

BENEFIT COVERAGE GUIDELINE – 10.01.523


Preventive Care

Effective Date: Sep. 1, 2024
Last Revised: May 1, 2025
Replaces: N/A

RELATED MEDICAL POLICIES:
5.01.588 Pharmacologic Prevention and Treatment of HIV/AIDS
6.01.521 Bone Mineral Density Studies

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Introduction

The health plan covers preventive services that are required by the Affordable Care Act (ACA) without cost share by the member (i.e., covered at 100% of Allowed Amounts without deductible, coinsurance or copayment). The services need to be provided by an in-network provider to be covered with no member cost share. There are some plans that may not cover these preventive services. Plans that are “grandfathered,” or have an exemption allowed by the law, are not required to cover the ACA preventive services. (Please contact the health plan to find out if you have one of these plans and to find details on your specific preventive coverage.)

The ACA covered preventive care services are identified and updated by the following organizations:

- 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 are published by any of the following sources:
 - The Bright Futures Recommendations for Pediatric Preventive Health Care schedule of services
 - Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children

- Specific women's health care services and guidelines adopted by HRSA

The health plan only covers in-network preventive services with no member cost if they are provided within the specific guidelines issued by the above organizations, As noted in this benefit coverage guideline. Preventive services are recommended by the organizations based on what is best for the general population. For each individual person, the doctor might recommend other tests. This means that for the individual, the tests a doctor orders may not all be covered under the preventive care benefit. Blood tests that are run as panels and include multiple tests are not considered preventive, although one or two of the individual tests may be covered.

Preventive care services, as provided by the guidelines, include wellness exams and immunizations for children and adults. Specific screening tests are also covered for people who have no symptoms or known diseases and are in a specified age group or at-risk population, when provided in accordance with the applicable guidelines. Care associated with a screening colonoscopy or sterilization services for women are also covered without cost share. This may include a pre-op visit office visit, medically necessary anesthesia services, facility fees, and pathology services.

The list of preventive services may be updated at regular intervals by the sponsoring agencies, and new services will be added or changed usually within 12 months of the guidance issued by the designated organizations. Reasonable medical management techniques may be used by health plans, and this might include prior authorization, concurrent review, or claims review.

Screening Versus Diagnostic, Monitoring, or Surveillance Testing:

Screening exams are done in people with no symptoms or known disease.

Diagnostic tests are done to evaluate abnormal lab results, physical findings, or symptoms.

Surveillance or monitoring tests are done in individuals who have a known condition or history that increases their risk of disease and is no longer considered a screening exam. Usually, surveillance tests are done more frequently than screening tests for the general population.

If a screening test is positive, or shows an abnormality, that test is still considered preventive, however the same test in the future may not be considered preventive. Here are some examples:

1. A screening colonoscopy shows the presence of a certain type of high-risk polyp, which is removed. In the future colonoscopies may be done more frequently as surveillance, that is looking for more of these polyps. These subsequent colonoscopies are not considered

preventive and are paid for from the medical benefit which may be subject to member cost shares as applicable.

2. A screening stool test is done and is positive. The next test needed is a colonoscopy, which will still be considered preventive and will be covered under the preventive benefit without cost share to the member.
3. A screening mammogram shows an abnormal finding, but a follow-up mammogram was found to be normal; therefore, a future screening mammogram will be considered preventive and covered under the preventive benefit without cost share to the member.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Guidelines

Coverage Information

Preventive services are defined as follows:

- Evidence-based items or services with a rating of “A” or “B” in the current recommendations of the US Preventive Task Force (USPSTF).
- Preventive care and screenings for women as provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) and Prevention.
- Evidence-informed infant, child and adolescent preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA, Bright Futures).
- Services that meet the guidelines for preventive care under Washington state law.

Preventive service performed within an inpatient setting:

- If a preventive service is performed within an inpatient setting, the preventive service will be covered in full. However, the preventive service is considered incidental. The facility fees are



Coverage Information

not covered under preventive benefits since the service is incidental to and is not the primary reason for the admission.

Members need to refer to their plan's benefit booklet for a comprehensive discussion of coverage and payment information. Some services may require prior authorization; refer to our online code check tool for more information.

Clinical guidelines change over time, may not be consistent across all regions of the country regardless of USPSTF recommendations, and do not take into account all aspects of insurance coverage or claims administration. While they can provide useful guidance for the minimum amount of coverage required by the ACA, a Plan has the flexibility to provide more generous coverage as deemed appropriate.

Coding

Service	Procedure code(s)	Comments
Adult aortic aneurysm screening ultrasound	76706	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 years who have ever smoked.
Alcohol misuse screening and counseling care Unhealthy Drug Use screening	99408, 99409, G0442, G0443, G2011	The USPSTF recommends: Screening individuals aged 18 years and older for alcohol misuse and provide those engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. Screening individuals aged 18 years and older for unhealthy drug use to support accurate diagnosis, effective treatment, and appropriate care or referral.
Blood pressure screening	Blood pressure screening is not reimbursed separately from the office visit.	The USPSTF recommends: Screening individuals aged 18 years and older for high blood pressure. Obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
Cholesterol screening	80061, 82465, 83695, 83700, 83718, 83719, 83721, 84478 when billed with diagnosis: Z00.00, Z00.01	The USPSTF recommends: Screening men aged 35 years and older for lipid disorders.



Service	Procedure code(s)	Comments
		<p>Screening men aged 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.</p> <p>Screening women aged 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.</p> <p>Screening women aged 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.</p> <p>Bright Futures recommends cholesterol screening three times between the age of 5 to 18.</p>
Colorectal cancer screening	<p>Fecal occult blood, Fecal immunochemical test (FIT), and FIT-DNA (e.g., Cologuard, Cologuard Plus)</p> <p>0464U, 81528, 82270, 82274, G0328</p> <p>Sigmoidoscopy</p> <p>(Visualizes the rectum, sigmoid colon, and descending colon)</p> <p>45330, 45331, 45333, 45334, 45346, 45338, G0104</p> <p>Colonoscopy</p> <p>(Visualizes the entire colon)</p> <p>00812, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 45391, 99152, 99153, G0105, G0121, G0500 when billed with the following criteria:</p> <p>Screening for individuals at average risk beginning at age 45 with diagnosis: Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p> <p>Screening for individuals under age 45, at increased risk for colon cancer due to a strong family history of colon cancer with diagnosis: Z80.0, Z83.71, Z83.79, Z84.81</p> <p>Screening colonoscopy for individuals aged 45 and older with</p>	<p>The USPSTF recommends:</p> <p>Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in individuals aged 45 to 75 years. The risks and benefits of these screening methods vary.</p> <ul style="list-style-type: none"> ○ The plan covers colon imaging tests such as CT colonography and barium enema. ○ When stool-based tests, sigmoidoscopy, or CT colonography are positive, follow-up colorectal cancer screening with colonoscopy is needed for further evaluation. Follow-up colonoscopy in these instances is covered as preventive when billed with a modifier 33 along with the colonoscopy procedure code. <p>Note: A preventive screening colonoscopy is for those who have no symptoms that suggest there might be a problem in the rectum or colon.</p> <p>Note: A colonoscopy that is considered diagnostic, therapeutic, or surveillance is not considered preventive; it is covered under the medical benefit and is subject to applicable cost shares (i.e., deductibles, coinsurance, or copayments).</p> <ul style="list-style-type: none"> • It is for a specific illness, injury, or a set of symptoms



Service	Procedure code(s)	Comments
	<p>personal history of inflammatory bowel disease (Crohn disease or ulcerative colitis) with diagnosis: Z12.10, Z12.11, Z12.12</p> <p>Colonoscopy Pathology</p> <p>88305 when billed with diagnosis: D12.0, D12.1, D12.2, D12.3, D12.4, D12.5, D12.6, D12.7, D12.8, D12.9, D37.4, D49.0, K63.5, Z12.10-Z12.12, Z84.81</p> <p>Colonoscopy Preoperative Assessment</p> <p>S0285</p> <p>Barium enema</p> <p>G0106, G0120, G0122 (codes termed 12/31/2024)</p> <p>Colonography</p> <p>74263*</p> <p>*Computed tomographic colonography (CTC), also referred to as virtual colonoscopy (VC), requires prior authorization through Carelton Medical Benefits Management</p>	
Contraceptives	<p>Condoms</p> <p>A4267, A4268, A4269</p>	
Depression and anxiety screening (adults, children, and adolescents)	<p>96127, G0444 when billed with diagnosis: Z13.30, Z13.31, Z13.32, Z13.39, Z13.89</p> <p>96161 when billed with diagnosis: Z00.11, Z00.121, Z00.129, and Z13.32.</p> <p>90832, 90834, 90837, 90847, 90853 when billed with diagnosis Z13.32</p>	<p>The USPSTF recommends:</p> <p>Screening for major depressive disorder to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.</p> <p>Screening all individuals regardless of age for depression to ensure accurate diagnosis, effective treatment, and follow-up.</p> <p>Screening for perinatal/post-partum depression and psychotherapy interventions for pregnant women at higher risk of perinatal depression. Screening and psychotherapy can occur during a well-baby checkup,</p>



Service	Procedure code(s)	Comments
		<p>anytime during pregnancy, and up to 1 year after delivery or adoption.</p> <p>Screening for anxiety in children and adolescents and adults 64 and younger.</p>
Diabetes, Prediabetes screening, and education for type 2 and gestational	0403T, 0488T, 82947, 82948, 82950, 82951, 82952, 83036, 83037 when billed with any maternity diagnosis or diagnosis: Z00.00, Z00.01, Z13.1	<p>The USPSTF recommends:</p> <p>Screening for abnormal blood glucose as part of cardiovascular risk assessment in individuals aged 40 to 70 years who are overweight or obese.</p> <p>Screening asymptomatic adults aged 35-70 years who are overweight or have obesity.</p> <p>Clinicians offer or refer individuals with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p>
Diet counseling Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	97802, 97803, 97804, 99078, 99401, 99402, 99403, 99404, 99411, 99412, G0108, G0109, G0270, G0271, S9140, S9145, S9452, S9465, S9470, G0446	<p>The USPSTF recommends:</p> <p>Diet counseling</p> <p>Screening individuals aged 40 to 70 years who are overweight or obese for abnormal blood glucose as part of cardiovascular risk assessment.</p> <p>Clinicians offer or refer individuals with abnormal blood glucose to intensive behavioral counseling interventions promoting a healthful diet and physical activity.</p> <p>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors.</p> <p>Offering or referring individuals over age 18 who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions promoting a healthful diet and physical activity for CVD prevention.</p>
Statin use for the primary prevention of cardiovascular disease in adults	Covered with written prescription by physician.	The USPSTF recommends statin use for individuals aged 40-75 years who have one or more cardiovascular risk factors.
Fall prevention – older adults	97010, 97012, 97014, 97110, 97112, 97113, 97161, 97162, 97163, 97165, 97166, 97167, 97168 when billed with diagnosis: Z91.81, Z91.89	The USPSTF recommends exercise or physical therapy to prevent falls in individuals aged 65 and older who are at increased risk of falling.
Hepatitis B screening	80055, 87350, 86704, 86705, 86706, 86707, 87340, 87341, G0499	The USPSTF recommends: Screening for hepatitis B virus infection in individuals at high risk of infection.



Service	Procedure code(s)	Comments
		Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
Hepatitis C screening	86803, 86804, G0472, G0567	The USPSTF recommends: Screening for hepatitis C virus (HCV) infection in individuals at high risk for infection. Offering a one-time screening for HCV infection to individuals born between 1945 and 1965.
HIV screening	86689, 86701, 86702, 86703, 87389, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645 when billed with any pregnancy diagnosis or a screening diagnosis: Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6, Z29.81	The USPSTF recommends: Screening for HIV infection in individuals aged 15 or older or any individual who is at increased risk. Screening all pregnant women for HIV, including those who present in labor or at delivery whose HIV status is unknown.
HIV Pre-Exposure Prophylaxis (PrEP) Drug Coverage	Truvada (emtricitabine +tenofovir disoproxil fumarate), oral Descovy (emtricitabine-tenofovir-alafenamide), oral Apretude (cabotegravir extended-release injectable suspension) (billed with HCPCS J0739) Please refer to medical policy 5.01.588 Pharmacologic Prevention and Treatment of HIV/AIDS for coverage criteria as these drugs require prior authorization and medical necessity review.	The USPSTF recommends pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to individuals who are at high risk of HIV exposure
HIV Pre-Exposure Prophylaxis (PrEP): <ul style="list-style-type: none"> • Counseling visit • Pregnancy test • STI screening • HIV testing • Hepatitis B & C screening • Creatine testing 	Reimbursement is included in E&M visit when billed with HIV exposure diagnosis: Z29.81 Pregnancy test billed with CPT 81025 when billed with HIV exposure diagnosis Z29.81 Creatine testing CPT codes 82565, 82570, 82575 when billed with HIV exposure diagnosis Z29.81 STI screening codes: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810, 86592, 86593, 86780, 87590, 87591, 87592, and 87850	The USPSTF recommends pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to individuals who are at high risk of HIV exposure.



Service	Procedure code(s)	Comments
	<p>Hepatitis C screening codes: 86803, 86804, G0472 when billed with diagnosis code Z29.81</p> <p>Hepatitis B screening codes: 80055, 87350, 86704, 86705, 86706, 86707, 87340, 87341, G0499 when billed with diagnosis code Z29.81.</p> <p>HIV screening codes: 86689, 86701, 86702, 86703, 87389, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645 when billed with diagnosis code Z29.81.</p>	
Immunizations	All immunizations are fully covered under the preventive services benefit.	Please see list of immunizations posted by the CDC http://www.cdc.gov/vaccines/schedules/index.html
Lung cancer screening (CT scan) for those at higher risk	71271, G0296	<p>The USPSTF recommends:</p> <p>An annual screening for lung cancer with low-dose computed tomography in individuals aged 50 to 80 years who have a 20 pack per year smoking history and currently smoke or have quit within the past 15 years.</p> <p>Screening should be discontinued once an individual has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability to have curative lung surgery.</p>
Obesity screening and counseling	97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, G0447, G0473, S9452, S9470 when billed with diagnosis: E66.01, E66.09, E66.1, E66.2, E66.3, E66.811-E66.813, E66.9, E88.82, Z68.3-Z68.39, Z68.4-Z68.45, Z68.53, Z68.54.	<p>The USPSTF recommends:</p> <p>Screening individuals aged 18 and older for obesity in individuals with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</p> <p>Screening individuals aged 6 years and older for obesity and offer or refer comprehensive, intensive behavioral interventions.</p>
Prostate cancer screening	84152, 84153, 84154, G0102, G0103	The USPSTF recommends that informing men aged 55 to 69 years about the potential benefits and harms of prostate-specific antigen (PSA)-based screening for prostate cancer.
Screening and counseling for interpersonal and domestic violence	Reimbursement is included in E&M visit. Not separately reimbursable.	The USPSTF recommends screening individuals including adolescents for interpersonal and domestic violence.



Service	Procedure code(s)	Comments
Sexually transmitted disease counseling	G0445, 99401, 99402, 99403, 99404, 99411, 99412	The USPSTF recommends intensive behavioral counseling for all sexually active individuals who are at increased risk for sexually transmitted infections.
Syphilis screening	86592, 86593, 86780	The USPSTF recommends screening for individuals at increased risk or pregnant women for syphilis infection.
Tobacco use counseling and interventions	99406, 99407	<p>The USPSTF recommends:</p> <p>Asking all individuals over age 18 about tobacco use, advising them to stop using tobacco, and providing behavioral interventions and US Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p> <p>Providing interventions, including education or brief counseling, to prevent initiation of tobacco use in individuals aged 18 and under.</p> <p>Asking all pregnant women about tobacco use, advising them to stop using tobacco, and providing behavioral interventions for cessation to pregnant women who use tobacco.</p>
Tuberculosis (TB) testing	86480, 86481, 86580	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk or if an individual receives a positive risk assessment.

Women's Healthcare		
If not listed below, additional women's healthcare categories may be included in the table above		
Service	Procedure Code(s)	Comments
Anemia screening hematocrit or hemoglobin	85013, 85014, 85018, 85025, 85027 when billed with any pregnancy diagnosis or for individuals aged 18 and under.	The USPSTF recommends screening for iron deficiency anemia for asymptomatic pregnant women. Also covered for individuals aged 18 or under.
Bacteriuria screening: pregnant women and urinary tract	81000, 81003, 81007, 87081, 87084, 87086, 87088 when billed with any pregnancy diagnosis	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit.
Blood pressure screening	Blood pressure screening is not reimbursed separately from the office visit.	<p>The USPSTF recommends:</p> <p>Screening individuals aged 18 years and older for high blood pressure.</p> <p>Obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>
Breastfeeding counseling interventions to support breast feeding.	99401, 99402, 99403, 99404, S9442, S9443 when billed with diagnosis Z39.1 A4287, A4281, A4282, A4283, A4284, A4285, A4286, E0603,	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.



Women's Healthcare

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Service	Procedure Code(s)	Comments
Breast pump and supplies	E0604-Hospital grade pumps are not available for purchase and are covered as rentals for 12 months	
Contraceptive visits	Reimbursement is included in E&M visit when billed with diagnosis: Z30.011-Z30.2, Z30.40-Z30.42, Z30.430-Z30.9, Z30.44-Z30.46, Z31.61, Z31.7, Z97.5	
Contraceptive implantable devices (insertion and removal)	11976, 11981, 11982, 11983, 57170, 58300, A4261, A4264, A4266, G0516, G0517, G0518, J7296, J7297, J7298, J7300, J7301, J7306, J7307 when billed with diagnosis: Z30.011-Z30.2, Z30.40-Z30.42, Z30.430-Z30.9, Z30.44-Z30.46, Z31.61, Z31.7, Z97.5	
Contraceptive injectables	96372, J1050	
Birth control – pharmacy	Generic birth control pills are covered under the pharmacy plan.	
Birth control contraception mobile apps	A9293, when billed with diagnosis Z30.8 or Z30.09	Supported apps are Natural Cycles or Clue birth Control.
Birth control – IUD	58300, 58301, S4981, S4989	
Birth control – sterilization	58340, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74740, A4264 when billed with diagnosis: Z30.2	
Birth control – anesthesia for sterilization	00840, 00851, 00940, 00942, 00950, 00952 when billed with diagnosis: Z30.2	
Folic acid supplementation	Covered with written prescription by physician.	The USPSTF recommends that all persons planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
Gestational diabetes screening: pregnant women and postpartum	0403T, 0488T, 82947, 82948, 82950, 82951, 82952, 83036, 83037 when billed with any maternity diagnosis or diagnosis: Z00.00, Z00.01, Z13.1	<p>The USPSTF recommends:</p> <p>Screening for gestational diabetes mellitus in asymptomatic pregnant persons at or after 24 weeks of gestation.</p> <p>Screening for pregnant persons with a history of gestational diabetes that are not currently pregnant as early as 4 to 6 weeks postpartum.</p> <p>Screening for pregnant persons with a negative initial postpartum screening test result at least every 3 years for up to 10 years after pregnancy.</p>



Women's Healthcare

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Service	Procedure Code(s)	Comments
Gonorrhea screening	87590, 87591, 87592, 87850 when billed with any pregnancy diagnosis or diagnosis: Z00.00, Z00.01, Z11.3, Z11.9, Z20.2	The USPSTF recommends screening for Gonorrhea in sexually active women aged 24 years or younger and in older women who are at increased risk for infection including pregnant person.
Pre-eclampsia prevention: low-dose aspirin	Covered with a written prescription by physician	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in pregnant persons who are at high risk for preeclampsia.
Rh incompatibility screening	86901, 86905 when billed with any pregnancy diagnosis	The USPSTF recommends: Rh (D) blood typing and antibody testing for all pregnant persons during their first visit for pregnancy-related care. Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative persons at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Rubella screening by history of vaccination or by serology	86762 when billed with any pregnancy diagnosis	
Syphilis screening	86592, 86780, 86593	The USPSTF recommend screening all pregnant persons or individuals at increased risk for syphilis infection.
Breast cancer chemoprevention counseling	96040, 99401, 99402, 99403, S0265 when billed with diagnosis: Z80.3, Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02	The USPSTF recommends: Shared informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. Prescribing risk-reducing medications, such as tamoxifen, Raloxifene, or aromatase inhibitors to women who are at increased risk for breast cancer and at low risk for adverse medication effects.
BRCA screening risk assessment and genetic counseling testing	81162, 81163, 81165, 81166, 81167, 81212, 81215, 81216, 81217 when billed with diagnosis: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02. This test requires Prior Authorization from Carelon Medical Benefits Management	The USPSTF recommends: Screening women who have a family history of breast, ovarian, tubal, or peritoneal cancer or an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer screening – mammography	77061, 77062, 77063, 77065, 77066, 77067, and G0279 when billed with diagnosis: Z00.00,	The USPSTF recommends screening mammography for women aged 40 years and older, with or without clinical breast examination, every 1 to 2 years.



Women's Healthcare

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Service	Procedure Code(s)	Comments
	Z00.01, Z12.31-Z12.39, Z80.3, Z85.3	
Cervical cancer screening (PAP smear)	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, 99459, G0101, G0123, G0124, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	The USPSTF recommends screening for cervical cancer in women aged 21 to 29 years with cytology (Pap smear) every 3 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).
HPV testing (human papillomavirus DNA test)	0500T, 0502U, 87623, 87624, 87625, 87626, G0476 when billed with diagnosis: Z00.00, Z00.01	For women aged 30 to 65 years, the USPSTF recommends screening every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with both hrHPV testing and PAP cytology (cotesting).
Chlamydia Screening	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 when billed with any pregnancy diagnosis or diagnosis: Z00.00, Z00.01, Z11.3, Z11.9, Z20.2	The USPSTF recommends screening for chlamydia in sexually active women aged 24 years or younger and in older women who are at increased risk for infection including pregnant person.
Osteoporosis screening – bone density	76977, 77080, 77081, G0130	The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women who are at high risk of fractures.
Perinatal and Postpartum Depression	Please see the above "Depression" section for detailed information	
Sexually transmitted disease counseling	G0445	The USPSTF recommends counseling for individuals at high risk for sexually transmitted diseases.

Newborn and Children's Healthcare

If not listed in below, additional newborn/children's healthcare categories may be included in the tables above

Service	Procedure Code(s)	Comments
Bilirubin screening	Reimbursement is included in office or delivery charge. Not separately reimbursable.	Bright Futures recommends bilirubin screen for all newborns age 0 to 28 days.
Dental caries prevention fluoride application (Primary care)	99188, D1206, D1208	The USPSTF recommends: Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption for age 0-6 years.



Newborn and Children's Healthcare

If not listed in below, additional newborn/children's healthcare categories may be included in the tables above

Service	Procedure Code(s)	Comments
		Prescription of oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
Fluoride chemoprevention supplements	Covered with a written prescription by physician.	
Developmental screening (Including autism)	96110, 96127, G0451	Bright Futures recommends: A formal, standardized developmental screening during the 9-month visit. A formal, standardized developmental screening during the 18-month visit, including a formal autism screen. A formal, standardized developmental screening during the 24-month visit. A formal, standardized developmental screening during the 30-month visit.
Dyslipidemia screening (Lipids)	80061, 82465, 83718, 83719, 83721, 84478	Bright Futures recommends screening for dyslipidemia once between the age 9 to 11 and again between the age 17 to 21.
Gonorrhea prophylactic medications (Newborn)	Not separately reimbursable, medication included in delivery charge.	The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.
Hearing loss screening	92551, 92552 when billed with the following diagnosis: Z00.121, Z00.129	The USPSTF recommends screening for hearing loss in all children up to age 21.
Hemoglobinopathies (Sickle cell screening)	83020, 83021, 83030, 83033, 83051, S3850	The USPSTF recommends screening for sickle cell disease in newborns.
Hypothyroidism	84436, 84437, 84439, 84443	The USPSTF recommends screening for congenital hypothyroidism in newborns.
Iron supplements	Covered with a written prescription by physician.	
Lead screening	83655	Bright Futures recommends screening for any children under age 18.
Phenylketonuria (PKU)	84030, S3620	Recommends screening in newborns age 0 to 28 days.
Skin cancer behavioral counseling	99401, 99402, 99403, 99404	The USPSTF recommends counseling individuals aged 10 to 24 years about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Vision acuity screening (for all children)	99172, 99173, 99174, 99177	The USPSTF recommends screening for any children under age 18, as well as a one-time screening for amblyopia for age 3 to 5.



Comprehensive preventive evaluation and management (E&M) services (preventive visits for baby, child, and adult, including women)

If not listed in below, additional newborn/children's healthcare categories may be included in the tables above

Service	Procedure Code(s)	Comments
Wellness preventive examinations	59425, 59426, 59430, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99411, 99460, 99461, 99462, 99463, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0402, G0513, G0514, S0610, S0612, S0613, S0622	<p>American Academy of Pediatrics (AAP) Bright Futures periodicity schedule recommends comprehensive preventive medicine evaluation and management of an individual. This includes:</p> <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 Pre-pregnancy, prenatal and postpartum visits <p>Note: Screenings and procedures considered inclusive to the wellness exam or office visit are not reimbursed separately from the office visit.</p>

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

N/A

Evidence Review

N/A

References

1. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0 – 21). Available at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf Accessed July 29, 2024.
2. Advisory Committee on Heritable Disorders in Newborns and Children. Recommended Uniform Screening Panel. Available at: <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html> Accessed July 29, 2024.
3. Health and Human Services. Preventive Services Covered under the Affordable Care Act. Available at: <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html> Accessed July 29, 2024.
4. Health and Human Services. Center for Consumer Information and Insurance Oversight. Affordable Care Act Implementation. FAQs-Set 12. Available at: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html Accessed July 29, 2024.
5. Health and Human Services. The Center for Consumer Information and Insurance Oversight. Fact Sheets and Frequently Asked Questions. Available at: <https://www.cms.gov/cciio/Resources/Fact-Sheets-and-FAQs/index.html> Accessed July 29, 2024.
6. United States Preventive Services Task Force Recommendation (USPSTF) for Prostate Cancer screening. Available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prostate-cancer-screening> Accessed July 29, 2024.
7. United States Preventive Services Task Force Recommendations (USPSTF). Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations> Accessed July 29, 2024.
8. United States Preventive Services Task Force. Recommendations for Primary Care Practice. Published Recommendations. Accessed December 6, 2017. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics> Accessed July 29, 2024.
9. Centers for Disease Control (CDC) and Prevention / Immunization Schedules. Available at: <http://www.cdc.gov/vaccines/schedules/index.html> Accessed July 29, 2024.
10. Health Resources & Services Administration (HRSA) for Women's Preventive Services: Required Health Plan Coverage Guidelines. Available at: <http://www.hrsa.gov/womensguidelines/> Accessed July 29, 2024.
11. Institute of Medicine. Clinical Preventive Services for Women-Closing the Gaps. Available at: <https://www.nap.edu/read/13181/chapter/1#iii> Accessed July 29, 2024.
12. Advisory Committee on Immunization Practices (ACIP) Recommendations. Available at: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html> Accessed July 29, 2024.
13. Washington Administrative Code (WAC). Available at: <http://apps.leg.wa.gov/wac/> Accessed July 29, 2024.

History

Date	Comments
02/01/18	New benefit coverage guideline, approved January 16, 2018. Add to the Administrative section.
02/09/18	Coding correction, removed terminated CPT codes 77052, 77055, 77056, and 77057. Added CPT codes 77065, 77066, and 77067.



Date	Comments
02/20/18	Coding update, removed CPT code 80051, added J7296 under the contraceptive implantable devices section. Clarified “any pregnancy diagnosis” in the Rh incompatibility screening section.
03/09/18	Coding update, removed HCPCS code J7302.
03/16/18	Coding update, added CPT codes 99396 and 99397.
03/28/18	Minor clarification made to the Introduction section. Added clarification regarding inpatient preventive services to the Guidelines section.
06/01/18	Interim Review, approved June 5, 2018. Added Bright Futures age guidelines to cholesterol section. Added 96161 with related diagnoses (Z00.11, Z00.121, Z00.129) to depression screening. Added 0403T and 0488T and the word “education” to diabetes screening section. Added CDC link to immunizations section. Added CPT code 58661 to the birth control - sterilization section. Added bilirubin screening section. Clarified the age guideline for hearing loss screening. Added criteria for vision screening for amblyopia.
06/21/18	Coding correction made in the depression screening section.
10/01/18	Coding update, added diagnosis codes Z13.30, Z13.31, Z13.32 and Z13.39 to the depression screening section.
10/10/18	Minor update, added notation about confirmation test under the contraceptive implantable devices section.
01/01/19	Interim Review, approved December 19, 2018. Removed vitamin D criteria as preventive service, pursuant to USPTF recommendation against vitamin D supplementation to prevent falls in community-dwelling adults 65 years or older. This is now a “D” recommendation. Removed terminated codes 81211, 81213, 81214 (codes terminated 1/1/19) and added new codes 81163, 81164, 81166, 81167, and G2011 (new codes effective 1/1/19). Added 81162 to policy. Added AIM Specialty Health reference.
01/24/19	Coding update, added CPT codes 45390 and 45391 to Colonoscopy section. Minor wording changes were also made for clarification.
06/01/19	Minor update, added clarification regarding claims administration. Updated verbiage under the cervical cancer section.
10/01/19	Annual Review, approved September 19, 2019. No updates to the coverage guideline. Added CPT code 81165.
11/01/19	Coding update, added diagnosis code Z13.32.
01/01/20	Interim Review, approved December 17, 2019. Added CPT codes 90832, 90834, 90837, 90847, and 90853 to depression screening section based on new USPSTF recommendation. Added CPT codes 77061 and 77062 and HCPCS code G0279 to breast cancer screening section.



Date	Comments
04/01/20	Interim Review, approved March 19, 2020. Clarified ages in screening colonoscopy section. Added FIT-DNA info to Colonoscopy section and added VC verbiage to code 74263.
04/10/20	Coding update. Removed 87485 and 84786. Added 87800 and 87801.
06/01/20	Interim Review, approved May 21, 2020. Added additional criteria based on new USPSTF recommendation to HIV screening, breast cancer chemoprevention and BRCA screening sections. Added HIV (PrEP) recommendation.
07/07/20	Coding update. Add A4264 when billed with diagnosis code Z30.2 to birth control – sterilization section.
10/01/20	Annual Review, approved September 17, 2020. No updates to the coverage guideline. Code correction from 87800 to 87810.
12/01/20	Interim Review, approved November 19, 2020. Updated HIV Pre-Exposure Prophylaxis (PrEP) Drug Coverage adding emtricitabine-tenofovir disoproxil as preventive when used for HIV PrEP and updated Descovy and Truvada to be considered preventive for HIV PrEP when the member has tried emtricitabine-tenofovir disoproxil in the last 2 years.
01/01/21	Coding update, added code terminated details for HCPC G0297 effective 1/1/2021 and removed the AIM review requirement details.
05/01/21	Coding update, added new CPT code 71271.
06/01/21	Coding update, Added USPSTF verbiage for Unhealthy drug use. Adding updated age range for lung cancer screening from 55 to 50 and pack usage from 30 to 20 per year.
08/01/21	Coding update, correction of ICD10 diagnosis code from Z26.0 to Z20.6.
09/17/21	Annual review, approved September 2, 2021. Added new benefit information for PrEP office visit, counseling, and pregnancy test coverage. Changed PrEP benefit information from acquisition to exposure. Coding update, changed column header names from Service to Benefit, Procedure Code(s) to Service, and Comments to Benefit Information. Wording updated throughout for purposes of improved clarity; no change to policy intent.
01/01/22	Coding update, updated age criteria for Colorectal cancer screening from 50 to 45.
03/01/22	Interim Review, approved February 8, 2022. Minor edits made for clarity only. Intent of guideline statements unchanged.
06/01/22	Annual review, approved November 7, 2022. Updated depression screening guidelines to include suicide risk for ages 18-21 years and changed behavioral depression screening age from starting at age 18 years to newborn. Updated Chlamydia and Gonorrhea guidelines to include pregnant persons. Added prediabetes to the diabetes screening guidelines. Added Follow-up colorectal screenings details. Removed HCPC code G0297 code & termination 1/1/2021 details. Removed section for Aspirin to prevent cardiovascular disease per mandate update.



Date	Comments
07/01/22	Interim Review, approved June 27, 2022. Updated coverage criteria for PrEP to include Apretude with HCPC code J0739 and added related medical policy 5.01.588.
01/01/23	Annual review, approved December 12, 2022. Added HCPC code K1005 for breast feeding supplies. Added contraceptive criteria for condoms with HCPC codes A4267, A4268, A4269 and for contraceptive mobile apps billed with HCPC code T5999 and diagnosis code Z30.09. Changed age criteria for HIV screening from ages 15 to 65, to 15 or older. Added pre-pregnancy, prenatal, postpartum with CPT codes 59425, 59426, 59430. Removed section for domestic violence screening in the women's healthcare section, added a new section for Screening and counseling for interpersonal and domestic Violence. Added criteria for postpartum diabetes screening. Added a section for Statin use for the prevention of cardiovascular disease. Added 6.01.521 Bone Mineral Density Studies to Related policies. References updated and changed the wording from "patient" to "individual" throughout the policy for standardization.
02/01/23	Coding update. Added inclusive details in a note to the wellness exam coding table. Removed BMI screening as inclusive to office procedure details from coding table as this is now covered in the wellness exam section. Removed diagnosis ICD10 codes Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, & Z20.2 from the syphilis section of the coding table. Added diagnosis codes D12.0, D12.1, D12.2, D12.3, D12.4, D12.5, & D12.7 to the colonoscopy pathology section. Added anxiety screening recommendations to the depression screening section.
03/01/23	Interim Review, approved February 20, 2023. Policy updated to reflect AIM Specialty Health name change to Caelon Medical Benefits Management with no content changes made to the policy. This name change is effective March 1, 2023; URL to guidelines added. Added CPT code 87389 to the HIV screening section. Added description of FIT to colonoscopy section and added the Cologuard name details. Added specification of sigmoidoscopy and colonoscopy to the colonoscopy section. Updated USPSTF information about colorectal screening coverage and colon imaging test details.
06/01/23	Coding update. Removed primary and secondary diagnosis details in the colorectal cancer screening section.
09/01/23	Annual review, approved August 21, 2023. Added CPT code 87536 to list of HIV screening labs. Removed termed HCPCS code J7303. Changed verbiage on depression screen from newborn-12 to all ages. Added Chlamydia, Gonorrhea and Syphilis screening codes to PrEP section of policy.
10/01/23	Coding update. ICD-10-CM code Z29.81 added to the HIV Screen/PrEP section of this policy.
11/01/23	Interim review, approved October 23, 2023. Added updated cervical screening and HPV criteria per USPSTF recommendations. Also added ICD-10-CM codes E66.01-E66.9 and HCPCS code G0473 to the obesity screening section.



Date	Comments
12/01/23	Coding update. Added CPT codes 87535, 87537-87539 to HIV screen/PreP section of this policy.
01/01/24	Coding update. Added CPT code 87534 and moved CPT codes 87535-87539 from HIV screening section down to HIV PreP screening section of the policy (previously accidentally added to incorrect section of policy). Corrected link to policy 5.01.588 Pharmacologic Prevention and Treatment of HIV/AIDS.
01/05/24	Coding update. Added ICD-10-CM code Z30.8 to birth control app portion of policy. This update was inadvertently missed in the 01/01/24 release.
03/01/24	Coding update. Removed ICD-10-CM codes Z71.7 and Z20.6 from HIV PreP section of policy.
04/01/24	Coding Update. Added new HCPCS code A9293.
05/01/24	Coding Update. Removed CPT code 99199 from birth control app section.
06/01/24	Coding update. Added CPT code 99459 to Women's health section of policy.
07/01/24	Coding update. Removed suicide risk criteria from policy and changed age banding for depression to "all ages".
09/01/24	Annual Review, approved August 26, 2024. No changes to policy statements.
11/01/24	Coding update. Added CPT code 0502U to the HPV testing section. Also added ICD-10-CM Dx codes D12.8 and D12.9 to the colonoscopy section of the policy. CPT code 0464U added to colorectal screen section for Cologuard Plus.
01/01/25	Coding update. Added new CPT code 87626 for HPV testing section.
03/01/25	Coding update. Added HCPC code A4287 to the Breastfeeding section of policy.
04/01/25	Coding update. Added HCPCS G0567 and CPT 00840.
05/01/25	Coding update. Added HCPCS codes G0270 and G0271 to the obesity recommendation to be in compliance with USPSTF. Also updated termed ICD-10-CM code E66.8 to E66.811-E66.813 and add ICD-10-CM code E88.82. Removed termed HCPC K1005 from breastfeeding recommendation.

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