



CRYSTAL RUN HEALTH PLANS

# PREVENTIVE SERVICES

COST SHARING GUIDE



# FEDERALLY MANDATED PREVENTIVE SERVICES

(Generally effective for plan years beginning on or after September 23, 2010. Items below may note specific effective dates as guidance was issued.)

## Introduction

The information within this guide is to be used to ensure that preventive services are covered consistent with the following requirements:

Individual and group health insurance (insurers / HMOs) shall provide coverage without cost-sharing for:

Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;

With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

With respect to women, such additional preventive care and screenings not described above as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The requirement to provide preventive care at no cost-sharing does not apply to grandfathered health plans.

NOTE: The federal preventive care requirements were incorporated into NY law. See Insurance Law Sections 3216(i)(17)(E); 3221(l)(8)(E); and 4303(j)(3).

## Sex-Specific Recommended Preventive Services

Whether a sex-specific recommended preventive service that is required to be covered without cost-sharing is medically appropriate for a particular individual is determined by the individual's attending provider. When an attending provider determines that a recommended preventive service is medically appropriate for the individual – such as, for example, providing a mammogram or pap smear for a transgender man who has residual breast tissue or an intact cervix – and the individual otherwise satisfies the criteria in the relevant recommendation or guideline as well as all other applicable coverage requirements, the health plan must provide coverage for the recommended preventive service, without cost-sharing, regardless of sex assigned at birth, gender identity, or gender of the individual otherwise recorded by the plan or issuer.

## Cost-Sharing for Preventive Services

Although preventive services must be covered with no cost-sharing, cost-sharing is permitted to be applied in the following circumstances:

1. If the preventive item or service is billed separately from an office visit, then a health plan may impose cost-sharing requirements with respect to the office visit.
2. If the primary purpose of an office visit is not the delivery of a preventive item or service, then a health plan may impose cost-sharing requirements with respect to the office visit.



# PREVENTIVE SERVICES FOR ADULTS

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ALCOHOL MISUSE: SCREENING AND COUNSELING	CPT CODES	DIAGNOSIS CODES
Clinicians are recommended to screen adult's age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	G0442, G0443, 99408, 99409	n/a
BLOOD PRESSURE SCREENING IN ADULTS	CPT CODES	DIAGNOSIS CODES
Screening recommended for high blood pressure in adult's age 18 years and older.	99401-99404, 99386, 99387	n/a
COLORECTAL CANCER SCREENING	CPT CODES	DIAGNOSIS CODES
Screening recommended for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years.	45330-45337, 45378-45385, 45355, G0104-G0106, G0120-G0122, G0328, 82270, 82272, 82274, 88304, 88305	Z00.00, Z00.01, Z12.10-Z12.12, Z80.0, Z833.71, Z83.79
Cost Sharing does not apply to:		Included in preventative service visit. May be separately documented as G8783, G8951, G8952, G8950, G8784
<ul style="list-style-type: none"> <li>• Polyp Removal</li> <li>• Anesthesia Services</li> <li>• Pathology Exams</li> <li>• Pre-Screening Consultations</li> </ul>		
DEPRESSION SCREENING: ADULTS	CPT CODES	DIAGNOSIS CODES
Screening recommended to adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	G0444, 99401-99404	Z13.89



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DIABETES SCREENING	CPT CODES	DIAGNOSIS CODES
Screening recommended for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	82947, 82948, 82950, 82952, 82951, 82962, 83036, 83037, 36415, 36416	Z00.00, Z00.01, Z13.1  I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.10, I13.11, I13.12, 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, O10.319, 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-O11.3, O11.9, O13.1-O13.3, O13.9, O16.1-O16.3, O16.9
FALLS PREVENTION IN OLDER ADULTS: EXERCISE OR PHYSICAL THERAPY	CPT CODES	DIAGNOSIS CODES
Exercise or physical therapy recommended to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	99401-99409 99381-99387 Included in preventative visit, may be reported as 1100F, 1101F, 3288F	n/a



# PREVENTIVE SERVICES FOR ADULTS

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FALLS PREVENTION IN OLDER ADULTS: VITAMIN D	CPT CODES	DIAGNOSIS CODES
Vitamin D supplementation recommended to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	n/a
HEALTHY DIET AND PHYSICAL ACTIVITY COUNSELING TO PREVENT CARDIOVASCULAR DISEASE: ADULTS WITH CARDIOVASCULAR RISK FACTORS	CPT CODES	DIAGNOSIS CODES
<p>Recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p> <p>The recommendation specifies that intensive, multicomponent behavioral interventions include, <u>for example</u>, the following:</p> <ul style="list-style-type: none"> <li>• Group and individual sessions of high intensity (12 to 26 sessions in a year),</li> <li>• Behavioral management activities, such as weight-loss goals,</li> <li>• Improving diet or nutrition and increasing physical activity,</li> <li>• Addressing barriers to change,</li> <li>• Self-monitoring, and</li> <li>• Strategizing how to maintain lifestyle changes.</li> </ul>	97802, 97803, 97804, G0270, G0271, S9470	<p>Z13.220, Z72.0, Z87.891, Z82.49, Z68.6, Z68.25, Z68.27, Z68.28, Z68.29, Z68.30-Z69.39, Z68.41-Z68.45, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45,</p> <p>F14.210, F17.211, F17.213, F17.218, F17.219, R73.01,</p> <p>E66.3, E88.81, E78.00-E78.5, E66.01, E66.09, E66.1, E66.8,</p> <p>I10, I15.0, I15.1, I15.2, 115.8, 115.9,</p> <p>N26.2</p> <p>Pregnancy Related Hypertension, I16.0, i16.1, i16.9, I70.723, I70.728-I70.749, I70.75, I70.761-I70.799, I70.8, I70.90, I70.91, I25.10, I25.110, I25.111, I25.118, I25.119</p>
HEPATITIS B SCREENING: NON-PREGNANT ADOLESCENTS AND ADULTS	CPT CODES	DIAGNOSIS CODES
Screening recommended for hepatitis B virus infection in persons at high risk for infection.	87340, 87341, 36415, 36416	Z57.8, Z00.00, Z00.01, Z11.59



# PREVENTIVE SERVICES FOR ADULTS

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HEPATITIS C VIRUS INFECTION SCREENING: ADULTS	CPT CODES	DIAGNOSIS CODES
Screening recommended for Hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	86803, 86804, G0472, 36415, 36416	<p>A50.01-A50.09, A50.1, A50.2, A50.30-A50.32, A50.39-A50.59, A50.6, A50.7, A50.9, A51.0-A51.2, A51.31, A51.32, A51.39-A51.49, A51.5, A51.9, A52.00-A52.19, A52.2, A52.3, A52.71-A52.79, A52.8, A52.9, A53.0, A53.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21-A54.24, A54.29, A54.30-A54.33, A54.39-A54.43, A54.49, A54.5, A54.6, A54.81-A54.86, A54.89, A54.9, A55, A56.00, A56.01, A56.02, A56.09, A56.11, A56.19, A56.2, A56.3, A56.4, A56.8, A57, A58, A59.00-A59.03, A59.09, A59.8, A59.9, A60.00-A60.09, A60.1, A60.9, A63.0, A63.8, A64, A74.81, A74.89, A74.9,</p> <p>B07.8, B07.9, B97.35, B97.7,</p> <p>D65, D66, D67, D68.0, D68.1, D68.2, D68.311, D68.312, D68.318, D68.32, D68.4, D68.8, D68.9,</p> <p>F11.20, F11.21, F11.220-F11.229, F11.23, F11.24, F11.250-F11.259, F11.281, F11.282, F11.288, F11.29, F12.20, F12.21, F12.220-F12.229, F12.250-F12.259, F12.280, F12.288, F12.29, F13.20, F13.21, F13.220-F13.229, F13.230-F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.20, F14.21, F14.220-F14.229, F14.23, F14.24, F14.250-F14.259, F14.280-F14.288, F14.29, F15.20, F15.21, F15.220-F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.20, F16.21, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.20, F19.21, F19.220, F19.221, F19.222, F19.229-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29,</p> <p>K50.00, K50.011-K50.019, K50.10, K50.111-K50.119, K50.80, Z94.84, Z94.89, Z94.9, Z95</p>



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HIGH BLOOD PRESSURE IN ADULTS: SCREENING	CPT CODES	DIAGNOSIS CODES
Screening recommended for high blood pressure in adults aged 18 years or older. It is recommended obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	99381-99397 99401-99409 Included in preventative visit	n/a
HIV SCREENING: NON-PREGNANT ADOLESCENTS AND ADULTS	CPT CODES	DIAGNOSIS CODES
Recommended that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	G0298, G0432, G0433, G0435, 86689, 86701, 86702, 86703, G0432, G0433, G0435, G0475, S3645, 36415, 36416	Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Pregnancy Diagnosis (Z20.6 Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93)
IMMUNIZATIONS	CPT CODES	DIAGNOSIS CODES
Immunization vaccines for adults in accordance with the Advisory Committee on Immunization Practices.	<b>19-49 years</b> G8931, G8940, 90737, 90673, 90736, 90688, 90651, 90630, 90620, 90716 <b>+50 years</b> 90719, 90732, 90733, 90734, 90736, 90737, 90740, 90743, 90744, 90746, 90747, 96372, G0008, G0009, G0010, G8931, G8940, Q2034-Q2039 <b>Immunization Administration</b> 90471, 90472, 90473, 90474, G0008, G0009, G0010 <b>Meningococcal</b> 90620 (7-49 yr old), 90733 (2-18, +50 yr.old)	n/a



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LUNG CANCER SCREENING	CPT CODES	DIAGNOSIS CODES
Annual screening recommended for lung cancer with low-dose computed tomography in adult's ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	G0297, G9275, G9276, G9458, G9459, G9460	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891
OBESITY SCREENING AND COUNSELING: ADULTS	CPT CODES	DIAGNOSIS CODES
The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions.	G0446, G0473, G0447, 97802, 97803, 97804	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
SEXUALLY TRANSMITTED INFECTIONS COUNSELING	CPT CODES	DIAGNOSIS CODES
Intensive behavioral counseling recommended for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	G0445, 99401, 99402, 99403, 99404	n/a
SKIN CANCER BEHAVIORAL COUNSELING	CPT CODES	DIAGNOSIS CODES
Counseling recommended for children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	None Included in preventative service visit.	n/a



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SYPHILIS SCREENING: NON-PREGNANT PERSONS	CPT CODES	DIAGNOSIS CODES
It is strongly recommended that clinicians screen persons at increased risk for syphilis infection.	86592, 86593, 86780	Z00.00, Z00.01, Z00.121, Z00.129, Z11.2, Z11.3, Z11.9, Z20.2
TOBACCO USE COUNSELING AND INTERVENTIONS: NON-PREGNANT ADULTS	CPT CODES	DIAGNOSIS CODES
<p>Recommended that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.</p> <p>HHS will consider a health plan to be in compliance with the requirement to cover tobacco use counseling and interventions, if, for example, the health plan covers without cost-sharing:</p> <ol style="list-style-type: none"> <li>1. Screening for tobacco use; and,</li> <li>2. For those who use tobacco products, at least two tobacco cessation attempts per year. For this purpose, covering a cessation attempt includes coverage for: <ul style="list-style-type: none"> <li>• Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and</li> <li>• All FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.</li> </ul> </li> </ol>	99406, 99407, G0436, G0437, S9462	n/a



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ABDOMINAL AORTIC ANEURYSM SCREENING: MEN	CPT CODES	DIAGNOSIS CODES
One time screening recommended for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	76706	Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219
ASPIRIN TO PREVENT CARDIOVASCULAR DISEASE: MEN	CPT CODES	DIAGNOSIS CODES
The use of aspirin recommended for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	
CHOLESTEROL ABNORMALITIES SCREENING: MEN 35 AND OLDER	CPT CODES	DIAGNOSIS CODES
Screening recommended for men age 35 years and older for lipid disorders.	80061, 82465, 83718, 84478, 83721	Z00.00, Z00.01, Z13.220
CHOLESTEROL ABNORMALITIES SCREENING: MEN YOUNGER THAN 35	CPT CODES	DIAGNOSIS CODES
Screening recommended to men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718, 84478, 83721	Z00.00, Z00.01, Z13.220



# PREVENTIVE SERVICES FOR ADULT WOMEN

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ANEMIA SCREENING: PREGNANT WOMEN	CPT CODES	DIAGNOSIS CODES
The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	85025, 85027	n/a
ASPIRIN TO PREVENT CARDIOVASCULAR DISEASE: WOMEN	CPT CODES	DIAGNOSIS CODES
The USPSTF recommends the use of aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	n/a
BACTERIURIA SCREENING: PREGNANT WOMEN	CPT CODES	DIAGNOSIS CODES
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, if later.	81007	Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93)
BREAST CANCER PREVENTIVE MEDICATION	CPT CODES	DIAGNOSIS CODES
The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	99401-99404 Preventive medicine counseling	Z80.3, Z80.41, Z85.3, Z85.43, Z85.5, Z15.01, Z15.02



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BREAST CANCER SCREENING	CPT CODES	DIAGNOSIS CODES
<p><u>Federal Law:</u> The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.</p> <p><u>New York Law:</u> The health plan must cover mammography screening for breast cancer:</p> <ul style="list-style-type: none"><li>• Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer.</li><li>• A single, baseline mammogram for covered persons age 35-39, inclusive.</li><li>• An annual mammogram for covered persons age 40 and older.</li></ul> <p>Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever medically necessary.</p> <p>Mammography screening cannot be subject to deductibles, copayments and/or coinsurance when provided in accordance with federal law.</p>	77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204, G0206	Z80.3, Z80.41, Z85.3, Z85.43, Z85.3, Z15.01, Z15.02



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BREASTFEEDING SUPPORT, SUPPLIES, AND COUNSELING	CPT CODES	DIAGNOSIS CODES
<p>Interventions recommended during pregnancy and after birth to promote and support breastfeeding.</p> <p>HRSA requires comprehensive lactation support and counseling, by a trained provider during pregnancy and in the postpartum period, and costs for renting or purchasing breastfeeding equipment.</p> <p>Coverage for lactation counseling must be provided on an inpatient and outpatient basis and must extend for the duration of breastfeeding.</p>	<p>A4281-A4286, E0602-E0604, S9443, 99078, 99401-99404</p>	<p>Z39.1</p>



# PREVENTIVE SERVICES FOR ADULT WOMEN

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CERVICAL CANCER SCREENING	CPT CODES	DIAGNOSIS CODES
<p><b>Federal Law:</b> Screening recommended for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p> <p><b>New York Law:</b> Requires coverage of annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear.</p> <p>Cervical cancer screening cannot be subject to deductibles, copayments and/or coinsurance when provided in accordance with federal law. Cost-sharing can be imposed on the additional visits required under NY law.</p>	<p>87620, 87621, 87622, 87623, 87624, 87625, G0476 - HPV</p> <p>88141-88155 – Cytopathology, cervical or vaginal</p> <p>88164-88167 - Cytopathology, slides, cervical or vaginal</p> <p>88174-88175 – Cytopathology, cervical or vaginal</p> <p>G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast exam</p> <p>G0123-G0124 – Screening cytopathology, cervical or vaginal</p> <p>G0141-G0148 - Screening cytopathology smears, cervical or vaginal</p> <p>P3000-P3001 - Screening Pap smear, cervical or vaginal</p> <p>Q0091 - Screening Pap smear, obtaining, preparing and conveyance to lab</p>	<p>Z00.00, Z00.01, Z04.411, Z01.419, Z12.4</p>
CHLAMYDIA SCREENING: WOMEN	CPT CODES	DIAGNOSIS CODES
<p>Screening for chlamydia recommended in sexually active women age 24 years or younger and in older women who are at increased risk for infection.</p>	<p>86631-86632, 87110, 87270, 87490-87492, 87810, 87320</p>	<p>Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93), Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, ZAA.8, Z11.9, Z20.2</p>



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<b>CHOLESTEROL ABNORMALITIES SCREENING: WOMEN YOUNGER THAN 45</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening women ages 20 to 45 years recommended for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718, 83721	Z13.220, Z00.00, Z00.01
<b>CHOLESTEROL ABNORMALITIES SCREENING: WOMEN 45 AND OLDER</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening women strongly recommended for age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.	80061, 82465, 83718, 83721	n/a
<b>CONTRACEPTIVE METHODS AND COUNSELING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
All FDA approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity  NOTE: See Contraceptive Services section below.	S4981, J1050, J1055, J7297, J7298, J7300, J7301, J7302, J7303, J7304, J7306, J7307, 96372, A4261, A4269, J7307, S4989, S4993, S9443, 58600, 58611, 58615, 58661, 58670, 58671, 58700, 58720, 58940, 00851, 11976, 11980, 11981, 11982, 58565, 11983, 57170, 58300, 58301, 58565, 58605, S4989	Z30.14, Z30.12, Z30.13, Z30.18, Z30.19, Z30.17, Z30.09, Z30.40, Z30.42, Z30.43, Z30.46, Z30.49, Z30.433, Z30.46, Z30.8, Z30.9
<b>COUNSELING FOR SEXUALLY TRANSMITTED INFECTIONS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Annual counseling on sexually transmitted infections for all sexually active women.	G0445, S9446	n/a
<b>FOLIC ACID SUPPLEMENTATION</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Recommended that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	n/a



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<b>GESTATIONAL DIABETES MELLITUS SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening for gestational diabetes mellitus in asymptomatic pregnant women recommended after 24 weeks of gestation.  HRSA recommends screening in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	82947, 82948, 82950, 82951, 82952, 83036	Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93)
<b>GONORRHEA SCREENING: WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening for gonorrhea recommended in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	87070, 87590, 87591, 87592, 87850, 87081	Z00.00, Z00.01, Z00.121, Z00.129, Z20.2, Z11.3, Z11.9
<b>HEPATITIS B SCREENING: PREGNANT WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for hepatitis B virus infection in pregnant women at their first prenatal visit.	87340, 87341, G0499, 36415, 36416	Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93), Z57.8, Z00.00, Z00.01, Z11.59
<b>HIV SCREENING: PREGNANT WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Recommended that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	86689, 86701, 86702, 86703, 87390, 87391, G0432, G0433, G0435, G0475, S3645	Z00.00, Z00.01, Z00.121, Z00.129, Z20.2, Z11.3, Z11.4, Z11.9, Z20.6, Z11.59
<b>HUMAN PAPILLOMAVIRUS (HPV) TESTING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.	90649, 90650, 90651 – vaccine 87620, 87621, 87622, 87624, 87625, G0476 - Testing	n/a
<b>INTIMATE PARTNER AND DOMESTIC VIOLENCE SCREENING: WOMEN OF CHILDBEARING AGE</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	99401, 99402, 99403, 99404	n/a



# PREVENTIVE SERVICES FOR ADULT WOMEN

USPSTF A&B Services effective for plan years beginning on or after September 23, 2010.

OSTEOPOROSIS SCREENING: WOMEN	CPT CODES	DIAGNOSIS CODES
<p><u>Federal Law:</u> Screening for osteoporosis recommended in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</p> <p><u>New York Law:</u> Requires coverage for bone mineral density measurements or tests, prescription drugs, and devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals:</p> <ul style="list-style-type: none"> <li>• Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or</li> <li>• With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or</li> <li>• On a prescribed drug regimen posing a significant risk of osteoporosis; or</li> <li>• With lifestyle factors to a degree as posing a significant risk of osteoporosis; or,</li> <li>• With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis.</li> </ul> <p>Osteoporosis screening cannot be subject to deductibles, copayments and/or coinsurance when provided in accordance with federal law. Cost-sharing can be imposed on the additional visits/services required under NY law.</p>	76977, 77078, 77079, 77080, 77081, 77083, G0130	Z00.00, Z00.01, Z13.820, Z82.62
PREECLAMPSIA PREVENTION: ASPIRIN	CPT CODES	DIAGNOSIS CODES
The use of low-dose aspirin (81 mg/d) recommended as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	



# PREVENTIVE SERVICES FOR ADULT WOMEN

USPSTF A&B Services effective for plan years beginning on or after September 23, 2010.

<b>RH INCOMPATIBILITY SCREENING: FIRST PREGNANCY VISIT</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	86901, 36515, 36416	Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93)
<b>RH INCOMPATIBILITY SCREENING: 24–28 WEEKS' GESTATION</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Repeated Rh (D) antibody testing recommended for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	86901, 36515, 36416	
<b>SYPHILIS SCREENING: PREGNANT WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Recommended that clinicians screen all pregnant women for syphilis infection.	86592, 86593, 36415, 36416	Z00.00, Z00.01, Z00.121, Z00.129, Z11.2, Z11.3, Z11.9, Z20.2, Pregnancy Diagnosis (Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93)
<b>TOBACCO USE COUNSELING: PREGNANT WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Recommended that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	99406, 99407, G0436, G0437, S9462	
<b>WELL-WOMAN VISITS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in Section 2713 of the Public Health Service Act (42 U.S.C. § 300gg-13).	99385, 99386, 99387, 99395, 99396, 99397, 99420, G0101, G0402, G0296	Z01.411, Z01.419



# CONTRACEPTIVE SERVICES

Coverage for All 18 Contraceptive Methods Effective Date: Effective for plan years beginning on and after July 10, 2015.

CONTRACEPTIVE SERVICES	CPT CODES	DIAGNOSIS CODES
<p><u>Federal Law:</u> Policies that are not “grandfathered” must cover contraceptive drugs and devices regardless of whether the policy covers prescription drugs.</p> <p>All FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity must be covered. Coverage of follow-up and management of side effects, counseling for continued adherence and device removal is also required.</p> <p><u>Contraceptive Methods:</u> In addition, at least one form of contraception within each of the methods MUST BE COVERED AT NO COST-SHARING. (1) sterilization surgery for women; (2) surgical sterilization implant for women; (3) implantable rod; (4) IUD copper; (5) IUD with progestin; (6) shot/injection; (7) oral contraceptives (combined pill); (8) oral contraceptives (progestin only); (9) oral contraceptives extended/continuous use; (10) patch; (11) vaginal contraceptive ring; (12) diaphragm; (13) sponge; (14) cervical cap; (15) female condom; (16) spermicide; (17) emergency contraception (Plan B/Plan B One Step/Next Choice); and (18) emergency contraception (Ella). See below for a description of the contraceptive methods and the CPT codes.</p>	S4981, J1050, J1055, J7297, J7298, J7300, J7301, J7302, J7303, J7304, J7306, J7307, 96372, A4261, A4269, J7307, S4989, S4993, S9443, 58600, 58611, 58615, 58661, 58670, 58671, 58700, 58720, 58940, 00851, 11976, 11980, 11981, 11982, 11983, 57170, 58300, 58301, 58565, 58605, S4989	



# CONTRACEPTIVE SERVICES

Coverage for All 18 Contraceptive Methods Effective Date: Effective for plan years beginning on and after July 10, 2015.

<b>STERILIZATION SURGERY FOR WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies sterilization surgery for women as a contraceptive method.	58600, 58605, 58611, 58615, 58671, 58670,	Z30.09, Z30.2
<b>SURGICAL STERILIZATION IMPLANT FOR WOMEN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the surgical sterilization implant for women as a contraceptive method.	58565, 58671	Z30.46, Z30.17, Z30.014, Z30.430, Z30.432, Z30.433
<b>IMPLANTABLE ROD</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the implantable rod as a contraceptive method.	J7307	Z30.46, Z30.17, Z30.014, Z30.430, Z30.432, Z30.433
<b>IUD COPPER</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the IUD copper as a contraceptive method.	58300, 58301, J3700, J3701	
<b>IUD WITH PROGESTIN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the IUD with progestin as a contraceptive method.	58300, 58301	
<b>SHOT/INJECTION</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the shot/injection as a contraceptive method.	96372, J1050	Z30.013, Z30.42
<b>ORAL CONTRACEPTIVES (COMBINED PILL)</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies oral contraceptives (combined pill) as a contraceptive method.	S4993	Z30.011, Z30.41
<b>ORAL CONTRACEPTIVES (PROGESTIN ONLY)</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies oral contraceptives (progestin only) as a contraceptive method.	S4993	Z30.011, Z30.41
<b>ORAL CONTRACEPTIVES EXTENDED/CONTINUOUS USE</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies oral contraceptives (extended/continuous use) as a contraceptive method.	S4993	Z30.011, Z30.41
<b>PATCH</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the patch as a contraceptive method.	J7304	Z30.016, Z30.45



# CONTRACEPTIVE SERVICES

Coverage for All 18 Contraceptive Methods Effective Date: Effective for plan years beginning on and after July 10, 2015.

<b>VAGINAL CONTRACEPTIVE RING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the vaginal contraceptive ring as a contraceptive method.	58615 , J7303	Z30.015, Z30.44
<b>DIAPHRAGM</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the diaphragm as a contraceptive method.	57170	
<b>SPONGE</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the sponge as a contraceptive method.		
<b>CERVICAL CAP</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the cervical cap as a contraceptive method.	57170,A4266, A4277	Z30.018, Z30.49
<b>FEMALE CONDOM</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies the female condom as a contraceptive method.	A4269, A4268	Z30.018, Z30.49
<b>SPERMICIDE</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies spermicide as a contraceptive method.	A4269, A4267	V25.49
<b>EMERGENCY CONTRACEPTION (PLAN B/PLAN B ONE STEP/NEXT CHOICE)</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies emergency contraception (Plan B/Plan B One Step/Next Choice) as a contraceptive method.	S4993	Z30.12
<b>EMERGENCY CONTRACEPTION (ELLA)</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The FDA currently identifies emergency contraception (Ella) as a contraceptive method.	S4993	Z30.12
<b>VASECTOMIES</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Vasectomies are required to be covered in the individual and small group markets as an essential health benefit (EHB). Cost-sharing is permitted. Coverage is <u>not</u> required in the large group market. This benefit does not apply to grandfathered policies.	55250	Z98.52, Z30.09, Z30.2, Z30.8



# PREVENTIVE SERVICES FOR CHILDREN

USPSTF A&B Services and HRSA Bright Futures recommendations effective for plan years beginning on or after September 23, 2010.

<b>ALCOHOL MISUSE: SCREENING AND COUNSELING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Assessments for adolescents beginning at age 11.	99408, 99409, G0442, G0443, 99411, 99412, 99429, , G0438, G0439	n/a
<b>AUTISM</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening for children at 18 and 24 months.	96110	Z00.121, Z00.129, Z13.4
<b>BEHAVIORAL ASSESSMENTS</b>	<b>CPT CODES</b>	
Behavioral assessments for children of all ages.	97802, 97803, 97804, G0270, G0271, S9470, 99401, 99402, 99403, 99404, G0446, G0447, G0473, 0403T	
<b>BLOOD PRESSURE SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Blood pressure screening for children.	99381,99382,99383, 99384, 99385, 99391, 99392, 99393, 99394	
<b>CERVICAL DYSPLASIA SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Cervical dysplasia screening for sexually active females.	83718, 83721, 84478, 36415, 36416	Z00.00, Z00.01, Z01.411, Z01.419, Z12.4
<b>CONGENITAL HYPOTHYROIDISM SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Congenital hypothyroidism screening for newborns.	84437, 84443	
<b>DENTAL CAVITY PREVENTION: INFANTS AND CHILDREN UP TO AGE 5 YEARS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The application of fluoride varnish to the primary teeth of all infants and children recommended starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	99188	n/a



# PREVENTIVE SERVICES FOR CHILDREN

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<b>DEPRESSION SCREENING: ADOLESCENTS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for adolescents (ages 12 to 18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	G0444 , 96127	Z13.89
<b>DEVELOPMENTAL SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Developmental screening for children under age 3, and surveillance throughout childhood.	96110	00.121, Z00.129, Z13.4
<b>DYSLIPIDEMIA SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Dyslipidemia screening for children at higher risk of lipid disorders.	80061, 82465, 83718, 83721, 84478	Z00.121, Z00.129, Z13.220
<b>GONORRHEA PROPHYLACTIC MEDICATION: NEWBORNS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Prophylactic ocular topical medication recommended for all newborns for the prevention of gonococcal ophthalmia neonatorum.	87590, 87591, 87592, 87801, 87850	Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.9, Z20.2
<b>HEARING LOSS SCREENING: NEWBORNS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for hearing loss in all newborn infants.	V5008, 92551, 92558, 92585, 92586, 92587, 92588	n/a
<b>HEIGHT, WEIGHT AND BODY MASS INDEX MEASUREMENTS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Height, weight and body mass index measurements for children.	99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394	n/a
<b>HEMATOCRIT OR HEMOGLOBIN SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Hematocrit or hemoglobin screening for children.	85014, 85018	n/a
<b>HEMOGLOBINOPATHIES SCREENING: NEWBORNS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for sickle cell disease in newborns.	83020, 83021, 83030, 83033, 83051	n/a



# PREVENTIVE SERVICES FOR CHILDREN

USPSTF A&B Services and HRSA Bright Futures recommendations effective for plan years beginning on or after September 23, 2010.

<b>HIV SCREENING: NON-PREGNANT ADOLESCENTS</b> The USPSTF recommends that clinicians screen for HIV infection in adolescents over the age of 15. Younger adolescents who are at increased risk should also be screened.	<b>CPT CODES</b> 86689, 86701, 86702, 86703, 87389, 87390, G0432, G0433, G0435, G0475, S3645	<b>DIAGNOSIS CODES</b> Z00.00, Z00.01, Z00.121, Z00.129, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6
<b>HYPOTHYROIDISM SCREENING: NEWBORNS</b> Screening recommended for congenital hypothyroidism in newborns.	<b>CPT CODES</b> 84437, 84443 36415, 36416	<b>DIAGNOSIS CODES</b> n/a
<b>IMMUNIZATIONS</b> Immunization vaccines for children from birth to age 18 in accordance with the Advisory Committee on Immunization Practices.	<b>CPT CODES</b> <b>0-18 months</b> 90713, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90707, 90708, 90704, 90705, 90706, 90716, 90632, 90633, 90634, 90636, 90471, 90465-90467, 90472, G0008, 90698, 90720, 90721, 90723, 90460, 90461, 90470, 90645, 90656, 90473, 90644, 90702, 90703, 90712, 90714, 90474, 90710, 90646, 90672, 90685, 90673, 90621, 90630, G8931, G8940  <b>2-6 years</b> 90733, 90734, G0008, Q2034, Q2035, Q2036, Q2037, Q2038  <b>7-18 years</b> 90718, 90719, 90474, 90460, 90461, 90465, 90660, 90672, 90686, 90688, 90673, 90651, 90620, G0008, G8931, G8940, Q2034	<b>DIAGNOSIS CODES</b> n/a
<b>IRON SUPPLEMENTATION IN CHILDREN</b> The USPSTF recommends routine iron supplementation for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia.	<b>CPT CODES</b> No CPT code – Covered with Script; Please refer to MedImpact Preventative med Info for Members	<b>DIAGNOSIS CODES</b> Z00.121, Z00.129, Z77.011



# PREVENTIVE SERVICES FOR CHILDREN

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<b>HIV SCREENING: NON-PREGNANT ADOLESCENTS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The USPSTF recommends that clinicians screen for HIV infection in adolescents over the age of 15. Younger adolescents who are at increased risk should also be screened.	86689, 86701, 86702, 86703, 87389, 87390, G0432, G0433, G0435, G0475, S3645	Z00.00, Z00.01, Z00.121, Z00.129, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6
<b>HYPOTHYROIDISM SCREENING: NEWBORNS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for congenital hypothyroidism in newborns.	84437, 84443 36415, 36416	n/a
<b>IMMUNIZATIONS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Immunization vaccines for children from birth to age 18 in accordance with the Advisory Committee on Immunization Practices.	0-18 months 90713, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90663, 90707, 90708, 90704, 90705, 90706, 90716, 90632, 90633, 90634, 90636, 90471, 90465-90467, 90472, G0008, 90698, 90720, 90721, 90723, 90460, 90461, 90470, 90645, 90656, 90473, 90644, 90702, 90703, 90712, 90714, 90474, 90710, 90646, 90672, 90685, 90673, 90621, 90630, G8931, G8940  2-6 years 90733, 90734, G0008, Q2034, Q2035, Q2036, Q2037, Q2038  7-18 years 90718, 90719, 90474, 90460, 90461, 90465, 90660, 90672, 90686, 90688, 90673, 90651, 90620, G0008, G8931, G8940, Q2034	n/a
<b>IRON SUPPLEMENTATION IN CHILDREN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Routine iron supplementation recommended for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia.	No CPT; Covered as preventative with script. Please refer to MedImpact Preventative Information.	Z00.121, Z00.129, Z77.011



# PREVENTIVE SERVICES FOR CHILDREN

USPSTF A&B Services and HRSA Bright Futures recommendations effective for plan years beginning on or after September 23, 2010.

<b>LEAD SCREENING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Lead screening for children at risk of exposure.	83655	n/a
<b>MEDICAL HISTORY</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Medical history for all children throughout development.		
<b>OBESITY SCREENING AND COUNSELING: CHILDREN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	G0447, 97802, 97803, 97804, G0473	E66.01, E66.09, E66.1, E66.8, E66.9
<b>ORAL HEALTH RISK ASSESSMENT</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Oral health risk assessment for young children.	99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397	n/a
<b>PHENYLKETONURIA SCREENING: NEWBORNS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Screening recommended for phenylketonuria in newborns.	84030, S3620	n/a
<b>SEXUALLY TRANSMITTED INFECTIONS COUNSELING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Intensive Behavioral Counseling recommended for all sexually active adolescents who are at increased risk for sexually transmitted infections.	G0445, S9446	n/a
<b>TOBACCO USE INTERVENTIONS: CHILDREN AND ADOLESCENTS</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	Well Visits age 0-4 99381, 99382, 99391, 99392, 99420 Well Visits age 5-17 99383, 99384, 99393, 99394, 99420	n/a
<b>TUBERCULIN TESTING</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Tuberculin testing for children at higher risk of tuberculosis.	86480, 86580	n/a
<b>VISUAL ACUITY SCREENING IN CHILDREN</b>	<b>CPT CODES</b>	<b>DIAGNOSIS CODES</b>
Vision screening recommended for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	99174, 99177, 99173	n/a



# ADDITIONAL PREVENTIVE SERVICES

USPSTF A&B Services effective for plan years beginning on or after September 23, 2010.

PRIMARY AND PREVENTIVE HEALTH SERVICES	CPT CODES	DIAGNOSIS CODES
<p>NY law requires the following coverage for primary and preventive health services for a covered child from the date of birth through the age of 19:</p> <ul style="list-style-type: none"><li>• An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics.</li><li>• At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices.</li></ul> <p>Such coverage shall not be subject to deductibles, copayments and/or coinsurance.</p>	<p>Please refer to Preventive Services for children above</p>	
PROSTATE CANCER SCREENING	CPT CODES	DIAGNOSIS CODES
<p>NY law requires coverage for the diagnostic prostate cancer screening including:</p> <ul style="list-style-type: none"><li>• Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and</li><li>• An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors.</li></ul>	<p>45300, 45303, 84152, 84153, 84154, G0102, G0103</p>	<p>Z00.00, Z00.01, Z12.5, Z80.42</p>