Medicare:</u> Once every 5 calendar years	80061	Lipid panel	Y	Y	Category 2	Z13.220, Z13.6
			82465	Total cholesterol	Y	Y	Category 2	
			83718	HDL-C	Y	Y	Category 2	
		<u>Commercial:</u> Once per calendar year	83719	VLDL-C	Y	Y	Category 2	
			83721	LDL-C	Y	Y	Category 2	
			84478	Triglycerides	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Diabetes Screening	Adults and Pregnancies	Medicare: Up to 2 per calendar year	82947	Glucose; quantitative, blood	Y	Y	Category 2	Z13.1
		Commercial: 1 per calendar year	82950	Glucose; post glucose dose (includes glucose)	Y	Y	Category 2	Pregnancy: Z33.1, Z34.00 - Z34.93, Z36
		Pregnancy: Unlimited	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	Y	Y	Category 2	
General Health/ Metabolic Panels	Adults	1 per calendar year	80047	Basic metabolic panel - (Calcium, ionized)	Y	Y	Category 2	Z00.00, Z00.01
			80048	Basic metabolic panel (Calcium, total)	Y	Y	Category 2	
			80050	General health panel	Y	Y	Category 2	
			80053	Comprehensive metabolic panel	Y	Y	Category 2	
Gonorrhea Screening	Adults and Adolescents	Unlimited	87590	Infectious agent detection by nucleic acid); Neisseria gonorrhoeae, direct probe technique	Y	Y	Category 2	Unlimited
			87591	Infectious agent detection by nucleic acid; Neisseria gonorrhoeae, amplified probe technique	Y	Y	Category 2	
			87592	Infectious agent detection by nucleic acid; Neisseria gonorrhoeae, quantification	Y	Y	Category 2	
			87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Hemoglobinopathies	Newborns	Unlimited	85660	Sickling of RBC, reduction	Y	Y	Category 2	Unlimited
Hepatitis B Screening	Pregnancies and High-risk individuals	Once per calendar year, plus once per pregnancy.	86704	Hepatitis B core antibody (HBcAb); total	Y	Y	Category 2	O09.00-09A.53, Z31, Z33.1, Z34.00-Z36, Z39.0-Z39.2, Z72.51, Z72.52, Z72.53, B20, B97.35, Z20.5, Z21; F11.10-F11.99, F13.10-F13.99; F14.10-F14.99, F15.10-F15.99
			86705	Hepatitis B core antibody (HBcAb); IgM antibody	Y	Y	Category 2	
			86706	Hepatitis B surface antibody (HBsAb)	Y	Y	Category 2	
			87340	Infectious agent antigen detection by immunoassay technique; hepatitis B surface antigen (HBsAg)	Y	Y	Category 2	
			87341	Hepatitis b surface antigen (HBsAg) neutralization	Y	Y	Category 2	
			G0499	Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)	Y	Y	Category 2	
Hepatitis C Screening	High-risk individuals	Unlimited	86803	Hepatitis C antibody	Y	Y	Category 2	Unlimited
			G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	Y	Y	Category 2	
Herpes Screening	High-risk individuals	Unlimited	86694	Antibody; herpes simplex, non-specific type test	Y	Y	Category 2	Unlimited
			86695	Antibody; herpes simplex, type 1	Y	Y	Category 2	
			86696	Antibody; herpes simplex, type 2	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
HIV Screening	Adults and Adolescents	Unlimited	86689	HTLV or HIV antibody, confirmation test	Y	Y	Category 2	Unlimited
			86701	Antibody; HIV-1	Y	Y	Category 2	
			86702	Antibody; HIV-2	Y	Y	Category 2	
			86703	Antibody; HIV-1 and HIV-2, single assay	Y	Y	Category 2	
			87389	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	Y	Y	Category 2	
			87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	Y	Y	Category 2	
			87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	Y	Y	Category 2	
			87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	Y	Y	Category 2	
			87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	Y	Y	Category 2	
			87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
HIV Screening (continued from above)	Adults and Adolescents	Unlimited	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	Y	Y	Category 2	Unlimited
			87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	Y	Y	Category 2	
			87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	Y	Y	Category 2	
			87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	Y	Y	Category 2	
			G0432	Infectious agent antigen detection by EIA technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening	Y	Y	Category 2	
			G0433	Infectious agent antigen detection by ELISA technique, antibody, HIV-1 or HIV-2, screening	Y	Y	Category 2	
			G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2 , screening	Y	Y	Category 2	
			G0475	HIV antigen/antibody, combination assay, screening	Y	Y	Category 2	

Other Lab Tests continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
HPV DNA Testing	Females	Unlimited	87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types	Y	Y	Category 2	Unlimited
			87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types	Y	Y	Category 2	
			87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	Y	Y	Category 2	
Hypothyroidism	Adults and Children	1 per calendar year	84443	Thyroid Stimulating Hormone (TSH)	Y	Y	Category 2	Z13.29
Lead Screening	Children	Unlimited	83655	Lead	Y	Y	Category 2	Unlimited
Obstetric Panel	Pregnant individuals	Unlimited	80055	Obstetric panel	Y	Y	Category 2	Z33.1, Z34.00 - Z34.93, Z36
			80081	Obstetric panel including HIV	Y	Y	Category 2	
PKU Screening	Newborns	Unlimited	84030	Phenylalanine (PKU), blood	Y	Y	Category 2	Unlimited
RH Incompatibility	Pregnant individuals	Unlimited	86900	Blood typing; ABO	Y	Y	Category 2	Unlimited
			86901	Blood typing; Rh (D)	Y	Y	Category 2	
Syphilis Screening	Adults and Adolescents	Unlimited	86592	Syphilis test, non-treponemal antibody; qual.	Y	Y	Category 2	Unlimited

Other Screenings								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Abdominal Aortic Aneurysm (AAA) Screening	<p><u>Medicare</u> Adults with a family history of AAA and men ages 65-75 who have smoked at least 100 cigarettes in their lifetime</p> <p><u>Commercial</u> Men ages 65 - 75 who have ever smoked</p>	Once per lifetime	76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	Y	Y	Category 2	<p><u>Medicare:</u> Z87.891, Z82.41, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219</p> <p><u>Commercial:</u> Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219</p>
Bone Density (Osteoporosis) Screening	Adults	Once every 2 years for all women ≥ 65 years of age. Additional preventive coverage for high-risk members.	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Y	Y	Category 2	Z13.820 See Medicare LCD for Bone Mass Measurement (L36356) for additional diagnosis codes.
			77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton	Y	Y	Category 2	
			77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	Y	Y	Category 2	
			77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral)	Y	Y	Category 2	
			G0130	Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral)	Y	N	Category 2	

Other Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Glaucoma Screening	Adults	1 per calendar year	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Y	Y	Category 2	Unlimited
			G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Y	Y	Category 2	
Hearing Screening	Children and Adolescents ages 0 to 21	1 per calendar year	92551	Screening test, pure tone, air only	N	Y	Category 2	Z01.10, Z01.118, Z00.121, Z00.129
			92552	Pure tone audiometry (threshold); air only	N	Y	Category 2	
			92567	Tympanometry (impedance testing)	N	Y	Category 2	
			92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	N	Y	Category 2	
			92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	N	Y	Category 2	
			92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	N	Y	Category 2	
Tuberculin Test	Children	Unlimited < age 18	86580	Skin test; tuberculosis, intradermal	Y	Y	Category 2	Unlimited

Other Screenings continued								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Vision Screening	Children and Others with enhanced benefits	1 per calendar year	99173	Screening test of visual acuity, quantitative, bilateral	Y	Y	Category 2	Unlimited
			99174	Ocular photoscreening with interpretation and report, bilateral	Y	Y	Category 2	

Breastfeeding Services and Supplies								
Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Breast Pumps	Pregnant and postpartum individuals	1 type of breast pump per live birth	E0603	Breast pump, electric (AC and/or DC), any type	N	Y	Category 2	Unlimited
			E0604	Breast pump, hospital grade, electric	N	Y	Category 2	
		As needed	A4281	Tubing for breast pump, replacement	N	Y	Category 2	
			A4282	Adapter for breast pump, replacement	N	Y	Category 2	
			A4284	Breast shield and splash protector for use with breast pump, replacement	N	Y	Category 2	
			A4286	Locking ring for breast pump, replacement	N	Y	Category 2	
Breastfeeding (Lactation) Counseling	Pregnant and postpartum individuals	As needed	S9443	Lactation classes, non-physician provider, per session	N	Y	Category 3	Z39.1, Z39.2, O92.02, O92.03, 92.12, O92.13, 92.20, O92.29, O92.3, O92.4, O92.5, O93.70, O92.79, P92.3,

P92.5, P92.8 or
P92.9

Contraceptive Services and Supplies

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Contraception	Females	As prescribed	11976	Removal, implantable contraceptive capsules	N	Y	Category 2	Unlimited
			11981	Insertion, non-biodegradable drug delivery implant	N	Y	Category 2	Z30.2, Z30.430 – Z30.433
			11982	Removal, non-biodegradable drug delivery implant	N	Y	Category 2	
			11983	Removal, with reinsertion, non-biodegradable drug delivery implant	N	Y	Category 2	
			57170	Diaphragm or Cervical Cap fitting with instructions	N	Y	Category 2	Unlimited
			58300	Insertion of intrauterine device (IUD)	N	Y	Category 2	
			58301	Removal of IUD	N	Y	Category 2	
			58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	N	Y	Category 2	Z30.2, Z30.8, Z30.40
			58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	N	Y	Category 2	

			58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	N	Y	Category 2	Unlimited
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Contraceptive Services and Supplies continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Contraception (continued from above)	Females	As prescribed	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	N	Y	Category 2	Unlimited
			58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization	N	Y	Category 2	
			58611	Ligation or resection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)	N	Y	Category 2	
			58615	Occlusion of fallopian tubes by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	N	Y	Category 2	
			58661	Laparoscopy; with removal of adnexal structures (partial/total oophorectomy/ salpingectomy)	N	Y	Category 2	
			58670	Surgical laparoscopy, with fulguration of oviducts	N	Y	Category 2	
			58671	Surgical laparoscopy, with occlusion of oviducts	N	Y	Category 2	
			58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	N	Y	Category 2	
			74740	Hysterosalpingography, radiological supervision and interpretation	N	Y	Category 2	

A4261	Cervical cap for contraceptive use	N	Y	Category 2
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	N	Y	Category 2

Contraceptive Services and Supplies continued

Service Description	Population	Frequency Limits	CPT/HCPCS Code	CPT/HCPCS Code Description	Preventive – Medicare?	Preventive – Commercial?	Separately Payable?	Diagnosis Code Limits
Contraception (continued from above)	Females	As prescribed	A4266	Diaphragm for contraceptive use	N	Y	Category 2	Unlimited
			J1050	Injection, medroxyprogesterone acetate	N	Y	Category 2	
			96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	N	Y	Category 2	
			J7300	Intrauterine copper contraceptive	N	Y	Category 2	
			J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	N	Y	Category 2	
			J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration [Liletta]	N	Y	Category 2	
			J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 5 year duration [Mirena]	N	Y	Category 2	
			J7304	Contraceptive supply, hormone containing patch	N	Y	Category 2	
			J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	N	Y	Category 2	
			J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	N	Y	Category 2	

			S4989	Contraceptive intrauterine device, including implants and supplies	N	Y	Category 2
	Males	As prescribed*	55250	Vasectomy, unilateral or bilateral	N	Y	Category 2

*Vasectomies are only covered as a preventive benefit when performed in a physician office setting. *Preventive coverage varies by plan. See plan documents.*

Revision History		
Revision Date	Service Description	Update(s)
9/1/2017	Medicare Annual Wellness Visit (AWV)	Added CPT codes for Advance Care Planning: 99497 and 99498. Effective 1/1/2016, these codes are considered preventive when billed as part of the AWV.
	Prenatal and Postnatal Office Visits	Added CPT codes: 99201-99205, 99211-99215, 59425, 59426, and 59430. (Document previously stated "appropriate E/M code".)
	Tobacco Use Counseling	Updated diagnosis code limits for Medicare only from "unlimited" to: F17.200, F17.201 F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, T65.211A – T65.214A, T65.221A – T65.224A, T65.291A – T65.293A, T65.294A, Z71.6, Z72.0, Z87.891
		Updated covered population from "Adults, Children and Adolescents" to "Adults and Adolescents ages 11+".
		Corrected the "Separately Payable" designation for codes 99406 and 99407 from category 3 (not paid w/ preventive E/M code) to category 2 (separately payable, modifier may be required).
	Obesity Counseling	Updated Population from "Adults" to "Individuals 6 years of age or older".
		Updated frequency limit for Commercial population only from 22 visits per calendar year to 26 visits per calendar year.
		Added CPT codes 99401-99404, 99411, and 99412.
		Updated diagnosis code limits from "unlimited" to Z68.30-Z68.45
	Breast Pumps	Updated Population from "Pregnant individuals" to "Pregnant and postpartum individuals".
	Breastfeeding (Lactation) Counseling	Updated Population from "Pregnant individuals" to "Pregnant and postpartum individuals".
		Updated CPT code from "Use E/M or Counseling code" to S9443
		Added diagnosis codes P92.3, P92.5, P92.8, P92.9, Z39.2, O92.02, O92.03, O92.12, O92.13, O92.20 and O92.29
	Abdominal Aortic Aneurism (AAA) Screening	Updated Population from "Medicare: Adult men or women", "Commercial: Men only" to Medicare: Men and women with a family history of abdominal aortic aneurism and men ages 65-75 who have smoked at least 100 cigarettes in their lifetime and Commercial: Men ages 65-75 who have ever smoked.
		Updated Frequency Limits from "Once per lifetime for at risk individuals" to Once per lifetime.
Removed G0389 (deleted 12/31/2016) and added 76706 (effective 1/1/2017)		

Revision History		
Revision Date	Service Description	Update(s)
9/1/2017		Updated diagnosis codes from "unlimited" to: Medicare: Z87.891, Z82.41, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219 Commercial: Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219
	Cardiovascular Disease (including aspirin use)	Updated Payment Category from a (not paid w/ preventive E/M code) to category 2 (separately payable, modifier may be required).
	HIV Screening	Updated population from "High risk individuals" to "Adults and Adolescents".
		Added G0475
	Genetic Counseling: BRCA for Breast Cancer	Corrected CPT code 90640 to 96040
	Bone Density (Osteoporosis) Screening	Updated frequency limit to once every 2 years for all women 65 years of age and older (was previously 60 and older). Additional preventive coverage for high-risk women is still provided.
Corrected LCD reference for diagnosis code limits to L36356.		
5/1/2017	Medicare Annual Wellness Visit	Updated diagnosis code limits from "unlimited" to Z00.00 and Z00.01.
	Medicare Initial Preventive Physical Examination (IPPE)	Updated diagnosis code limits from "unlimited" to Z00.00 and Z00.01.
	Sexually Transmitted Infection Counseling	Added CPT codes 99401 – 99404.
		Updated diagnosis code limits from "N/A" to: Z70.0, Z70.1, Z70.3, Z70.8, Z70.9, Z72.51, Z72.52, Z72.53 and Z72.89
		Updated payment category for G0445 from category 3 (not paid w/ preventive E/M code) to category 2 (separately payable, modifier may be required).
	Breast Cancer Screening	Removed 77051, 77052, 77055, 77056 and 77057. (CPT codes deleted effective 1/1/2017)
		Removed G0204 and G0206. (Codes represent diagnostic mammography)
		Added 77067 (New CPT code effective 1/1/2017)
	Hepatitis B Screening	Updated frequency from "unlimited" to "once per calendar year, plus once per pregnancy".
		Updated diagnosis code limits from "unlimited" to: O09.00-09A.53, Z31, Z33.1, Z34.00-Z36, Z39.0-Z39.2, Z72.51, Z72.52, Z72.53, B20, B97.35, Z20.5, Z21, F11.10-F11.99, F13.10-F13.99, F14.10-F14.99, and F15.10-F15.99.

Revision History		
Revision Date	Service Description	Update(s)
2/1/2017	Medicare Annual Wellness Visit	Updated frequency limit for G0438 from once in a calendar year to once per lifetime.
	Preventive Office Visits (well-child)	Added diagnosis codes Z00.121 and Z00.129 for children under 1 and Z76.2 and Z76.1 for adolescents through age 17.
2/1/2017	Preventive Office Visits (prenatal/postnatal)	Added diagnosis codes O09.00-O9A.53 and Z39.0-Z39.2
		Removed the 'Y' from accepted for Medicare.
	Developmental Screening	Added 96127
		Removed the 'Y' from accepted for Medicare.
	Behavioral Counseling: Tobacco Use	Corrected description 99406
		Removed G0436 and G0437. (Codes deleted effective 9/30/2016)
		Updated eligible population to include children and adolescents.
	Cervical Cancer Screening	Updated frequency limits to clarify that normal-risk Medicare members are limited to 1 preventive screening every 24 months.
	Colorectal Cancer Screening	Removed G0464 (Code deleted effective 1/1/2016)
		Added 81528 (Code effective 1/1/2016)
		Added 74263 (CT colonography screening) with prior authorization requirement
		Added frequency limit of once every 3 years for 81528 (Cologuard)
		Updated frequencies for sigmoidoscopy and barium enema from once every 3 years to once every 4 years.
	Lung Cancer Screening	Removed S8032 (Code deleted effective 10/1/2016)
		Added G0296 and G0297
	Urinalysis (Bacteriuria)	Updated frequency limit for non-pregnant adults to once per calendar year.
	Hepatitis B Screening	Added G0499 (Code effective 9/28/2016)
		Added 87341
		Added "High-risk individuals" to eligible population.
	Hearing Screening	Added 92586, 92587 and 92558
Added diagnosis codes Z00.121 and Z00.1129		
Updated eligible population to clarify that children are covered through age 21.		
Removed the 'Y' from accepted for Medicare.		



Revision History		
Revision Date	Service Description	Update(s)
	Contraceptive Services and Supplies	Removed J7302 (Code deleted effective 12/31/2015)
		Added J7298 (Mirena) and J7297 (Liletta) (Codes effective 1/1/2016)
		55250 (Vasectomy): Removed the 'Y' from accepted for Medicare
4/1/2016	Other Lab Tests: Hepatitis B Screening	Added 87340
	Other Lab Tests	Added Herpes Screening (Codes: 86694, 86695 and 86696)
1/1/2016	Other Lab Tests: Obstetric Panel	Added 80081
	Other Lab Tests: BRCA Analysis	81162 (BRCA1, BRCA2)

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