



Administrative Policy

Effective Date.....01/01/2020
Next Review Date01/15/2021
Administrative Policy Number A004

Preventive Care Services

Table of Contents

Administrative Policy..... 1
 Wellness Examinations - General Description3
 Frequency of Wellness Examinations3
 Preventive Care Services that may be provided during a Wellness Examination3
 Preventive Care Screenings and Interventions (Note: some services may be provided as part of a wellness examination or at a separate encounter) ..4
Coding/Billing Information 9
References 27

Related Coverage Resources

- [Bone Mineral Density Measurement](#)
- [Breast Pumps](#)
- [Cervical Cancer Screening Visualization Technologies](#)
- [Colorectal Cancer Screening and Surveillance](#)
- [Genetic Testing for Hereditary Cancer Susceptibility Syndromes](#)
- [Human Papillomavirus Vaccine](#)
- [Mammography Screening](#)
- [No Cost-Share Preventive Medications by Drug Category](#)
- [Nucleic Acid Pathogen Testing](#)
- [Prostate-Specific Antigen \(PSA\) Screening for Prostate Cancer](#)
- [Routine Immunizations](#)

PURPOSE

Administrative Policies are intended to provide further information about the administration of **standard** Cigna benefit plans. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in an Administrative Policy. Coverage determinations require consideration of 1) the terms of the applicable benefit plan document; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Administrative Policies and; 4) the specific facts of the particular situation. Administrative Policies relate exclusively to the administration of health benefit plans. Administrative Policies are not recommendations for treatment and should never be used as treatment guidelines.

Administrative Policy

The Affordable Care Act (ACA) requires individual and group health plans to cover in-network preventive services and immunizations without cost sharing (e.g., deductibles, coinsurance, copayments) unless the plan qualifies under the grandfather provision or for an exemption. Coverage for preventive care services other than those mandated by ACA is dependent on benefit plan language. For example, many benefit plans specifically exclude immunizations that are for the purpose of travel or to protect against occupational hazards and risks. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions and limitations of coverage. Services not covered under preventive care services may be covered under another portion of the health plan.

Preventive care services are covered as required by the Affordable Care Act (ACA). The ACA designated resources that identify the preventive services required for coverage are:

- United States Preventive Services Task Force (USPSTF) grade A or B recommendations
- Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA) supported comprehensive guidelines which appear in any of the following sources:
 - Periodicity schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care

- Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children
- Guidelines specifically issued for women and adopted by HRSA

Preventive care services include wellness examinations and routine immunizations. Certain recommended screenings identified by ACA are considered preventive care services for symptom-free or disease-free individuals. Typically preventive care services must be provided by in-network health care professionals. Ancillary services directly related to a screening colonoscopy or female sterilization procedures are considered part of the preventive service. This includes a pre-procedure evaluation office visit, the facility fee, anesthesia services, and pathology services.

According to the ACA, coverage of preventive services become effective upon a plan’s start or anniversary date that is one year after the date the recommendation or guideline is issued. The USPSTF assigns each recommendation a letter grade based on the strength of the evidence and the balance of benefits and harms of a preventive service. If a Grade A or B recommendation changes to a Grade C or I, coverage must be provided through the last day of the plan year. If a Grade A or B recommendation changes to a Grade D, or any previously recommended service is subject to a safety recall or is otherwise determined to pose a significant safety concern, there is no requirement to provide coverage through the last day of the plan year.

| U.S.Preventive Services Task Force Letter Grade Descriptions | |
|--|---|
| Grade A | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. |
| Grade B | The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. |
| Grade C | The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small |
| Grade D | The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits |
| Grade I | The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined |

The ACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established reasonable medical management techniques and practices may be utilized to determine frequency, method, treatment or setting for the provision of a recommended preventive service.

Screening versus diagnostic, monitoring or surveillance testing

A positive result on a preventive screening exam does not alter its classification as a preventive service but does influence how that service is classified when rendered in the future. For example, if a screening colonoscopy performed on an asymptomatic individual without additional risk factors for colorectal cancer (e.g. adenomatous polyps, inflammatory bowel disease) detects colorectal cancer or polyps, the purpose of the procedure remains screening, even if polyps are removed during the preventive screening. However, once a diagnosis of colorectal cancer or additional risk factors for colorectal cancer are identified, future colonoscopies will no longer be considered preventive screening. Another example is a positive result on a screening stool -based deoxyribonucleic acid (DNA) (i.e., Cologuard) test. A positive result should be followed by a diagnostic colonoscopy which would not be considered preventive screening.

Reporting preventive care services

Preventive care services are reported with diagnosis and procedure codes which identify the services as preventive and not for treatment of injury or illness. (Reference chart below). Age or frequency limits are utilized for certain designated services (i.e., wellness exams, administration of Human Papillomavirus (HPV) vaccines, vision and hearing screening, services related to prevention of falls, nutritional and genetic counseling). Preventive care services submitted with diagnosis codes that represent treatment of illness or injury will be paid as applicable under normal medical benefits rather than preventive care coverage.

Modifier 33

Cigna does not process preventive care claims solely based on the presence of modifier 33, which was developed by the industry in response to the ACA's preventive service requirements. 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.

Additional Preventive Care Services

In addition to the designated services identified by ACA sources, adult wellness examinations, prostate cancer screening, double contrast barium enema for colorectal cancer screening, digital breast tomosynthesis for breast cancer screening, and venipuncture associated with preventive laboratory screenings are covered under the benefit as preventive care services. Professional society statements and guidelines may vary and are not considered part of ACA sources.

| Wellness Examinations - General Description | |
|--|---|
| Preventive medicine comprehensive evaluation and management services (i.e., Wellness examinations) for well-baby, well-child and well-adult, including well-woman include: <ul style="list-style-type: none"> • An age-and gender-appropriate history • Physical examination • Counseling/anticipatory guidance • Risk factor reduction interventions • The ordering of appropriate immunization(s) and laboratory/screening procedures | |
| Frequency of Wellness Examinations | |
| Ages 0 to age 5: According to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule | 99381, 99382, 99391, 99392, 99461 Allowed with any diagnosis code |
| Ages 5 and above: Annual wellness examination; annual well-woman exam; additional visits for women's services related to contraception management | 99383, 99384, 99385, 99386, 99387 99393, 99394, 99395, 99396, 99397 G0402, G0438, G0439, S0610, S0612, S0613 Allowed with any diagnosis code |
| Preventive Care Services that may be provided during a Wellness Examination | |
| Administration/Interpretation of Health Risk Assessment Instrument | Discussion of aspirin prophylaxis |
| Autism screening | Discussion of chemoprevention with women at risk for breast cancer |
| Blood pressure measurement for high blood pressure screening/Preeclampsia screening | Discussion/referral for genetic counseling/evaluation for BRCA testing |
| Breast-feeding counseling/support | Hearing and vision screening |
| Counseling/education to minimize exposure to ultraviolet radiation | Intimate partner/interpersonal and domestic violence screening/referral to support services |
| Counseling/education regarding FDA-approved contraception methods for women including counseling for continued adherence and follow-up, management of side effects, and instruction in fertility awareness-based methods including the lactation amenorrhea method | Obesity screening/counseling regarding weight loss, healthy diet and exercise |
| Counseling to prevent initiation of tobacco use | Psychosocial/Behavioral assessment |
| Counseling related to sexual behavior/sexually transmitted infection (STI) prevention | Tobacco use screening/counseling |
| Critical congenital heart disease screening | Oral health assessment/discussion of water fluoridation/referral to dental home |
| Depression screening/Maternal Depression screening | Unhealthy Alcohol use and substance abuse screening/counseling |
| | Urinary incontinence screening |

| Preventive Care Screenings and Interventions (Note: some services may be provided as part of a wellness examination or at a separate encounter) | |
|---|---|
| The following codes represent services that are NOT for treatment of illness or injury and should be submitted with a designated wellness or maternity diagnosis code in the primary position on the claim form. Select a Designated Wellness Code from pertinent Code Group. | |
| Some services <u>MAY</u> require precertification or other reasonable medical management technique or practice depending on benefit plan design. | |
| Abdominal Aortic Aneurysm Screening: Men, age 65-75 who have ever smoked | 76706 Allowed with any diagnosis |
| Abnormal Blood Glucose and Type 2 Diabetes Screening and Counseling: Adults, age 40-70 who are overweight or obese; women with a history of gestational diabetes mellitus | 82947, 82948, 82950, 82951, 82952, 83036 Select Designated Wellness Code from Code Group 1 0403T, 0488T, G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9800, G9881, G9882, G9883, G9884, G9885, G9890 Allowed with any diagnosis |
| Administration/Interpretation of Health Risk Assessment Instrument | 96160, 96161 Allowed with any diagnosis |
| Anemia, Iron Deficiency Anemia Screening: Children age 12 months | 85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307 Select Designated Wellness Code from Code Group 1 |
| Bacteriuria Screening: Pregnant women at 12-16 weeks gestation or at the first prenatal visit, if later | 87086, 87088 Allowed with a Maternity Diagnosis Code |
| Bilirubin Screening: newborns | 82247, 88720 Select Designated Wellness Code from Code Group 1 |
| Breast Cancer/Ovarian Cancer risk assessment: genetic counseling for women at risk | 96040, S0265 Select Designated Wellness Code from Code Group 1 Subject to 3 visit limitation |
| BRCA1/BRCA2 Genetic Testing for susceptibility to breast or ovarian cancer, if indicated: women | 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 Allowed with any diagnosis (<u>MAY</u> require precertification or other reasonable medical management technique or practice depending on benefit plan design) |
| Breast Cancer Screening: women age 40 and older, with or without clinical breast exam, every 1-2 years Note: ACA utilizes the 2002 USPSTF recommendations on breast cancer screening. | 77065, 77066 Select Designated Wellness Code from Code Group 1 77063, 77067 Allowed with any diagnosis |
| Breast-feeding Support/Counseling during pregnancy and after birth | 99401, 99402, 99403, 99404, 99411, 99412, S9443 Allowed with any diagnosis |
| Breast-feeding Equipment/Supplies | A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604* Allowed with any diagnosis code *E0604 requires a prescription |

| | |
|--|--|
| | Must be ordered through CareCentrix, Cigna's national durable medical equipment vendor to be eligible for preventive coverage. |
| Cervical Cancer Screening >Pap smear: women age 21-65, every three years >HPV/DNA test alone or in combination with Pap smear: women age 30-65, every five years | 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 0500T Select Designated Wellness Code from Code Group 1 G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091 Allowed with any diagnosis |
| Chlamydia Screening: all sexually active women age 24 and younger, and older women at increased risk | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code |
| Cholesterol Screening: children/adolescents >ages 9-11 years and 17-21 years >ages 2-8 years and 12-16 years with risk factors | 80061, 82465, 83718, 83719, 83721, 84478 Select Designated Wellness Code from Code Group 1 |
| Cholesterol Screening: adults age 40-75 | 80061, 82465, 83718, 83719, 83721, 84478 Select Designated Wellness Code from Code Group 1 |
| Colorectal Cancer Screening: beginning at age 50 by any of the following methods >Fecal occult blood testing (FOBT)/fecal immunochemical test (FIT) annually; or >Sigmoidoscopy every five years; or >Colonoscopy every 10 years; or >Computed tomographic colonography (virtual colonoscopy) every five years; or >Double contrast barium enema (DCBE) every five years >Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard) every three years* (*test frequency limitation imposed by the manufacturer) | 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 74270, 74280, 82270, 82274, 88305, 99152, 99153, 99156, 99157, G0500 Select Designated Wellness Code from Code Group 1 00812, 74263, 81528*, G0104, G0105, G0106, G0120, G0121, G0122, G0328 Allowed with any diagnosis (74263 MAY require precertification or other reasonable medical management technique or practice depending on benefit plan design) |
| Colorectal Cancer Screening: consultation prior to colonoscopy | S0285 Allowed with any diagnosis |
| Congenital Hypothyroidism Screening: newborns | 84436, 84437, 84443 Select Designated Wellness Code from Code Group 1 |
| Critical Congenital Heart Disease Screening: newborns before discharge from hospital | Considered part of facility fee |
| Depression Screening/Maternal Depression Screening: adolescents and adults including pregnant and postpartum women | 96161, G0444 Allowed with any diagnosis |
| Developmental/Behavioral Screening | G0451 Select Designated Wellness Code from Code Group 1 96110, 96127, S0302 |

| | |
|---|--|
| | Allowed with any diagnosis |
| Fall Prevention: community dwelling adults age 65 years and older with risk factors | 97110, 97112, 97113, 97116, 97150, 97161, 97162, 97163, 97164, 97530, G0159, S8990, S9131 Select Designated Wellness Code from Code Group 2 Age Limitation applied |
| Fluoride application: infants and children birth to age 6 years (in primary care setting) | 99188 Allowed with any diagnosis |
| Gestational Diabetes: pregnant women at first prenatal visit for those at risk; all pregnant women at 24 to 28 weeks gestation | 82950, 82951, 82952 Allowed with a Maternity Diagnosis Code |
| Gonorrhea Screening: all sexually active women age 24 and younger and older women at increased risk | 87590, 87591, 87850 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code |
| Gonorrhea prophylactic ocular medication to prevent blindness: newborns | No specific code; typically included on hospital billing |
| Hearing Screening: infants, children through age 10 years Hearing Screening: adolescents age 11 years through age 21 years (effective on or after 02/01/2018 as plans renew) (not a complete hearing examination) | 92550, 92552, 92553, 92558, 92567, 92568, 92579, 92582, 92583, 92585 92586, 92587, 92588 Select Designated Wellness Code from Code Group 1 92551, V5008 Allowed with any diagnosis Age Limitations applied |
| Health Promotion/Prevention of Illness or Injury Counseling | 99401, 99402, 99403, 99404, 99411, 99412 Allowed with any diagnosis code |
| Hepatitis B Screening: pregnant women, first prenatal visit; adolescents and adults at high risk for infection | 86704, 86705, 86706, 87340, 87341 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code G0499 Allowed with any diagnosis |
| Hepatitis C Screening: adults at risk for infection; one-time screening for adults born between 1945 and 1965 | 86803, 87522 Select Designated Wellness Code from Code Group 1 G0472 Allowed with any diagnosis |
| High Blood Pressure Screening (Outside the Clinical Setting): adults age 18 and older | 93784, 93786, 93788, 93790, 99473, 99474, A4660*, A4663*, A4670* Select Designated Wellness Code from Code Group 7 *Requires a prescription and must be ordered through CareCentrix, Cigna's national durable medical equipment vendor to be eligible for preventive coverage. |
| Human Immunodeficiency Virus (HIV) Infection Screening: pregnant women, adolescents and adults 15 to 65 years; younger adolescents or | 86701,86703,87389, 87390, S3645 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code G0432, G0433, G0435,G0475 |

| | |
|--|---|
| adults with risk factors; annually for sexually active women (adolescent and adult) | Allowed with any diagnosis |
| Lead Screening: children at risk for lead exposure | 83655 Select Designated Wellness Code from Code Group 1 |
| Lung Cancer Counseling to discuss need for Screening | G0296 Allowed with any diagnosis |
| Lung Cancer Screening: annually for adults age 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years | 71250 Select Designated Wellness Code from Code Group 3 (MAY require precertification or other reasonable medical management technique or practice depending on benefit plan design) G0297 Allowed with any diagnosis (MAY require precertification or other reasonable medical management technique or practice depending on benefit plan design) |
| Metabolic Screening: newborns (specific combination of tests will vary according to state law) | S3620 Allowed with any diagnosis |
| Nutrition/Physical Activity Counseling, Behavioral Interventions: adults who are overweight or obese and have risk factors for cardiovascular disease; obese adults and children age six years and older | 97802, 97803, 97804, S9470 Select Designated Wellness Code from Code Group 1 Subject to 3 visit limitation G0446, G0447, G0473 Allowed with any diagnosis |
| Osteoporosis Screening: women age 65 or older (or younger women with fracture risk as determined by a formal Clinical Risk Assessment Tool) | 76977, 77078, 77080, 77081, G0130 Select Designated Wellness Code from Code Group 1 (77078 MAY require precertification or other reasonable medical management technique or practice depending on benefit plan design) |
| Perinatal Depression Prevention, Interventions: Pregnant and postpartum women | 96156, 96158, 96159, 96164, 96165, 96167, 96168 Allowed with a Maternity Diagnosis Code |
| Phenylketonuria (PKU) Screening: newborns | 84030 Select Designated Wellness Code from Code Group 1 |
| Prostate Cancer Screening: men age 50 and older or age 40 with risk factors | 84152, 84153, 84154 Select Designated Wellness Code from Code Group 1 G0103 Allowed with any diagnosis |
| Rh incompatibility Screening: pregnant women at first visit and repeat for unsensitized Rh negative women at 24-28 weeks | 86900, 86901 Allowed with a Maternity Diagnosis Code |
| Routine Immunizations >Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td) >Haemophilus influenzae type b conjugate (Hib) >Hepatitis A (Hep A) >Hepatitis B (Hep B) | 90460, 90461, 90471, 90472, 90473, 90474, 90620, 90621, 90630, 90632, 90633, 90634, 90636, 90644, 90647, 90648, 90649, 90650, 90651, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90670, 90672, 90673, 90674, 90680, 90681, 90682, 90685, 90686, 90687, 90688, 90696, 90698, 90700, 90702, 90707, 90710, 90713, 90714, 90715, |

| | |
|--|---|
| >Human Papillomavirus (HPV) >Influenza >Measles, mumps and rubella (MMR) >Meningococcal (MCV) >Pneumococcal >Poliovirus (IPV) >Rotavirus (RV) >Varicella >Zoster | 90716, 90723, 90732, 90733, 90734, 90736, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90750, 90756, G0008, G0009, G0010, J3530 Q2034, Q2035, Q2036, Q2037, Q2038, Q2039, S0195 Allowed with any diagnosis code (90649, 90650, 90651 are subject to age limits depending on FDA licensed indications and ACIP recommendations for Dates of Service prior to 02-16-2019) |
| Sexually Transmitted Infection (STI) Prevention Counseling: sexually active women, annually; sexually active adolescents; and men at increased risk | G0445 Allowed with any diagnosis |
| Sickle Cell Disease Screening: newborns | 85660 Select Designated Wellness Code from Code Group 1 |
| Smoking and Tobacco Use Cessation Counseling/Interventions: adults who smoke | 99406, 99407 Allowed with any diagnosis code |
| Syphilis Screening: pregnant women and persons at increased risk of infection | 86592, 86593, 86780, 0064U Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code |
| Tuberculosis Screening: children, adolescents and adults at increased risk | 86480, 86481, 86580 Select Designated Wellness Code from Code Group 1 |
| Unhealthy Alcohol Use/Substance Abuse Screening and Counseling: All adults, adolescents age 11-21 | 99408, 99409, G0396, G0397, G0442, G0443, G2011 Allowed with any diagnosis |
| Venipuncture for Preventive Laboratory Screenings | 36415, 36416 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code |
| Vision Screening: age 3 through age 15 (not a complete vision examination) | 99173, 99174, 99177 Allowed with any diagnosis Age Limitation applied |
| Women's Contraceptive Services | |
| Services for insertion/removal of intrauterine devices, implants; fitting diaphragm or cervical cap | 11976, 11981, 11982, 11983, 57170 58300, 58301, S4981 Allowed with any diagnosis code |
| Intrauterine devices (ParaGard®, Skyla®, Liletta™ Mirena®, Kyleena™) | J7300, J7301, J7296, J7297, J7298 Allowed with any diagnosis code J3490 with NDC # 50419-424-01 (aka 50419042401) for Kyleena (for service dates prior to 07-01-2017) Select Designated Wellness Code from Code Group 6 |
| Injection (Depot medroxyprogesterone acetate) | J1050, 96372 Select Designated Wellness Code from Code Group 4 |
| Implants | J7307 Allowed with any diagnosis code |

| | |
|--|--|
| Surgical sterilization procedures for women | 00851, 58565*, 58600, 58605, 58611, 58615, 58670, 58671, A4264* Allowed with any diagnosis code *Essure device no longer available in U.S. |
| Pathology service related to surgical sterilization procedures for women | 88302 Select Designated Wellness Code from Code Group 5 |
| Follow-up confirmation procedure related to surgical sterilization CPT 58565 | 58340, 74740, 76830 Select Designated Wellness Code from Code Group 5 |

Summary

Preventive care services are those screenings, tests, and services that are performed for symptom-free or disease-free individuals. They may also include immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease.

ACA has designated specific resources for coverage by the Act: which include the evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the USPSTF; immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the ACIP of the CDC; for infants, children, and adolescents, the evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the HRSA; and with respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA. If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of that service, reasonable medical management techniques may be used to determine any coverage limitations. Professional society statements and guidelines may vary and are not considered part of ACA sources.

Coding/Billing Information

- Note:** 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Wellness Examinations

Covered when medically necessary when used to report wellness examinations, well-woman examinations or women’s services related to contraception management:

| CPT®* Codes | Description |
|-------------|---|
| 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) |
| 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |
| 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory |

| | |
|-------|--|
| | guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years |
| 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older |
| 99391 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) |
| 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |
| 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years |
| 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older |
| 99461 | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center |

| HCPCS Codes | Description |
|--------------------|--|
| G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment |
| G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit |
| G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit |
| S0610 | Annual gynecological examination, new patient |
| S0612 | Annual gynecological examination, established patient |
| S0613 | Annual gynecological examination; clinical breast examination without pelvic evaluation |

Preventive Care Screenings and Interventions

Covered when medically necessary when used to report preventive care screenings and interventions, are not for treatment of illness or injury, and when billed with a designated wellness diagnosis code:

| CPT®* Codes | Description |
|--------------------|--|
| 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy |
| 00851 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection |
| 0403T | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day |
| 0488T | Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days |
| 0500T | Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) |
| 0064U | Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative |
| 11976 | Removal, implantable contraceptive capsules |
| 11981 | Insertion, non-biodegradable drug delivery implant |
| 11982 | Removal, non-biodegradable drug delivery implant |
| 11983 | Removal with insertion, non-biodegradable drug delivery implant |
| 36415 | Collection of venous blood by venipuncture |
| 36416 | Collection of capillary blood specimen (e.g., finger, heel, ear stick) |
| 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 45331 | Sigmoidoscopy, flexible; with biopsy, single or multiple |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45346 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 45380 | Colonoscopy, flexible; with biopsy, single or multiple |
| 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance |
| 45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 45385 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45388 | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection |
| 57170 | Diaphragm or cervical cap fitting with instructions |
| 58300 | Insertion of intrauterine device (IUD) |
| 58301 | Removal of intrauterine device (IUD) |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography |
| 58565 [†] | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
| 58605 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) |
| 58611 | Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) |

| | |
|-------|---|
| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
| 71250 | Computed tomography, thorax; without contrast material |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing |
| 74270 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium)-study |
| 74280 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered |
| 74740 | Hysterosalpingography, radiological supervision and interpretation |
| 76706 | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) |
| 76830 | Ultrasound, transvaginal |
| 76977 | Ultrasound bone density measurement and interpretation, peripheral site(s), any method |
| 77063 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) |
| 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral |
| 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral |
| 77067 | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed |
| 77078 | Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) |
| 77080 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) |
| 77081 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) |
| 81162 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements) |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) |
| 81212 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants |
| 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant |
| 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis |
| 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant |

| | |
|-------|---|
| 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 |
| 82247 | Bilirubin, total |
| 82270 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection) |
| 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations |
| 82465 | Cholesterol, serum or whole blood, total |
| 82947 | Glucose; quantitative, blood (except reagent strip) |
| 82948 | Glucose; blood, reagent strip |
| 82950 | Glucose; post glucose dose (includes glucose) |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) |
| 82952 | Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure) |
| 83036 | Hemoglobin; glycosylated (A1C) |
| 83655 | Lead |
| 83718 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) |
| 83719 | Lipoprotein, direct measurement; VLDL cholesterol |
| 83721 | Lipoprotein, direct measurement; LDL cholesterol |
| 84030 | Phenylalanine (PKU), blood |
| 84152 | Prostate specific antigen (PSA); complexed (direct measurement) |
| 84153 | Prostate specific antigen (PSA); total |
| 84154 | Prostate specific antigen (PSA); free |
| 84436 | Thyroxine; total |
| 84437 | Thyroxine; requiring elution (eg, neonatal) |
| 84443 | Thyroid stimulating hormone (TSH) |
| 84478 | Triglycerides |
| 85013 | Blood count; spun microhematocrit |
| 85014 | Blood count; hematocrit (Hct) |
| 85018 | Blood count; hemoglobin (Hgb) |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |
| 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) |
| 85041 | Blood count; red blood cell (RBC), automated |
| 85660 | Sickling of RBC, reduction |
| 86480 | Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon |
| 86481 | Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension |
| 86580 | Skin test; tuberculosis, intradermal |
| 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) |
| 86593 | Syphilis test, non-treponemal antibody; quantitative |
| 86631 | Antibody; Chlamydia |
| 86632 | Antibody; Chlamydia, IgM |
| 86701 | Antibody; HIV-1 |
| 86703 | Antibody; HIV-1 and HIV-2, single result |
| 86704 | Hepatitis B core antibody (HBcAb); total |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody |
| 86706 | Hepatitis B surface antibody (HBsAb) |
| 86780 | Antibody; Treponema pallidum |
| 86803 | Hepatitis C antibody; |
| 86900 | Blood typing, serologic; ABO |
| 86901 | Blood typing, serologic; Rh (D) |

| | |
|-------|---|
| 87086 | Culture, bacterial; quantitative colony count, urine |
| 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine |
| 87110 | Culture, chlamydia, any source |
| 87270 | Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis |
| 87320 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis |
| 87340 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) |
| 87341 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization |
| 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, single result |
| 87390 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification |
| 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed |
| 87590 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique |
| 87591 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed |
| 87810 | Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis |
| 87850 | Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae |
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| 88143 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision |
| 88147 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision |
| 88148 | Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision |
| 88150 | Cytopathology, slides, cervical or vaginal; manual screening under physician supervision |
| 88152 | Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision |
| 88153 | Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision |
| 88165 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision |

| | |
|---------------------|---|
| 88166 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision |
| 88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision |
| 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| 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, under physician supervision |
| 88720 | Bilirubin, transcutaneous |
| 88302 | Level II - Surgical pathology, gross and microscopic examination |
| 88305 | Level IV - Surgical pathology, gross and microscopic |
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered |
| 90461 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| 90473 | Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) |
| 90474 | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use |
| 90632 | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use |
| 90633 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use |
| 90634 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use |
| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use |
| 90647 | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use |
| 90648 | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use |
| 90649 ^{††} | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use |
| 90650 ^{††} | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use |
| 90651 ^{††} | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use |
| 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use |
| 90654 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use |

| | |
|-------|---|
| 90655 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use |
| 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5mL dosage, for intramuscular use |
| 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use |
| 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use |
| 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use (Effective for Dates of Service on or after 07/01/2018) |
| 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use |
| 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use |
| 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use |
| 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use (Effective for Dates of Service on or after 07/01/2018) |
| 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use |
| 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use |
| 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use |
| 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use |
| 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use |
| 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0,5 mL dosage, for intramuscular use |
| 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use |
| 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use |
| 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use |
| 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use |
| 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use |
| 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use |
| 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use |
| 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use |
| 90713 | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use |
| 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use |
| 90716 | Varicella virus vaccine (VAR), live, for subcutaneous use |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use |
| 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM) for intramuscular use |
| 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection |

| | |
|-------|---|
| 90739 | Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use |
| 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use |
| 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use |
| 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use |
| 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use |
| 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use |
| 90748 | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use |
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection |
| 90756 | Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use |
| 92550 | Tympanometry and reflex threshold measurements |
| 92551 | Screening test, pure tone, air only |
| 92552 | Pure tone audiometry (threshold); air only |
| 92553 | Pure tone audiometry (threshold); air and bone |
| 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis |
| 92567 | Tympanometry (impedance testing) |
| 92568 | Acoustic reflex testing, threshold |
| 92579 | Visual reinforcement audiometry (VRA) |
| 92582 | Conditioning play audiometry |
| 92583 | Select picture audiometry |
| 92585 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive |
| 92586 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |
| 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 |
| 92588 | Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report |
| 93784 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report |
| 93786 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only |
| 93788 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report |
| 93790 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report |
| 96040 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family |
| 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument |
| 96156 | Health behavior assessment, or reassessment (ie., health focused clinical interview, behavioral observations, clinical decision making) (New code effective 01/01/2020) |
| 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes (New code effective 01/01/2020) |

| | |
|-------|---|
| 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (New code effective 01/01/2020) |
| 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes (New code effective 01/01/2020) |
| 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (New code effective 01/01/2020) |
| 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes (New code effective 01/01/2020) |
| 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (New code effective 01/01/2020) |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument |
| 96161 | Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) |
| 97161 | Physical therapy evaluation; low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument |

| | |
|-------|---|
| | and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97803 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97804 | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| 99173 | Screening test of visual acuity, quantitative, bilateral |
| 99174 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report |
| 99177 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis |
| 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |
| 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes |
| 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes |
| 99411 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes |
| 99412 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes |
| 99473 | Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (New code effective 01/01/2020) |

| | |
|-------|--|
| 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30 day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient (New code effective 01/01/2020) |
|-------|--|

†Note: Essure device no longer available in U.S.

††Note: Subject to age limits depending on FDA licensed indications and ACIP recommendations for Dates of Service prior to 02-16-2019

| HCPCS Codes | Description |
|-------------|---|
| A4264† | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system |
| A4281 | Tubing for breast pump, replacement |
| A4282 | Adapter for breast pump, replacement |
| A4283 | Cap for breast pump bottle, replacement |
| A4284 | Breast shield and splash protector for use with breast pump, replacement |
| A4285 | Polycarbonate bottle for use with breast pump, replacement |
| A4286 | Locking ring for breast pump, replacement |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope |
| A4663 | Blood pressure cuff only |
| A4670 | Automatic blood pressure monitor |
| E0602 | Breast pump, manual, any type |
| E0603 | Breast pump, electric (AC and/or DC), any type |
| E0604 | Breast pump, hospital grade, electric (AC and/or DC), any type |
| G0008 | Administration of influenza virus vaccine |
| G0009 | Administration of pneumococcal vaccine |
| G0010 | Administration of hepatitis B vaccine |
| G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination |
| G0103 | Prostate cancer screening; prostate specific antigen test (PSA) |
| G0104 | Colorectal cancer screening; flexible sigmoidoscopy |
| G0105 | Colorectal cancer screening; colonoscopy on individual at high risk |
| G0106 | Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema |
| G0120 | Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema |
| G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk |
| G0122 | Colorectal cancer screening; barium enema |
| G0123 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision |
| G0124 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician |
| G0130 | Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) |
| G0141 | Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician |
| G0143 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision |
| G0144 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision |
| G0145 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision |

| | |
|-------|--|
| G0147 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision |
| G0148 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening |
| G0159 | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes |
| G0296 | Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) |
| G0297 | Low dose CT scan (LDCT) for lung cancer screening |
| G0306 | Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count |
| G0307 | Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count) |
| G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations |
| G0396 | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes |
| G0397 | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes |
| G0432 | Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening |
| G0435 | Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening |
| G0442 | Annual alcohol misuse screening, 15 minutes |
| G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes |
| G0444 | Annual depression screening, 15 minutes |
| G0445 | Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior |
| G0446 | Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes |
| G0451 | Development testing, with interpretation and report, per standardized instrument form |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) |
| G0473 | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes |
| G0475 | HIV antigen/antibody, combination assay, screening |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test |
| 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) |
| G0500 | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) |
| G0513 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service) |
| G0514 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) |

| | |
|-------|---|
| G2011 | Alcohol and or substance (other than tobacco) abuse structured assessment (eg, Audit, DAST) and brief intervention, 5-14 minutes |
| G9873 | First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions |
| G9874 | Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions. |
| G9875 | Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions |
| G9876 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9 |
| G9877 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12 |
| G9878 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9 |
| G9879 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12 |
| G9880 | The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session |
| G9881 | The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an |

| | |
|-------|--|
| | in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session |
| G9882 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15 |
| G9883 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16-18 |
| G9884 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21 |
| G9885 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22-24 |
| G9890 | Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary |
| J1050 | Injection, medroxyprogesterone acetate, 1 mg |
| J3490 | Unclassified drug |
| J3530 | Nasal vaccine inhalation |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration |
| J7300 | Intrauterine copper contraceptive |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies |
| P3000 | Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision |
| P3001 | Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician |
| Q0091 | Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory |
| Q2034 | Influenza virus vaccine, split virus, for intramuscular use (Agriflu) |

| | |
|-------|--|
| Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA) |
| Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL) |
| Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN) |
| Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) |
| Q2039 | Influenza virus vaccine not otherwise specified |
| S0265 | Genetic counseling, under physician supervision, each 15 minutes |
| S0285 | Colonoscopy consultation performed prior to a screening colonoscopy procedure |
| S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) |
| S3620 | Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total) |
| S3645 | HIV-1 antibody testing of oral mucosal transudate |
| S4981 | Insertion of levonorgestrel-releasing intrauterine system |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration |
| S9131 | Physical therapy; in the home, per diem |
| S9443 | Lactation classes, nonphysician provider, per session |
| S9470 | Nutritional counseling, dietitian visit |
| V5008 | Hearing screening |

†Note: Essure device no longer available in U.S.

Code Group 1

Interventions: Select the appropriate diagnosis code from the following:

| ICD-10-CM Diagnosis Codes | Description |
|--|--|
| Z00.00 | Encounter for general adult medical examination without abnormal findings |
| Z00.01 | Encounter for general adult medical examination with abnormal findings |
| Z00.110 | Health examination for newborn under 8 days old |
| Z00.111 | Health examination for newborn 8 to 28 days old |
| Z00.121 | Encounter for routine child health examination with abnormal findings |
| Z00.129 | Encounter for routine child health examination without abnormal findings |
| Z00.3 | Encounter for examination for adolescent development state |
| Z00.8 | Encounter for other general examination |
| Z01.10 | Encounter for examination of ears and hearing without abnormal findings |
| Z01.110 | Encounter for hearing examination following failed hearing screening |
| Z01.118 | Encounter for examination of ears and hearing with other abnormal findings |
| Z01.30 | Encounter for examination of blood pressure without abnormal findings |
| Z01.31 | Encounter for examination of blood pressure with abnormal findings |
| Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |
| Z01.42 | Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear |
| Z11.1 | Encounter for screening for respiratory tuberculosis |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) |
| Z11.59 | Encounter for screening for other viral diseases |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |

| | |
|---------|---|
| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.13 | Encounter for screening for malignant neoplasm of small intestine |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |
| Z13.1 | Encounter for screening for diabetes mellitus |
| Z13.220 | Encounter for screening for lipid disorders |
| Z13.31 | Encounter for screening for depression |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.4 | Encounter for screening for certain developmental disorders in childhood (effective 10/01/2018 becomes non-billable code) |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.49 | Encounter for screening for other developmental delays |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z13.88 | Encounter for screening for disorder due to exposure to contaminants |
| Z20.1 | Contact with and (suspected) exposure to tuberculosis |
| Z20.2 | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |
| Z20.5 | Contact with and (suspected) exposure to viral hepatitis |
| Z20.6 | Contact with and (suspected) exposure to human immunodeficiency virus [HIV] |
| Z23 | Encounter for immunization |
| Z31.5 | Encounter for procreative genetic counseling |
| Z71.3 | Dietary counseling and surveillance |
| Z71.7 | Human immunodeficiency virus [HIV] counseling |
| Z71.83 | Encounter for non-procreative genetic counseling |
| Z73.9 | Problem related to life management difficulty, unspecified |
| Z76.1 | Encounter for health supervision and care of foundling |
| Z76.2 | Encounter for health supervision and care of other healthy infant and child |
| Z76.81 | Expectant parent(s) prebirth pediatrician visit |
| Z80.0 | Family history of malignant neoplasm of digestive organs |
| Z80.3 | Family history of malignant neoplasm of breast |
| Z80.41 | Family history of malignant neoplasm of ovary |
| Z80.42 | Family history of malignant neoplasm of prostate |
| Z82.62 | Family history of osteoporosis |
| Z83.3 | Family history of diabetes mellitus |
| Z83.42 | Family history of familial hypercholesterolemia |
| Z83.71 | Family history of colonic polyps |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z86.32 | Personal history of gestational diabetes |

Code Group 2

Fall Prevention: Use the following diagnosis codes only in combination with CPT codes 97110, 97112, 97113, 97116, 97150, 97161, 97162, 97163, 97164, 97530, G0159, S8990, S9131

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|-------------------------------|
| M62.81 | Muscle weakness (generalized) |
| R26.81 | Unsteadiness on feet |
| R54 | Age-related physical debility |

| | |
|--------|--------------------|
| Z91.81 | History of falling |
|--------|--------------------|

Code Group 3

Lung Cancer Screening: Use the following diagnosis codes only in combination with CPT code 71250

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|--|
| Z12.2 | Encounter for screening for malignant neoplasm of respiratory organs |
| Z87.891 | Personal history of nicotine dependence |

Code Group 4

Contraceptives-Injection: Use the following diagnosis codes only in combination with codes J1050 or 96372

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|---|
| Z30.40 | Encounter for surveillance of contraceptives, unspecified |
| Z30.42 | Encounter for surveillance of injectable contraceptive |
| Z30.49 | Encounter for surveillance of other contraceptives |

Code Group 5

Pathology/Follow-up Confirmation: Use the following diagnosis codes only in combination with CPT codes 58340, 74740, 76830, 88302

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|--|
| Z30.2 | Encounter for sterilization |
| Z30.42 | Encounter for surveillance of injectable contraceptive |
| Z30.49 | Encounter for surveillance of other contraceptives |
| Z30.8 | Encounter for other contraceptive management |
| Z30.9 | Encounter for contraceptive management, unspecified |

Code Group 6

Contraceptive-Intrauterine Contraceptive Device (i.e., Kyleena): Use the following diagnosis codes only in combination with HCPCS code J3490 and NDC# 50419-424-01 (aka 50419042401) prior to 07-01-2017.

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|--|
| Z30.430 | Encounter for insertion of intrauterine contraceptive device |
| Z30.432 | Encounter for removal of intrauterine contraceptive device |
| Z30.433 | Encounter for removal and reinsertion of intrauterine contraceptive device |

Code Group 7

Blood Pressure Screening Outside Clinical Setting: Use the following diagnosis code only in combination with CPT codes 93784, 93786, 93788, 93790, 99473, 99474; or HCPCS codes A4660, A4663, A4670

| ICD-10-CM Diagnosis Codes | Description |
|---------------------------|--|
| R03.0 | Elevated blood pressure reading, without diagnosis of hypertension |

*Current Procedural Terminology (CPT®) ©2019 American Medical Association: Chicago, IL.

References

1. Advisory Committee on Heritable Disorders in Newborns and Children. Recommended Uniform Screening Panel. Accessed December 2, 2019. Available at: <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>
2. American Academy of Pediatrics. Recommendations for Pediatric Preventive Health Care. Periodicity Schedule. Accessed on December 2, 2019. Available at: https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
3. Centers for Disease Control and Prevention. Immunization Schedules. Accessed on December 2, 2019. Available at: <https://www.cdc.gov/vaccines/schedules/index.html>
4. Centers for Disease Control and Prevention. Vaccine Recommendations of the ACIP. Accessed December 2, 2019. Available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/>
5. Health and Human Services. Preventive Services Covered under the Affordable Care Act. Accessed on December 2, 2019. Available at: <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html>
6. Health and Human Services. Center for Consumer Information and Insurance Oversight. Affordable Care Act Implementation. FAQs-Set 12. Accessed December 2, 2019. Available at: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html
7. Health and Human Services. The Center for Consumer Information and Insurance Oversight. Fact Sheets and Frequently Asked Questions. Accessed on December 2, 2019. Available at: <https://www.cms.gov/cciio/Resources/Fact-Sheets-and-FAQs/index.html#Prevention>
8. Institute of Medicine. Clinical Preventive Services for Women-Closing the Gaps. Accessed December 2, 2019. Available at: <http://nationalacademies.org/HMD/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>
9. United States Department of Health and Human Services Administration. Womens Preventive Services Guidelines. Accessed December 2, 2019. Available at: <https://www.hrsa.gov/womens-guidelines/index.html> and <https://www.hrsa.gov/womens-guidelines-2016/index.html>
10. United States Department of Health and Human Services Administration. Womens Preventive Services Guidelines. A Well-Woman Chart. Accessed December 2, 2019. Available at: <https://www.womenspreventivehealth.org/wellwomanchart/>
11. United States Preventive Services Task Force. USPSTF A and B Recommendations. Accessed December 2, 2019. Available at: <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
12. United States Preventive Services Task Force. Recommendations for Primary Care Practice. Published Recommendations. Accessed December 2, 2019. Available at: <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
13. United States Food and Drug Administration. News and Events. FDA in Brief: FDA provides updates on ongoing postmarket activities for Essure device. Accessed December 2, 2019. Available at: <https://www.fda.gov/news-events/fda-brief/fda-brief-fda-provides-updates-ongoing-postmarket-activities-essure-device>

"Cigna" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., QualCare, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2020 Cigna.