



Administrative Policy

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Preventive Care Services

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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](#)
- [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, 87800, 87801, 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 one to three years	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 <u>MAY</u> 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, 87800, 87801, 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 adults with risk factors; annually for sexually active women (adolescent and adult)	80081, 86701, 86702, 86703, 87389, 87390, 87534, 87535, 87536, 87806, S3645 Select Designated Wellness Code from Code Group 1 ; or Allowed with a Maternity Diagnosis Code G0432, G0433, G0435, G0475 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 influenza type b conjugate (Hib) >Hepatitis A (Hep A) >Hepatitis B (Hep B) >Human Papillomavirus (HPV) >Influenza	90460, 90461, 90471, 90472, 90473, 90474, 90619, 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, 90694, 90696, 90698, 90700, 90702, 90707, 90710, 90713, 90714, 90715, 90716, 90723, 90732, 90733, 90734, 90736, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90750,

>Measles, mumps and rubella (MMR) >Meningococcal (MCV) >Pneumococcal >Poliovirus (IPV) >Rotavirus (RV) >Varicella >Zoster	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

CPT®* Codes	Description
	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)

CPT®* Codes	Description
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)
80081	Obstetric panel (includes HIV testing)
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

CPT®* Codes	Description
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
87602	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
86704	Hepatitis B core antibody (HBcAb); total

CPT®* Codes	Description
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
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, 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
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
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

CPT®* Codes	Description
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)
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
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

CPT®* Codes	Description
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
90694	Influenza virus vaccine, quadrivalent (allIV4), inactivated, adjuvanted, preservative free, 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

CPT®* Codes	Description
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 (cclIV4), 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

CPT®* Codes	Description
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.

CPT®* Codes	Description
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

CPT®* Codes	Description
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

HCPCS Codes	Description
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

HCPCS Codes	Description
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).

HCPCS Codes	Description
	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

HCPCS Codes	Description
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 lipoid 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

ICD-10-CM Diagnosis Codes	Description
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
Z30.013	Encounter for initial prescription of injectable contraceptive
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.

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