

Preventive Care Guidebook

A complete guide to your preventive benefits.

Table of contents

| | |
|---|-----------|
| Intro to Preventive Benefits | 1 |
| Inclusive Preventive Code List | 2 |
| Grading (United States Preventive Service Task Force) | 25 |

Intro to Preventive Benefits

So what is preventive care? And what types of services are preventive?

Think of preventive care as a check-in for your body when you're healthy. Preventive care services, including certain immunizations and screening tests, can help you avoid illness and improve your physical health and wellbeing.

What's covered by your plan as "preventive care" varies depending on things like your gender, age, and certain risk factors. There are two important details to keep in mind when understanding how your plan covers preventive care:

1. Billing codes
 - When billing for services, your provider uses a number of different codes to categorize the care you received.
 - We use these codes to determine which services are covered as preventive care- and what you'll pay.
2. National preventive care standards
 - The codes that are considered preventive by your plan are predetermined; they don't change on an individual basis.
 - What is or isn't on the list of preventive services is determined by the US Preventive Services Task Force (USPSTF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control & Prevention (CDC).

Your plan's preventive benefit list is updated on a quarterly basis to reflect any changes in preventive care service recommendations from the USPSTF, HRSA, and the CDC. Make sure you have the most up to date copy of this preventive guidebook by saving or bookmarking the link in your browser.

Please note that any exclusions for your plan will be listed in your Summary Plan Description (SPD). You can also reach out to the Member Advocate team to confirm your benefits.

How are preventive care services covered?

Your plan is required by the Patient Protection and Affordable Care Act (PPACA) to cover certain preventive health services at no cost to you, as long as you receive that care from a provider that is in-network.

How to Use This Guidebook

Before your next visit, we recommend asking your provider's office if they can provide you with a list of medical billing codes they'll be planning to use for your care. To use this guidebook, you'll need ICD-10 (diagnosis codes) and CPT or HCPCS (procedure codes). We know these can seem foreign; your friendly provider's office should be familiar with these terms!

Once you have your codes ready, use the list below to start your search.

- If both the diagnosis code and procedure code you've been provided are included together in the table, and any age, gender, or risk factor related guidelines are fulfilled, the benefit is preventive. Please keep in mind that *both* types of codes work together to make a benefit preventive.
- **If your procedure code is included in the table but the diagnosis code is not, or if you do not meet the applicable guidelines for the preventive service**, this means the care will be covered under your plans general health benefits and you may be responsible for some or all of the cost. The exact benefit is dependent on how your provider bills for the service.

To recap, preventive services are covered 100% by your plan if:

1. They're billed with codes designated categorized as preventive by your plan
2. You meet the age, gender, or risk factor related guidelines if applicable
3. They're obtained from an in-network provider

Inclusive Preventive Code List

Last Updated: 06/08/2022

| Abdominal Aortic Aneurysm Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|---|------------------------|---------------------------------------|----------------------------------|
| Abdominal Aortic Aneurysm screening is completed using ultrasound. The width of the aorta is measured to look for abnormalities. | This screening is preventive for men 65 to 75 years of age. | B, mandated by the ACA | A00 - Z31.82, Z31.89, Z87.891, Z99.89 | 76700, 76705, 76770, 76775 |

| Alcohol Misuse | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|------------------------|---|--|
| This benefit covers certain screenings and counseling related to alcohol use. | This benefit is preventive for everyone regardless of age and gender. | B, mandated by the ACA | Z71.41, Z13.31, Z13.32, Z13.89, Z13.9, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129 | 99401-99404, 99408, 99409, 99411, 99412, H0049, H0050, H0001 |
| | | | All ICD-10 codes | G0396, G0397, G0442, G0443, |

| Anemia Screening in Children | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|--|--------------------------|---|---------------------------------|
| Measurement of serum hemoglobin or hematocrit to detect iron deficiency anemia. | This benefit is preventive for all individuals age 0-17. | CDC, mandated by the ACA | Z00.110, Z00.111, Z00.121-Z00.129, Z00.3, Z13.0 | 85014, 85018 |

| Anemia Screening for Pregnant Women | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|--------------------------|---|--|
| Screening for iron deficiency generally done with a blood test. | This test is preventive for pregnant women. | CDC, mandated by the ACA | Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 85013, 85014, 85041, 85018, 80055, 80081 |

| Anesthesia for Sterilization | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|--|--------------------------|------------------------------|---|
| Administration of anesthesia in conjunction with a sterilization procedure | Contraception, sterilization, and all related services are only covered as preventive for women. | CDC, mandated by the ACA | Z30.2 | 00851, 00940, 00942, 00950, 00952, 01960, 01965 |

| Bacteriuria Screening for Pregnant Women | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|------------------------|---|----------------------------------|
| Testing complete through urine culture. | This test is preventive for pregnant women. | A, mandated by the ACA | Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 81000-81005, 81007, 87086-87088, |

| Behavioral Counseling to Prevent Sexually Transmitted Infections | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|------------------------|------------------------------|----------------------------------|
| This benefit is for behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | All ICD-10 codes | 99401-99404, G0445 |

| Breastfeeding support, supplies and counseling | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|---------------------------------------|------------------------|------------------------------|---|
| Breastfeeding support and counseling involves interventions during pregnancy and after birth to promote and support breastfeeding. | This benefit is preventive for women. | B, mandated by the ACA | Z39.1, O92.0-O92.79 | 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99354-99359, 99401-99404, 99411, 99412, A4281-A4286, S9443 |

| Breast Pumps | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|---------------------------------------|------------------------|------------------------------|----------------------------------|
| Materials to promote and support breastfeeding. Both | This benefit is preventive for women. | A, mandated by the ACA | All ICD-10 codes | E0602-E0604 |

| | | | | |
|--|--|--|--|--|
| rental and purchase of hospital grade and commercial pumps is covered at 100%. | | | | |
|--|--|--|--|--|

| Cervical Cancer Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT cervicalCode/HCCPC S Code |
|--|---|------------------------|---|---|
| Screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear). | This benefit is preventive for women ages 21-65 years of age. | A, mandated by the ACA | A00 - Z31.82, Z31.89, Z39.2, Z99.89 | G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 |
| | | | Z00.00, Z00.01, Z01.411-Z01.419, Z12.4, Z39.2 | 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091, 923 |

| Chemoprevention of Breast Cancer | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|---------------------------------------|------------------------|-------------------------------|--|
| The routine use of medications for risk reduction of primary breast cancer in individuals who are at increased risk for breast cancer. | This benefit is preventive for women. | B, mandated by the ACA | Z80.3, Z80.41, Z15.01, Z15.02 | 99202-99205, 99211-99215, 99241-99245, 99050-99056, 99385-99387, 99395-99397 |

| Chlamydia Infection Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|------------------------|---|---|
| Screening typically includes Nucleic acid amplification tests, urine and vaginal swabs. | This benefit is preventive for everyone, regardless of age or gender. | A, mandated by the ACA | Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2, Z80.3, Z80.41, Z15.01, Z15.02, Z33.1, Z34.00-Z34.03, Z34.80-Z34.83, | 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, G0450 |

| | | | | |
|--|--|--|---|--|
| | | | Z34.90-Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z01.411-Z01.419, Z3A.00-Z3A.49, Z12.4 | |
|--|--|--|---|--|

| Cholesterol Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|--|--------------------------|---|--|
| Screening for cholesterol abnormalities via routine blood tests. | This screening is preventive for individuals age 20 and above. | CDC, mandated by the ACA | Z00.00, Z00.01, Z13.220, I10, I11.0, I11.9, I12.0, I12.9, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.12, O10.13, O10.211-O10.213, O10.219, O10.22, O10.23, O10.311-O10.313, O10.319, O10.32, O10.33, O10.411-O10.413, O10.419, O10.42, O10.43, O10.911-O10.913, O10.919, O10.92, O10.93, O11.1-O11.3, O11.9, O13.1-O13.3, O13.9, O16.1-O16.3, O16.9, E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40-E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620-E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, | 80061, 82465, 83718, 83719, 83721, 84478 |

| | | | | |
|--|--|--|---|--|
| | | | <p>E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39, E09.40-E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620-E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39-E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39-E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321,</p> | |
|--|--|--|---|--|

| | | | | |
|--|--|--|--|--|
| | | | E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40-E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620-E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9 | |
|--|--|--|--|--|

| Colorectal Cancer Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|------------------------|--|---|
| Screening tests for precancerous polyps or to find colorectal cancer early. Can be a stool test, Flexible Sigmoidoscopy, Colonoscopy, or CT Colonography (Virtual Colonoscopy) | This test is preventive for individuals 45 to 75 years of age or at high risk of colorectal cancer. | A, mandated by the ACA | Z00.00-Z00.01, Z12.10-Z12.12, Z80.0, Z83.71, Z83.79 | 44388, 44389, 44392, 44394, 44401, 45300-45320, 45330-45335, 45338-45340, 45364, |
| | | | High Risk Diagnosis Code / ICD-10 Code | 45378-45386, 45388, 74263, 82270, 82274, 88304, 88305, 45346, 81528, G0104-G0107, G0120-G0122, G0328, G0394, S0601, S3890 |
| | | | Z15.09, Z80.0, Z83.71, Z83.79, Z85.00, Z85.030, Z85.038, Z85.040, Z85.048, Z85.09, Z86.010 | G0104-G0107, G0120-G0122, G0328, G0394, S0601, S3890 |
| | | | A00 - Z31.82, Z31.89, Z99.89 | G0104-G0107, G0120-G0122, G0328, G0394, S0601, S3890 |

| Complete Blood Count | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|--|------------------------------|----------------------------------|
| The complete blood count (CBC) is a group of tests that evaluate the cells that circulate in blood, including red blood cells (RBCs), white blood cells (WBCs), and | This benefit is preventive for everyone, regardless of age or gender. | While not mandated, your plan offers this service as preventive. | Z00.00, Z01.419, Z00.129 | 85025 |

| | | | | |
|-------------------|--|--|--|--|
| platelets (PLTs). | | | | |
|-------------------|--|--|--|--|

| Contraceptive devices/tubal ligation | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---------------------------------------|--------------------------|------------------------------|---|
| FDA approved contraception, sterilization, and all related services (including insertion and removal) are considered preventive. Covered contraception can include intrauterine devices, hormonal methods, barrier methods, and contraceptive sterilization. | This benefit is preventive for women. | CDC, mandated by the ACA | All ICD-10 codes | 57170, 11976, 11983-11981, 58300, 58301, A4261, A4266, J7297, J7298, J7306, J7307, S4981, S4989, J7300, J7301, J1050, J7296 |

| Contraceptive Injection Administration | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---------------------------------------|--------------------------|--|---------------------------------|
| Services related to the provider's administration of a contraceptive injection. | This benefit is preventive for women. | CDC, mandated by the ACA | Z30.011-Z30.019, Z30.09, Z30.40-Z30.42, Z30.430-Z30.433, Z30.49, Z30.8, Z30.9, Z30.2 | 96372 |

| Contraceptive Management | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---------------------------------------|--------------------------|--|---------------------------------|
| Contraception, sterilization, and all related services are covered as preventive. | This benefit is preventive for women. | CDC, mandated by the ACA | Z30.011-Z30.019, Z30.09, Z30.40-Z30.42, Z30.44-Z30.45, Z30.430-Z30.433, Z30.49, Z30.8, Z30.9, Z30.46 | All CPT and HCPCS codes |

| Dental Cavities Prevention | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|-----------------------------------|------------|--------|------------------------------|---------------------------------|
| | | | | |

| | | | | |
|---|--|------------------------|------------------|--|
| Application of fluoride varnish to the primary teeth of all infants and children to prevent dental caries | This benefit is preventive for all infants and children 0 to 5 years of age. | B, mandated by the ACA | All ICD-10 codes | 99188, D1206-D1208, D1310-D1320, D0190-D0191 |
|---|--|------------------------|------------------|--|

| Depression Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|---|---------------------------------|
| Screening assessments for depression including the Patient Health Questionnaire | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | Z13.31, Z13.32, Z13.89, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419, Z12.4, Z12.72, Z12.73, Z15.02, Z15.04, Z23, Z39.2, Z76.1, Z76.2 | 96127, 96160, 96161, S3005 |
| | | | All ICD-10 codes | G0444 |

| Developmental/ Autism Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|--------------------------|--|---------------------------------|
| Screening for developmental delays and disabilities during regular well-child doctor visits | This benefit is preventive for children 0 to 17 years of age. | CDC, mandated by the ACA | Z00.121-Z00.129, Z00.3, Z13.4-Z13.42, Z13.49, Z00.110, Z00.111 | 96110, G0451 |

| Diabetes Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|------------------------|---|----------------------------------|
| Screening through blood tests to identify abnormal blood glucose levels. | This benefit is preventive for adults 40 to 70 years old. | B, mandated by the ACA | Z00.00, Z00.01, Z13.1, I10, I11.0, I11.9, I12.0, I12.9, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, | 82947, 82948, 82950-82952, 83036 |

| | | | | |
|--|--|--|--|--|
| | | | O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9 | |
|--|--|--|--|--|

| Dyslipidemia Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|--------------------------|---|--|
| Serum (blood plasma) testing measuring either LDL or non-HDL cholesterol levels | This benefit is preventive for children 0 to 21 years of age. | CDC, mandated by the ACA | Z00.121-Z00.129, Z13.220, Z00.110, Z00.111, Z00.3 | 80061, 82465, 83718, 83719, 83721, 84478 |

| Electrolyte Panel | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|--|------------------------------|---------------------------------|
| An electrolyte panel, also known as a serum electrolyte test, is a blood test that measures levels of the body's main electrolytes | This benefit is preventive for everyone, regardless of age or gender. | While not mandated, your plan offers this service as preventive. | Z00.00, Z01.419, Z00.129 | 80050 |

| Fall Prevention in Older Adults | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|------------------------------|---------------------------------|
| Risk assessment to prevent falls in community-dwelling adults | This benefit is preventive for adults 65 and older. | B, mandated by the ACA | All ICD-10 codes | 3288F, 1100F, 1101F, 0518F |

| Female sterilization (tubal ligation) | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|------------|--------|------------------------------|---------------------------------|
| | | | | |

| | | | | |
|--|---------------------------------------|--------------------------|-------|---|
| Tubal ligation and oviduct occlusion to prevent fertilization. | This benefit is preventive for women. | CDC, mandated by the ACA | Z30.2 | 58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, 74740, A4264, 0567T-0568T |
|--|---------------------------------------|--------------------------|-------|---|

| Genetic Counseling and Evaluation for BRCA Testing | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|--|---------------------------------------|------------------------|--|--|
| This benefit includes screening, testing, and genetic counseling for hereditary breast and ovarian cancer. Genetic testing looks for mutations in the BRCA1 and BRCA2 genes. | This benefit is preventive for women. | B, mandated by the ACA | Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02, Z80.49 | 96040, 99050-99056, 99201-99205, 99211-99215, 99241-99245, 99385-99387, 99395-99397, 81211-81217, 81162, S0265 |

| Gonorrhea Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|---|----------------------------------|
| Nucleic acid amplification tests (NAATs) involve testing a urine sample or a sample of fluid from the vagina or penis for evidence of infection | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | Z00.00-Z00.01, Z11.3, Z11.9, Z20.2, Z33.1, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z01.411-Z01.419, Z11.8, Z3A.00-Z3A.49, Z12.4 | 87590-87592, 87801, 87850, G0450 |

| Healthy Diet/Obesity Counseling | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|--|---|
| Intensive behavioral counseling interventions to promote a healthy diet and physical activity for | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | I10, I11.0, I11.9, I12.0, I12.9, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2, O10.011, O10.012, O10.013, O10.019, O10.02, | 97802-97804, 99401-99404, 99411, 99412, 0403T, G0270, G0271, G0446, G0447, G0473, S9470 |

| | | | | |
|--|--|--|--|--|
| <p>individuals with cardiovascular risk factors.</p> | | | <p>O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628,</p> | |
|--|--|--|--|--|

| | | | | |
|--|--|--|---|--|
| | | | <p>E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E66.9, Z71.3</p> | |
|--|--|--|---|--|

| Hearing Tests | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|--------------------------|--|---------------------------------|
| Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once | This benefit is preventive for children 0 to 21 years of age. | CDC, mandated by the ACA | Z00.121-Z00.129, Z01.10, Z01.11, Z00.110, Z00.111, Z00.3 | 92551-92553, 92567 |

| | | | | |
|---|--|--|--|--|
| between 15 and 17 years, and once between 18 and 21 years | | | | |
|---|--|--|--|--|

| Hepatitis B virus (HBV) screening for Pregnant Women | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|------------------------|---|--|
| Principal screening is the serologic identification of hepatitis B surface antigen (HBsAg). | This test is preventive for pregnant women. | A, mandated by the ACA | Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 87340, 87341, 80055, 80081, 81001, 85013, 85014, 85041, 85018, 81007 |

| Hepatitis B virus (HBV) screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|--|------------------------|------------------------------|----------------------------------|
| Blood serologic testing for Hepatitis B surface antigen (HBsAg) for individuals at high risk. | This benefit is preventive for everyone, regardless of age or gender. Through a risk assessment, your physician can determine if this screening is beneficial for you. | B, mandated by the ACA | All ICD-10 codes | 86704-86707, 87340, 87341, G0499 |

| Hepatitis C Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|------------------------------|---------------------------------|
| A screening blood test, called an antibody test, shows if a person has ever been infected with the hepatitis C virus. | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | All ICD-10 codes | 86803, 86804, G0472 |

| HIV Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|----------------------|------------|--------|------------------------------|---------------------------------|
| | | | | |

| | | | | |
|---|--|------------------------|--|--|
| Screening can include nucleic acid tests (NAT), antigen/antibody tests, and antibody tests. HIV tests are typically performed on blood or oral fluid. | This benefit is preventive for everyone, regardless of age or gender. Through a risk assessment, your physician can determine if this screening is beneficial for you. | B, mandated by the ACA | Z00.00-Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z01.411-Z01.419, Z11.8, Z3A.00-Z3A.49, Z12.4 | 86689, 86701-86703, 87390, 87391, 87389, G0432, G0433, G0435, S3645, G0475 |
| | | | A00 - Z31.82, Z31.89, Z99.89 | G0432, G0433, G0435, S3645, G0475 |

| Human Papillomavirus DNA Testing | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code, HCPCS Code |
|---|---|------------------------|--|----------------------------------|
| Checks your cervix for the virus (HPV) that can cause abnormal cells and cervical cancer. | This benefit is preventive for women 21 to 65 years of age. | A, mandated by the ACA | Z00.00, Z00.01, Z01.411-Z01.419, Z11.51, Z12.4 | 87623-87625 |
| | | | All ICD-10 codes | G0476 |

| Immunizations | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|--|--------------------------|------------------------------|---|
| Covered Vaccinations include the following: Diphtheria, Haemophilus Influenza Type B (Hib), Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis (Whooping Cough), | This benefit is based off of the CDC list of preventive immunization codes and is extended to all members. Recommended Immunizations for children 0 - 6 years of age: https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf Recommended Immunizations for children 7 - 18 years | CDC, mandated by the ACA | All ICD-10 codes | 90460, 90461, 90470-90474, 90696, 90698, 90700-90708, 90710, 90713-90715, 90723, 90647, 90648, 90632-90634, 90636, 90682, 90739, 90740, 90743, 90744, 90746-90748, 90649, 90650, 90651, 90653-90658, 90660-90662, 90664, 90666-90668, |

| | | | | |
|---|---|--|--|--|
| Pneumococcal, Rotavirus, Rubella, Tetanus, Varicella (Chickenpox) | <p>of age: https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf</p> <p>Recommended Immunizations for adults: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf</p> | | | 90672-90674, 90685-90689, 90630, 90644, 90694, 90733, 90734, 90620, 90621, 90670, 90732, 90680, 90681, 90716, 90736, 90750, 90756, G0008-G0010, J3530, Q2033-Q2039, S0195 |
|---|---|--|--|--|

| Lactation Class | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---------------------------------------|------------------------|------------------------------|----------------------------------|
| Interventions to promote and support breastfeeding. | This benefit is preventive for women. | B, mandated by the ACA | All ICD-10 codes | S9443 |

| Lead Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|--------------------------|---|---------------------------------|
| Screening tests for elevated blood lead levels | This benefit is preventive for children 0 to 17 years of age. | CDC, mandated by the ACA | Z00.121-Z00.129, Z77.011, Z00.110, Z00.111, Z00.3 | 83655 |

| Lung Cancer Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|--|------------------------|------------------------------|---------------------------------|
| Counseling visits to discuss the need for a lung cancer screening in addition to annual screening for lung cancer with low-dose computed tomography (LDCT). | This benefit is preventive for adults ages 55 to 80. | B, mandated by the ACA | All ICD-10 codes | 71271, G0296, G0297 |

| Metabolic Panel | Guidelines | Source | Diagnosis Code / | Procedure / CPT |
|-----------------|------------|--------|------------------|-----------------|
|-----------------|------------|--------|------------------|-----------------|

| | | | ICD-10 Code | Code/HCPCS Code |
|---|---|--|--------------------------|---|
| A comprehensive metabolic panel is a blood test that measures your sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. | This benefit is preventive for everyone, regardless of age or gender. | While not mandated, your plan offers this service as preventive. | Z00.00, Z00.419, Z00.129 | 80053, 84146, 82306, 86141, 82607, 84402, 84403 |

| Newborn Blood Spot Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|--|--------------------------|------------------------------|--|
| A few drops of blood are obtained from a newborn heel stick and tested for biochemical and genetic markers that reveal hidden congenital disorders | This benefit is preventive for newborns 0 to 1 years of age. | CDC, mandated by the ACA | All ICD-10 codes | 83020, 83021, 83030, 83033, 83051, 84030, 84437, 84443, S3620, S3850 |

| Newborn Breastfeeding | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|--|------------------------|------------------------------|---|
| This benefit includes interventions during pregnancy and after birth to support breastfeeding. | This benefit is preventive for newborns 0 to 1 years of age. | B, mandated by the ACA | P92-P92.9 | 99201-99203, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99401-99404, 99411-99412, 99204-99205, 99354-99359, 99050-99056, S9443 |

| Newborn Hearing Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|--|--------------------------|---|---|
| Hearing screenings at birth can detect certain diseases and conditions early, allowing for early | This benefit is preventive for newborns 0 to 1 years of age. | CDC, mandated by the ACA | Z00.110, Z00.111, Z00.121-Z00.129, Z01.10, Z01.11 | 92551, 92558, 92585-92588, 92650-92652, V5008 |

| | | | | |
|---|--|--|--|--|
| treatment, which is important to keep your baby healthy and developing normally | | | | |
|---|--|--|--|--|

| Newborn Metabolic Screening Panel | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code, HCPCS Code |
|---|--|------------------------|--|--|
| Newborn screening programs test newborns for disorders that are often not apparent at birth, such as sickle cell disease and metabolic disorders like phenylketonuria and hypothyroidism. | This benefit is preventive for newborns 0 to 1 years of age. | A, mandated by the ACA | Z76.1, Z76.2, Z00.121-Z00.129, Z00.110, Z00.111, Z13.220 | 80047, 80048, 80053, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620 |

| Osteoporosis Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code, HCPCS Code |
|--|---------------------------------------|------------------------|---|---|
| Screening for osteoporosis is commonly done using a type of low level x-rays called dual/energy x-ray absorptiometry (DXA) | This benefit is preventive for women. | B, mandated by the ACA | Z00.00-Z00.01, Z13.820, Z82.62, Z92.241 | 76070, 76071, 76075, 76076, 76078, 76977, 77078, 77080, 77081, 78350, G0130 |

| Preeclampsia Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code |
|---|--|------------------------|--|---|
| Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy. | This benefit is preventive for pregnant women. | B, mandated by the ACA | Z33.1, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 99381-99387, 99391-99397, G8476-G8477, G8588-G8591, G8675-G8680, G8752-G8755, G8783, G8790-G8795, G8950-G8952 |

| PreP | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code |
|---|---|------------------------|--|----------------------|
| Services for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis | This benefit is preventive for everyone, regardless of age or gender. | A, mandated by the ACA | Z77.21, Z79.899, W46.0XXA, W46.0XXD, W46.1XXA, W46.1XXD, Z29.9, Z20.2, Z20.6, Z11.3, Z11.4, Z20.89, Z20.9, Z77.9 | 99401-99404 |

| Preventive Blood Draws | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|--------|--|-----------------------------------|
| Blood draws completed for preventive purposes. | This benefit is preventive for everyone, regardless of age or gender. | | Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411-Z01.419, Z01.419, Z12.4, Z12.72, Z12.73, Z15.02, Z15.04, Z23, Z39.2, Z76.1, Z76.2, Z39.1, Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219, Z71.41, Z71.89, Z13.89, Z30.011-Z30.019, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, O00.0-O99.89, O9A.1-O9A.53, Z80.3, Z80.41, Z15.01, Z11.3, Z11.8, Z11.9, Z20.2, Z13.220, I10, I11.0, I11.9, I12.0, I12.9, I15.0, I15.1, I15.2, I15.8, I15.9, N26.2, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, | 36415, 36416, 36591, 36592, 99000 |

| | | | | |
|--|--|--|--|--|
| | | | <p>O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9, E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351,</p> | |
|--|--|--|--|--|

| | | | | |
|--|--|--|---|--|
| | | | <p>E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79, Z13.1, Z85.3, Z85.43, Z80.49, Z01.42, O09.00-O09.93, Z39.0-Z39.2, Z22.6, Z22.8, Z22.9, Z11.4, Z11.59, Z20.6, Z11.51, Z76.1-Z76.2, Z00.110-Z00.111, Z13.820, Z82.62, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.01, E66.09, E66.1, E66.8, E66.9, Z11.2, Z13.0, Z13.4, Z01.10-Z01.11, Z77.011, Z01.00-Z01.01, Z30.2, Z30.011-Z30.014, Z30.018-Z30.019, Z30.09, Z30.40-Z30.42, Z30.430-Z30.433, Z30.49, Z30.8-Z30.9,</p> | |
|--|--|--|---|--|

| | | | | |
|--|--|--|-------|--|
| | | | Z20.5 | |
|--|--|--|-------|--|

| Preventive Evaluation Management | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code / HCPCS Code |
|--|---|--------|------------------------------|-----------------------------------|
| Medical record documentation helps physicians and other health care professionals evaluate and plan a patient's immediate treatment and monitor the patient's health care over time. | This benefit is preventive for everyone, regardless of age or gender. | CDC | All ICD-10 codes | 99381-99397, 99411-99412 |

| Prostate Cancer Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code / HCPCS Code |
|---|--|--------|--|-----------------------------------|
| Periodic prostate-specific antigen (PSA)-based screening for prostate cancer. | This benefit is preventive for men ages 40 to 69 years old. Through a risk assessment, your physician can determine if this screening is beneficial for you. | C/D | C61, D07.5, D29.1, D40.0, N40.0-N40.3, N42.30-N42.39, R97.20-R97.21, Z12.5, Z15.03, Z80.42, Z85.46, Z00.00-Z00.01, Z00.10, Z00.11, Z00.12, Z00.129 | 84152-84154, G0102-G0103 |

| Rh Incompatibility Screening for Pregnant Women | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|--|------------------------|---|----------------------------------|
| Screening includes testing for Rh(D) blood typing and antibody testing. | This benefit is preventive for pregnant women. | A, mandated by the ACA | Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 86900, 86901, 80081, 80055 |

| Screening for Gestational | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|----------------------------------|------------|--------|------------------------------|---------------------------------|
|----------------------------------|------------|--------|------------------------------|---------------------------------|

| | | | | |
|--|---------------------------------------|------------------------|---|----------------------------------|
| Diabetes | | | | |
| The most common screening test for gestational diabetes is a fasting or non-fasting oral glucose tolerance test. | This benefit is preventive for women. | B, mandated by the ACA | Z33.1, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90- Z34.93, Z36, O00.0-O99.89, O9A.1-O9A.53, Z3A.00-Z3A.49 | 82947, 82948, 82950-82952, 83036 |

| Screening Mammography | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|--|---|
| X-ray of the breast to look for early signs of breast cancer. This benefit does not include any diagnostic mammograms. Tomosynthesis is covered under this benefit. | This benefit is preventive for women of all ages. | B, mandated by the ACA | A00.0000-C49.9999, C51.0000-C79.80, C79.82-D04.999, D06-D24, D25.0000-D48.5, D48.7-N60.0000, N70-Q85.1, Q85.9-Z99.89 | 77046-77049, 77067, 77063, 3342F, 7025F |

| Screening Mammography 2 | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|------------------------------|---------------------------------|
| X-ray of the breast to look for early signs of breast cancer. This benefit does not include any diagnostic mammograms. Tomosynthesis is covered under this benefit. | This benefit is preventive for women over the age of 40 | B, mandated by the ACA | Z12.31, Z12.39, Z80.3 | 403 |

| Screening Mammography 3 | Guidelines | Source | High Risk Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|--|--|
| X-ray of the breast to look for early signs of breast cancer. This benefit does not include any diagnostic mammograms. Tomosynthesis is covered under this benefit. | This benefit is preventive for women at high risk of breast cancer. | B, mandated by the ACA | Z15.01, Z80.3, Z84.81, Z85.3, Z86.000, Z92.3 | 77046-77049, 77067, 77063, 3342F, 7025F, 403 |

| Screening for Obesity | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|--|---|
| Screening and comprehensive, intensive behavioral interventions to promote improvements in weight status. | This benefit is preventive for everyone, regardless of age or gender. | B, mandated by the ACA | Z00.00-Z00.01, Z68.30-Z68.39, Z68.41-Z68.45, E66.01, E66.09, E66.1, E66.8, E66.9 | 97802-97804, 99401-99404, G0446, G0447, G0473 |

| Screening for Visual Impairment in Children | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|------------------------|--|---------------------------------|
| Screening to identify vision abnormalities and detect amblyopia (also known as “lazy eye”) or its risk factors. | This benefit is preventive for children 0 to 17 years of age. | B, mandated by the ACA | H52.00-H52.03, H52.10-H52.13, H52.201-H52.203, H52.209, H52.221-H52.223, H52.229, H52.211-H52.213, H52.219, H52.31, H52.32, H52.4, Z76.1, Z76.2, Z00.121, Z00.129, Z01.00, Z01.01, Z00.110, Z00.111, Z00.3, Z13.5, Z13.89, Z83.511 | 99172-99174, 99177 |

| Statin Preventive Medication | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|--|------------------------|---|---------------------------------|
| Low- to moderate-dose statin for the prevention of cardiovascular disease | This benefit is preventive for adults 40 to 75 years of age. | B, mandated by the ACA | E08.00-E11.9, E78.00-E78.89, I10, I16.0-I16.1, I16.9, F17.200-F17.209, F17.210-F17.219, F17.220-F17.229, F17.290-F17.299, Z00.00, Z00.01, Z87.891, Z72.0, Z13.220 | G8816, G9664 |

| Syphilis Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---------------------------|------------|--------|------------------------------|---------------------------------|
|---------------------------|------------|--------|------------------------------|---------------------------------|

| | | | | |
|--|--|--|--|---------------------|
| Screening blood tests for syphilis rely on detection of nontreponemal and treponemal antibodies. | This benefit is preventive for everyone, regardless of age or gender. Through a risk assessment, your physician can determine if this screening is beneficial for you. | | Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2, Z29.9, Z33.1, Z34.00, Z34.01-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.9, O00.0-O99.89, O9A.1-O9A.53, Z01.411-Z01.419, Z11.8, Z3A.00-Z3A.49, Z12.4 | 86592, 86593, G0450 |
|--|--|--|--|---------------------|

| TB Testing | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|------------------------|------------------------------|---------------------------------|
| TB skin test (TST) and TB blood tests to detect TB bacteria in the body. | This benefit is preventive for everyone, regardless of age, or gender. Through a risk assessment, your physician can determine if this screening is beneficial for you. | B, mandated by the ACA | All ICD-10 codes | 86480-86481, 86580 |

| Thyroid Panel | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|--|------------------------------|---------------------------------|
| A thyroid panel is a group of tests that may be ordered together to help evaluate thyroid gland function. | This benefit is preventive for everyone, regardless of age or gender. | While not mandated, your plan offers this service as preventive. | Z00.00, Z01.419, Z00.129 | 84481, 84443, 84439 |

| Tobacco Counseling and Interventions | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|--|---|------------------------|------------------------------|---|
| This benefit covers interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents, as well as behavioral interventions and U.S. Food and Drug | This benefit is preventive for everyone, regardless of age or gender. | A, mandated by the ACA | All ICD-10 codes | 99401-99404, 99406, 99407, C9801, C9802, G0436, G0437, S9075, S9453 |

| | | | | |
|--|--|--|--|--|
| Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. | | | | |
|--|--|--|--|--|

| Urinalysis | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|--|------------------------------|---------------------------------|
| A urinalysis is a test of your urine used to detect and manage a wide range of disorders. | This benefit is preventive for everyone, regardless of age or gender. | While not mandated, your plan offers this service as preventive. | Z00.00, Z01.419, Z00.129 | 81001, 82043, 84550 |

| Unhealthy Drug Use Screening | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/HCPCS Code |
|---|---|---------------------------|---|--|
| <p>Screening refers to asking questions about unhealthy drug use, not testing biological specimens.</p> <p>Unhealthy drug use includes using illegal drugs, such as heroin, or using a prescription drug in ways that are not recommended by a doctor, such as to “get high” or affect someone’s mood or way of thinking.</p> | This benefit is preventive for everyone over the age of 18. | B, mandated by the USPSTF | F11.10-F11.11, F11.20-F11.22, F11.129, F11.14, F11.150-F11.151, F11.159, F11.181-F11.182, F11.188, F11.19-F11.24, F11.220-F11.222, F11.229, F11.250, F11.259, F11.281-F11.282, F11.288, F11.29, F11.90, F11.920-F11.922, F11.93-F11.94, F11.929, F11.950-F11.951, F11.959, F11.981-F11.982, F11.988, F11.99 | 80305-80307, 8100-81005, 81542, 82570, 83516, 83518-83520, 83789, 83986, 84156, 84311, 99401-99404, 99408-99409, 99411-99412, H0001, H0003, H0005-H0009, H00047-H00049, H0050, G0480-G0483, G0659, G0396-G0397 |

| Wellness Exam | Guidelines | Source | Diagnosis Code / ICD-10 Code | Procedure / CPT Code/ HCPCS Code |
|---|---|--------------------------|---|--|
| Wellness Exams are routine examinations of the general health of a patient. May include procedures like routine vaccinations. | This benefit is preventive for everyone, regardless of age or gender. | CDC, mandated by the ACA | Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419, Z12.39, Z12.4, Z12.72, Z12.73, Z15.02, Z15.04, Z23, Z39.2, Z76.1, Z76.2 | 99202-99205, 99211-99215, 99241-99245, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99461, 96127, 80081,G0101, |

| | | | | |
|--|--|--|--|---|
| | | | | G0344, G0402, G0438, G0439, G0445, S0302, S0610, S0612, S0613 |
|--|--|--|--|---|

Grading (United States Preventive Service Task Force)

| Grade | Definition | Suggestions for Practice |
|----------|--|---|
| A | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. | Offer or provide this service. |
| 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. | Offer or provide this service. |
| 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. | Offer or provide this service to selected patients depending on individual circumstances. |
| 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. | Discourage the use of this service. |
| 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. | Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms. |

| Level of Certainty | Description |
|--------------------|--|
| High | <p>The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.</p> |
| Moderate | <p>The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as:</p> <ul style="list-style-type: none"> ● The number, size, or quality of individual studies. ● Inconsistency of findings across individual studies. ● Limited generalizability of findings to routine primary care practice. ● Lack of coherence in the chain of evidence. <p>As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.</p> |
| Low | <p>The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:</p> <ul style="list-style-type: none"> ● The limited number or size of studies. ● Important flaws in study design or methods. ● Inconsistency of findings across individual studies. ● Gaps in the chain of evidence. ● Findings not generalizable to routine primary care practice. ● Lack of information on important health outcomes. <p>More information may allow estimation of effects on health outcomes.</p> |

**The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.*

Sources

1. USPSTF

- a. <https://www.uspreventiveservicestaskforce.org/Page/Name/home>

2. CDC

- a. <https://www.cdc.gov/prevention/index.html>
- b. <https://www.healthcare.gov/preventive-care-women/>
- c. <https://www.healthcare.gov/preventive-care-children/>
- d. <https://www.healthcare.gov/preventive-care-adults/>