Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY	
SERVICE:	**Preventive Care - Affordable Care Act**
Policy Number:	**063**
Effective Date:	**11/01/2019**
Last Review:	**08/22/2019**
Next Review Date:	**08/22/2020**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: No Cost-Sharing for Preventive Care Services recommended under the Patient Protection and Affordable Care Act

PRIOR AUTHORIZATION: Generally not required.

POLICY: Cost-sharing will not be required for the following services when provided by Plan providers under the terms of this policy:

1. Evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved.
2. Immunizations for routine use in children, adolescents, and adults that are recommended by the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention (ACIP) with respect to the individual involved and have been adopted by the Centers for Disease Control and Prevention. An immunization is considered to be routine if it appears on the Immunization Schedules for the Centers for Disease Control and Prevention.
3. 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 (HRSA).
4. With respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA (not otherwise addressed by the recommendations of USPSTF).
5. With respect to female contraception, unless excluded by certain religious employers, all FDA approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, as prescribed are covered.

Requirement to use Plan Providers:

1. In order to receive services without member cost sharing, services **MUST** be obtained from network providers. Services obtained from non-network providers may not be covered under the terms of the member's benefit plan. For services which are otherwise covered by the benefit plan when obtained from non-network providers (e.g. emergency services, approved

referrals, etc.) member cost-sharing will apply, even when these preventive services are provided.

2. For those Plans which would otherwise impose member cost-sharing for the listed preventive services, when obtained through plan network providers, the Scott & White Health Plan will meet the regulations by providing coverage without member cost sharing when those services are provided within the Plan network, and within the Plan medical management rules and terms of this policy.

All services for counseling, an annual preventive history and physical examination, vital measurements such as blood pressure, height, weight, etc., physical and behavioral screening examinations, and other services typically provided in a provider's office should be provided within the allowable covered preventive office visits as outlined under the member's EOC in order to avoid member cost sharing. Limitations on number of preventative office visits covered without cost share for children are listed below. Adults are limited to coverage without member cost share to **ONE** preventive services office visit annually. If counseling for a condition or conditions that a member has and is included in the list of covered counseling services, this may be done once annually in addition to the preventive exam and screenings and provided either by a primary clinician or other appropriate clinician such as behavioral health/substance abuse or nutritional counselor. The plan will cover counseling for services as noted in the federal register and on the website www.healthcare .gov. It is expected from time to time that the list of covered services will change.

If a service or procedure NOT covered under this mandate is billed separately from the covered office visit, member cost-sharing may apply to that service as determined by the member's benefit plan.

If SWHP determines that the primary purpose of the visit is other than the provision of preventative care as outlined in this policy, member cost sharing may apply to the office visit as determined by the member's benefit plan.

Selected Preventive Care services

Contraceptive coverage will include methods and counselling defined in the Health Resources and Services Administration (HRSA) Guidelines.

There is NO coverage for:

- Contraceptives not requiring a prescription, such as condoms, contraceptive sponges, spermicides and non-prescription oral "morning after" pills
- Contraception methods for males

Breastfeeding Pump: An electric breast pump for personal use will be covered as follows:

1. An electric breast pump (HCPCS code E0603) is available through some contracted Durable Medical Equipment providers upon presentation of a script from a network provider.
   - This benefit is limited to one pump per completed pregnancy but no more than one pump in a calendar year.

     In the event of a birth resulting in multiple infants, only one breast pump will be provided.
   - A breast pump purchase includes the necessary supplies for the pump to operate.
2. During the year, additional supplies if necessary for the personal-use electric breast pump to function, will be provided. This includes: tubing adaptors, tubing, locking rings, bottles specific

to breast pump operation, caps for bottles that are specific to the breast pump, and breast shield and/or splash protector for use with the breast pump.

This benefit is limited to once per calendar year and is in addition to the supplies provided with the pump procured in item #1 above.

3. SWHP considers rental of a heavy duty electrical (hospital grade) breast pump medically necessary for the period of time that a newborn is detained in the hospital, up to a maximum of six months.
4. The Breastfeeding Pump benefit does **NOT** include:
   - Manual breast pumps and related equipment and supplies.
   - Hospital-grade breast pumps and all related equipment and supplies.
   - Equipment and supplies not listed in section 1 and 2 above, including but not limited to:
     - ✓ Batteries, battery-powered adaptors, battery packs and electrical power adapters for travel.
     - ✓ Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
     - ✓ Travel bags, and other similar travel or carrying accessories.
     - ✓ Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
   - Baby weight scales.
   - Garments or other products that allow hands-free pump operation.
   - Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
   - Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
   - Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.
5. SWHP will also cover up to **six** visits with a **network** lactation consultant for members needing lactation support during the six months follow delivery.

Immunizations:

Immunizations for routine use in children, adolescents, and adults which have in effect a recommendation from the Advisory Committee on Immunization Practices and adopted by the Director of the Centers for Disease Control and Prevention (CDCP) will be covered without member cost-sharing when provided by network providers in accordance with plan medical management guidelines. The vaccine must be FDA approved for the prevention of disease in the intended recipient, and coverage may be limited by formulary or other medical management rules to the most appropriate form of the immunization available. There will be no cost-sharing allocated for vaccine administration when a claim is filed under the plan rules for CPT codes 90471-90474 at the same time as the immunization. Other separately identifiable services billed at the same time as the immunization may be subject to cost-sharing as determined by the conditions of the member's benefit plan. Immunization schedules are issued every year and will be updated by the Scott & White Health Plan after adoption by the Director of the CDCP

Preventive vs. Diagnostic Services

Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be adjudicated as a preventive service benefit.

Preventive services are those performed on a person who has:

- Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
- Had screening done within the recommended interval with the findings considered normal; or
- Had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
- A preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Other specifics:

Stool-based tests for colorectal cancer screening (see table below for details):

There are several stool tests available for colorectal cancer screening. The following stool-based tests are available to SWHP members:

1. Guaiac-based fecal occult blood test (gFOBT) and
2. Fecal immunochemical tests (FITs)

After review of the scientific literature, SWHP has determined that multi-targeted stool DNA testing (FIT-DNA), e.g. Cologuard®, is **NOT** medically necessary because other stool tests are available for screening, such as OC FIT-CHEK® family of FITs, that are equally effective, less costly, and associated with fewer false positive tests and thus have a lower likelihood of follow-up colonoscopy.

FIT-DNA testing **IS** available to members in Medicare-related plans.

The section that follows provides details for the Preventive Health Benefit. The Preventive Health Benefit for Self-funded plans may deviate from the table that follows.

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Preventive Health Benefits Template Grid version 2020_0101

Based on United States Preventive Services Task Force (USPSTF) A and B Recommendations https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

- **Grade A** - The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
- **Grade B** - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantia
- **Grade D** - The USPSTF recommends **against** the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
- **Grade I** - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Other sources:

- Bright Futures Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children
- Guidelines specifically issued for women and adopted by Health Resources & Services Administration (HRSA) https://www.hrsa.gov/womensguidelines/
- Texas Mandates (in table below TX mandate requirements take precedence over USPSTF requirements, e.g. an age range that differs from USPSTF, a benefit not on USPSTF list, etc.

For immunization recommendations and schedules see Center for Disease Control and Prevention: https://www.cdc.gov/vaccines/schedules/

Preventive services are those performed on a person who has:

- Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
- Had screening done within the recommended interval with the findings considered normal; or
- Had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies at recommended preventive services intervals.
- A preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Examples include, but are not limited to:

- A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the patient was returned to normal mammography screening protocol, then future mammography would be considered preventive.
- If a polyp is encountered during preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated fees done at the same encounter are covered under the Preventive Care Services benefit.

When a service is done for diagnostic purposes it will be adjudicated as a non-preventive medical benefit.

Diagnostic services are done on a person who had:

- Abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
- Abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or

- A symptom that required further evaluation.

Examples include, but are not limited to:

- A patient had a polyp found and removed at a prior preventive screening colonoscopy. All future colonoscopies are considered diagnostic because the time intervals between future colonoscopies would be shortened.
- A patient had an elevated cholesterol on prior preventive screening. Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the patient is receiving pharmacotherapy.
- If a Preventive service results in a therapeutic service at a later point in time, the Preventive Service would be adjudicated under the Preventive Care Services benefit and the therapeutic service would be adjudicated under the applicable non-preventive medical benefit.

Note: Lavender codes indicate codes that are applicable to Medicare-related lines of business.
Affordable Care Act (ACA) Preventive Benefit
USPSTF Preventive recommendation A or B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Wellness visit for young children	99381, 99382, 99391, 99392	This is a comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions Frequency according to AAP Bright Futures		0-4y	varies	No codes required for Wellness visits.	-
Wellness visit beyond age 5y	99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397 G0402, G0438, G0439 G0513, G0514 (prolonged preventive)	This is a comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions May include administration and interpretation of health risk assessment instrument (99420)		5+y	q1y	No codes required for Wellness visits. G0402, G0438, G0439, G0513, G0514 are the Medicare initial preventive PE and wellness visit (one time) with no copays	-

Section 1: USPSTF A/B Recommendations (plus Medicare ONLY)

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Abdominal aortic aneurysm	76706	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	Male	65-75y	Lifetime-once	Required Diagnosis Codes F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	B
Unhealthy Alcohol Use in Adolescents and Adults: Screening	99408, 99409 G0442,G0443	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing		18+y		Use diagnosis codes: Z00.00, Z00.01, Z13.220, Z13.6, Z13.89,	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
and Behavioral Counseling Interventions		persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use				Or codes from F10 series (alcohol abuse, etc.)	
Aspirin preventive medication counseling: adults		The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.		50-59y		This service is included in a preventive care wellness examination.	B
Blood pressure screening in adults		The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.		18+y		This service is included in a preventive care wellness examination.	A
BRCA risk assessment, genetic counseling and testing	Counseling: 96040, S0265 Testing: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with 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.	Female			Required Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 BRCA1 or BRCA2 test if criteria met. Counseling post-screen if indicated. TESTING REQUIRES Prior Authorization NOT A MEDICARE PREVENTIVE BENEFIT.	B
Breast cancer screening mammography HIGH-RISK **BSWHealth Employee Plan ONLY**	77063, 77067, G0202		Female		q1y	Required Diagnosis Codes: Z12.31 **PLUS a "high-risk" code from the following:** Z80.3, Z15.01, O09.51x, Z85.3, Z92.3	

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Breast cancer screening mammography	77063, 77067 --- TX Mandated diagnostic mammograms: 77065, 77066, 77061, 77062	The USPSTF recommends screening mammography for women, with or without clinical breast examination, annually for women age 35 years and older. Screening includes digital breast tomosynthesis. **(TX mandated)** --- TX mandates coverage of diagnostic mammograms as well as screening mammograms effective 1/1/20	Female	35+y	q1y --- No freq for diagnostic	--- NOT A MEDICARE PREVENTIVE BENEFIT.	B
Breast cancer preventive counseling medications		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. [SWHP added: Must have no prior diagnosis of breast cancer.]	Female			Covered as applicable under drug benefit. NOT A MEDICARE PREVENTIVE BENEFIT.	B
Breastfeeding support and interventions	S9443 98960 99341, 99342, 99343, 99347, 99348, 99349	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	Female		Up to 6 lactation consultant visits	Requires Diagnosis Code: Z39.1	B
Breast pump (one electric) & supplies Extra supplies	E0602, E0603, E0604 (rental) A4281, A4282, A4283, A4284, A4285, A4286	This benefit is limited to one pump per completed pregnancy but no more than one pump in a calendar year. In the event of a birth resulting in multiple infants, only one breast pump will be provided. Additional supplies, if needed.			One per yr One per yr	Requires Diagnosis Code: Z39.1 E0604 (Hospital grade pump rental – see policy for limitations)	B
Cervical cancer screening (Pap Smear) including HPV testing	Grp 1: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001	The USPSTF recommends screening 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. **(TX mandated ages)**	Female	18+y	Q1-3y	Grp 1: Medicare: Required Diagnosis Codes: High risk (Annually) Z77.29, Z77.9, Z91.89, Z92.89, Z72.51, Z72.52, and Z72.53 Low risk (Every 2 years) Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89. Grp 2: All Other: Required Diagnosis Codes:	A

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
	Grp 2: 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175					Z00.00, Z00.01, Z01.411, Z01.419, Z12.4	
Chlamydia screening: women	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87492, 87800, 87801, 87810	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	Female			Required Diagnosis Codes: (See list of pregnancy codes below) OR: Z11.3, Z11.8, Z11.9, Z20.2, Z72.89, Z72.51, Z72.52, Z72.53	B
Cholesterol abnormalities screening: men 35+ years old	80061, 82465, 83718, 83719, 83721, 83722, 84478	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. This USPSTF recommendation has been retired. Required for Statin prophylaxis: identification of dyslipidemia and calculation of 10-yr CVD event risk requires universal lipids screening in adults ages 40-75 years.	Male	35+y		Required Diagnosis Codes: Z00.00, Z00.01, Z13.220, Z13.6	Ret
Cholesterol abnormalities screening: younger men at increased risk AND women at increased risk:	80061, 82465, 83718, 83719, 83721, 83722, 84478	The USPSTF recommends screening men aged 20-35 AND women aged 45 years and older for lipid disorders if they are at increased risk for coronary heart disease. This USPSTF recommendation has been retired. Required for Statin prophylaxis: identification of dyslipidemia and calculation of 10-yr CVD event risk requires universal lipids screening in adults ages 40-75 years.	Male Female	20-35y 45+		Required Diagnosis Codes: Z00.00, Z00.01, Z13.220, Z13.6 PLUS: Personal or family history: Z72.0, Z82.49, Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219 Obesity: E66.01, E66.09, E66.1, E66.3 E66.8, E66.9 BMI 40+: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Essential hypertension: I10	Ret

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
						Secondary Hypertension: I15.0, I15.1, I15.2, I15.8, I15.9 Coronary atherosclerosis: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812 Diabetes (see list at end) Atherosclerosis (see list at end)	
Medicare coverage plans only Cholesterol screening	80061 Lipid panel	Cardiovascular disease screening for all Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease			q 5y	Required Diagnosis Codes: Z13.6 This is a Medicare ONLY benefit!	
Colorectal cancer screening **For BSWHEP ONLY**	Colonoscopy: G0121 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388	BSWH ASO High-risk	Both	No limit	q5y	Required diagnosis codes: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.09, Z80.0, Z83.71, Z83.79 PLUS a "high-risk" code from the following: Z80.0, Z83.71, Z83.71, Z80.0, Z86.010, Z85.030, Z85.038, Z85.040, Z85.048, K50.0xx, K50.1xx, K50.8xx, K50.9xx, K51.0xx, K51.2xx, K51.3xx, K51.4xx, K51.5xx, K51.8xx, K51.9xx	
Colorectal cancer screening	Sigmoidoscopy: G0104, G0106 45330, 45331, 45333 45338, 45346 Colonoscopy: G0105, G0121	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. Fecal occult blood testing (FOBT) annually Fecal immunochemical test (FIT) annually Sigmoidoscopy every five years (every 4 years for Medicare) Colonoscopy every 10 years (increased risk every 5 years)	Both	50-85y	q1-10 y	No diagnosis code requirements for: 74263, 81528, G0104, G0105, G0106, G0120, G0121, G0122, G0328 Remaining CPTs Required diagnosis codes: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.09, Z80.0, Z83.71, Z83.79	A

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
	44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 FOBT: G0328 82270, 82274 FIT: 82274 FIT-DNA 81528 see NOTE-1 CT Colonography: 74263 BaE (Medicare) G0120 Consultation prior to colonoscopy: S0285 Anesthesia 00810 G0500, 99153	CT colonography (virtual colonoscopy) every five years Double contrast barium enema (DCBE) every five years Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard) every three years				NOTE-1: FIT-DNA 81528 (Cologuard) NOT covered EXCEPT for Medicare q 3y – use ICD-10 Z12.11 and Z12.12 CT Colonography: 74263 has specific requirements. NOT covered by Medicare. NOTES FOR MEDICARE ONLY: 1. Colonoscopy G0105 (High Risk) q2 year. 2. Copay/coinsurance applies to G0106 & G0120	
Dental caries prevention: infants and children age 6 mo to 5 yrs		The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.		6mo to ≤5y		No diagnosis code requirements This service is included in a preventive care wellness visit or focused E&M visit.	B
Dental caries prevention: application of fluoride varnish to primary teeth	99188	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.		≤5y		No diagnosis code requirements	B
Depression screening: adolescents	96127 G0444	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. **(TX mandated ages)**		11-18y		This service is included in a preventive care wellness examination. Include diagnosis code Z13.89	B
Depression screening: adults	96127 G0444	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.				This service is included in a preventive care wellness examination. Include diagnosis code Z13.89	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Depression screening: Pregnant and postpartum		The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.				This service is included in a preventive care wellness examination.	B
Diabetes screening in adults	82947, 82948, 82950, 82951, 82952, 83036	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.		40-70y		Required Diagnosis Codes: Z13.1 Commercial requires one of the following: Overweight: Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 Obesity: E66.01, E66.09, E66.1, E66.3 E66.8, E66.9 BMI 30+: 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 Pre-diabetes: R73.03	B
Medicare coverage plans only Diabetes: Medicare Diabetes Prevention Program (MDPP)	G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891	This is a Medicare Program. Eligible participants can get up to 2 years of MDPP services with the primary goal of achieving and maintaining at least 5% weight loss. Requirements: • Results from one of three blood tests taken within 12 months before they started MDPP services: A1c test with a value of 5.7-6.4% Fasting plasma glucose test with a value of 110-125 mg/dl Oral glucose tolerance test with a value of 140-199 mg/dl • A Body Mass Index (BMI) of at least 25 (or 23 if the patient self-identifies as Asian) • No history of type 1 or type 2 diabetes with the exception of gestational diabetes • No End Stage Renal Disease (ESRD) • Never received MDPP services before See MDPP-MLN34893002.pdf			Each code once per lifetime	Only available through providers enrolled in Medicare and recognized through the CDC and Diabetes Prevention Recognition Program. Diagnosis requirements: BMI 25+ (23+ if Asian): Z68.25 - Z68.45 No history of diabetes: NO E08.xx, E09.xx, E10.xx, E11.xx No end stage renal disease: N18.6	

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Diabetes screening after pregnancy	82947, 82948, 82950, 82951, 82952, 83036	The Women's Preventive Services Initiative recommends women **with a history of gestational diabetes mellitus (GDM)** who are not currently pregnant and who have not been previously diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum.				Required code: Z00.00, Z00.01, Z13.1 Additional required code: Z86.32	
Falls prevention in older adults: exercise or physical therapy	97161, 97110, 97112, 97116, 97164, S9131, S8990 G0159	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.		65+y		Required Diagnosis Codes: M62.81, R54, W19.XXXS, Z51.89, Z72.3, Z72.9, Z91.81 NOT A MEDICARE PREVENTIVE BENEFIT. There may be co-pay/cost-share with G0159	B
Folic acid supplementation		The USPSTF recommends 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.	Female	Fertile			A
Gonorrhea screening: women	87590, 87591, 87800, 87801, 87850	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	Female			Required Diagnosis Codes: (See list of pregnancy codes below) OR: Z11.3, Z11.8, Z11.9, Z20.2, Z72.89, Z72.51, Z72.52, Z72.53	B
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	97802, 97803, 97804, G0270, G0271 S9449, S9470	The USPSTF 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. <= Codes for nutrition therapy (Covered for Medicare. Coverage for Nutrition Therapy may not be available for all lines of business).				This service is included in a preventive care wellness visit Coverage cap for nutritional therapy: 26/yr. One of the following diagnoses required: Screening: Z13.220 History: Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219 Overweight: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 Impaired Fasting Glucose: R73.01 Metabolic Syndrome: E88.81	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
						Hyperlipidemia/dyslipidemia: E78.0, E78.1, E78.2, E78.3, E78.4, E78.5 Obesity: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Essential Hypertension: I10 Secondary Hypertension: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 Coronary atherosclerosis: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812 Diabetes: See Diabetes Diagnosis Code List below. Atherosclerosis: See Atherosclerosis Code List below.	
	G0447, G0473 G0446	<= Medicare provides intensive behavioral therapy for obesity with some limitations (see Medicare rules). <= Medicare covers one face-to-fac CVD risk reduction visit per year for beneficiaries who are competent and alert at the time that counseling is provided, and whose counseling is furnished by a qualified primary care physician				Medicare G0447 & G0473 require codes from this list: BMI 30+: 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	
Hepatitis B screening: those at high risk	87340, 87341 G0499	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.				Required Diagnosis Codes: Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2, Z72.89, Z72.51, Z72.52, Z72.53, Z11.59, Z57.8	B
Hepatitis C virus infection screening: adults	86803 86804 G0472	The USPSTF recommends screening 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.		Born 1945-1965	Once	Required Diagnosis Codes: (See list of Hepatitis C codes below) Medicare requires: Z72.89 and F19.20	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
HIV preexposure prophylaxis		The USPSTF recommends that clinicians offer preexposure prophylaxis with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.				Covered as applicable under drug benefit.	A
HIV screening: adolescents and adults at increased risk	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 G0432, G0433, G0435, G0475 S3645	The USPSTF recommends 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.				Required Diagnosis Codes: Z11.3, Z11.8, Z11.9, Z20.2, Z72.89, Z72.51, Z72.52, Z72.53	A
Intimate partner violence screening		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.				This service is included in a preventive care wellness examination.	B
Lung cancer screening	G0297 Note codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults 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.		55-80y 55-77y for Medicare lines	q 1y	Required Diagnosis Codes: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	B
Newborn: Gonorrhea prophylactic medication: newborns		The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.		Newborn		Eye prophylaxis for all newborns. Included on hospital billing	A
Newborn: Hearing loss screening: newborns	V5008, 92551 92552, 92553, 92558, 92568, 92583, 92585, 92586, 92587, 92588	The USPSTF recommends screening for hearing loss in all newborn infants. Recommended screening for hearing loss in all newborn infants. Necessary diagnostic follow-up care to the screening test for a child from birth through the date the child is 24 months old.		Newborn	0-30days	No Diagnosis Code requirement for V5008, 92551	B
Newborn: Hypothyrodism and Metabolic disease screening: newborns	S3620 Newborn metabolic screening panel ~~84436, 84437, 84443~~	Advisory Committee on Heritable Disorders in Newborns and Children recommends that every newborn screening program include a Uniform Screening Panel that screens for 32 core disorders and 26 secondary disorders; the disorders' selection was based on the “Newborn Screening: Towards a Uniform		Newborn	0-30days	No Diagnosis Code requirement first 3 months life	A

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
NOTE: Part of Texas Newborn Screening Program		Screening Panel and System." The USPSTF does not wish to duplicate the significant investment of resources made by others to review new evidence in a timely fashion and make recommendations.					
Newborn: Hemoglobinopathies screening: newborns **NOTE**: Part of Texas Newborn Screening Program	S3620 Newborn metabolic screening panel ~~83020, 83021, 83030, 83033, 83051~~	The USPSTF recommends screening for sickle cell disease in newborns.		Newborn	0-30days	No Diagnosis Code requirement first 3 months life	A
Newborn: Phenylketonuria screening: newborns Metabolic Screening: newborns **NOTE**: Part of Texas Newborn Screening Program	S3620 Newborn metabolic screening panel			Newborn	0-30days	No Diagnosis Code requirement first 3 months life	**B**
Medicare coverage plans only Nutrition therapy for member with diabetes or renal disease in	G0270, G0271	Nutrition Therapy for Medicare coverage when the following are true: 1. Receive a referral from their treating physician 2. Diagnosed with diabetes or renal disease or received a kidney transplant within the last 36 months 3. Service provided by a registered dietitian or nutrition professional				Medicare medical nutrition therapy requires codes from the following: Diabetes: See Diabetes Diagnosis Code List below, or Kidney transplant recipient: Z94.0, or Renal disease: N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9 Limitation: • First year: 3 hours of one-on-one counseling • Subsequent years: 2 hours	

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Obesity screening and counseling: adults	G0447, G0473 97802, 97803, 97804 G0270, G0271, S9449, S9470	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m^2 or higher to intensive, multicomponent behavioral interventions. <= Codes for nutrition therapy (coverage for Nutrition Therapy may not be available for all lines of business).		21+		This service is included in a preventive care wellness examination. Required Diagnosis Codes (BMI of 30+): 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	B
Obesity screening and counseling: children	97802, 97803, 97804 S9449, S9470	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. <= Nutrition therapy codes (coverage for Nutrition Therapy may not be available for all lines of business).		6-21y		This service is included in a preventive care wellness examination. Required Diagnosis Codes: E66.01, E66.09, E66.1, E66.8, E66.9, Z68.53 and Z68.54	B
Osteoporosis screening: women	76977, 77078, 77080, 77081 G0130	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. **TX mandates** coverage of: a postmenopausal woman who is not receiving estrogen replacement therapy; an individual with vertebral abnormalities, primary hyperparathyroidism, or a history of bone fractures; or an individual who is receiving long-term glucocorticoid therapy or being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.	Female	65+y <65y		Required Diagnosis Codes: Z00.00, Z00.01, Z13.820 Supporting codes for < 65 yo: Z78.0, Z79.3, Z79.51, Z79.51, Z79.52, Z79.52, Z79.83, Z87.310, M85.9, M89.9, N95.8, N95.8, N95.9, E21.0 AND ... PENDING 2/5/19: AND one of the following diagnoses for postmenopausal state: E28.310 - Symptomatic premature menopause E28.319 - Asymptomatic premature menopause E89.40 - Asymptomatic postprocedural ovarian failure E89.41 - Symptomatic postprocedural ovarian failure N95.1 - Menopausal and female climacteric states Z78.0 - Asymptomatic menopausal state	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Ovarian Cancer Screening	86304	**TX mandates** coverage for each woman 18 years of age or older enrolled in the plan coverage for expenses for an annual medically recognized diagnostic examination for the early detection of ovarian cancer and cervical cancer. Coverage required under this section includes at a minimum: (1) a CA 125 blood test; and (2) a conventional Pap smear (see "Cervical Cancer screening" above)	Female	18+y	Annually	Covered when following diagnoses are NOT present: C56.1, C56.2, C56.9,	
Pregnancy: HIV screening: pregnant women	80081, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806 G0432, G0433, G0435, G0475 S3645	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	Female		Pregnant	Required Diagnosis Codes: (See list of pregnancy codes below)	A
Pregnancy: Bacteriuria screening: pregnant women	81007, 87086, 87088	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.	Female		Pregnant	Required Diagnosis Codes: (See list of pregnancy codes below)	A
Pregnancy: Diabetes screening during pregnancy	82947, 82948, 82950, 82951, 82952, 83036	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	Female	Pregnant		Required Diagnosis Codes: (See list of pregnancy codes below) Covered REGARDLESS of gestational week.	B
Pregnancy: Hepatitis B screening: pregnant women	87340, 87341 G0499	The USPSTF recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	Female		Pregnant	Required Diagnosis Codes: (See list of pregnancy codes below)	A
Pregnancy: Preeclampsia prevention: aspirin		The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	Female		Pregnant	All pregnant after 12 wks gestation IF at high risk for preeclampsia.	B
Pregnancy: Preeclampsia: screening		The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	Female		Pregnant	All pregnant throughout pregnancy Part of routine pregnancy care.	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
Pregnancy: Rh incompatibility screening: first pregnancy visit	86900, 86901	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	Female		Pregnant	Required Diagnosis Codes: (See list of pregnancy codes below)	A
Pregnancy: Rh incompatibility screening: 24–28 weeks' gestation	86900, 86901	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	Female		Pregnant	Required Diagnosis Codes: (See list of pregnancy codes below)	B
Pregnancy: Syphilis Screen in pregnancy	86592, 86593	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	Female	Pregnant		Required Diagnosis Codes: (See list of pregnancy codes below)	A
Pregnancy: Tobacco use counseling: pregnant women	99406, 99407	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	Female	Pregnant		Required Diagnosis Codes: (See list of pregnancy codes below) Plus: F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, and Z87.891	A
Prostate Cancer Screening: men	84152, 84153, 84154 G0103 – PSA test	USPSTF: For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. (Recommendation raised to "C" in 2018). **TX Mandate:** provides for an annual screening exam to detect prostate can The benefits provided under this subparagraph include the following once p year: (1) a physical examination to detect prostate cancer, (2) a prostate-specific antigen test for a male Member who is at least 50 years of age with no symptoms or who is at least 40 years of age and has a family history of prostate cancer or another prostate cancer risk factor.	Male	40+y		No Diagnosis Code requirements. Note: for Medicare, no cost-share for G0103 (PSA). However, for G0102 (Prostate digital exam) copay and deductibles may apply.	C
Sexually transmitted infections counseling	G0445 99401, 99402, 99403, 99404	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. Bright Futures: start screening at 11 yo.		11+y		Required Diagnostic Codes: Z11.3, Z72.89, Z72.51, Z72.52, Z72.53, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93.	B

Should age be changed to 40+y

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
						G0445 is limited to twice per year	
Skin cancer behavioral counseling		The USPSTF recommends counseling children, adolescents, and young adults ages 6 months to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.		to 24y		This service is included in a preventive care wellness examination or focused E&M visit.	B
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater		The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	Both	40-75y		Covered as applicable under drug benefit.	B
Syphilis Screen in those at increased risk	86592, 86593	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.				Required Diagnosis Codes: Z11.3, Z11.8, Z11.9, Z20.2, Z72.89, Z72.51, Z72.52, Z72.53	A
Tobacco use counseling and interventions: non-pregnant adults	99406, 99407	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	Both			Required Diagnosis Codes: F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, and Z87.891 Medicare benefit: Two cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year.	A
Tobacco use interventions: children and adolescents	99406, 99407	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.		6-18y		No Diagnostic Code requirement.	B
Tuberculosis screening: adults at increased risk	86580	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.				Risk assessment is included in a preventive care wellness examination Z00.00, Z00.01,	B

Service	CPT	Description	Sex	Age	Freq	Coding	Grade
						Code 86580 required Diagnosis Codes: Z11.1	
Urinary Incontinence screening		The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life.				This service is included in a preventive care wellness examination.	
Visual acuity screening in children	99173, 99174, 99177	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors. Bright Futures recommends screening at ages 3, 4, 5, 6, 8, 10, 12, and 15, and risk assessment at 12 and 24 months.				Include diagnosis codes Z00.121, Z00.129 99174, 99177 are automated techniques	B
Vitamin D for falls prevention in older adults		The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.		65+y		This service is included in a preventive care wellness examination.	B
Venipuncture for preventive tests	36415, 36416, 99000, 99001, 99002 P9603, P9604, P9612, P9615					Requires proper diagnostic codes depending on preventive service	

Section 2: AAP Bright Futures Recommendations

Anemia in Young Children: Screening	85013, 85014, 85018, 85041	Bright Futures		1y		Required Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	-
Autism Screening	96110	Bright Futures		18 & 24m		Required Diagnosis Codes: Z00.121, Z00.129, Z13.4, Z76.2	-
Behavioral assessment for children		Bright Futures recommends Psychosocial/Behavorial assessment at visits		0-17yr		This service is included in a preventive care wellness visit.	

Cholesterol/Dyslipidemia Screening Children	80061, 82465, 83718, 83719, 83721, 84478	Bright Futures: All children For children at higher risk of lipid disorders (one screening for each of the following ages): 2y, 4y, 6y, 8y, 9-11y, 12y,13y, 14y, 15y, 16y, 17-21y,		10 & 20y Varies.		Required Diagnosis Codes: Z00.121, Z00.129, Z13.220, Z13.6	I
Developmental Screening Developmental Surveillance	96110	Bright Futures		≤3y		Required Diagnosis Codes: Z00.121, Z00.129, Z13.4 See AAP publication for periodicity	-
Height, weight and BMI for children. Blood pressure risk assessment and screening for children		Bright Futures BP risk assessment at visits until age 3. Screening thereafter		0-20yr		This service is included in a preventive care wellness visit.	
Hearing loss screening	92551, 92552, 92553, V5008	Bright Futures		4mo -21yr		See AAP publication for periodicity	-
Lead Screening	83655	Bright Futures: assess risk at 6mo, 9mo, 12mo, 18mo, 2y, 3y, 4y, 5y, 6y. At 12mo and 2 y: "Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas."		0-21yr		Risk assessment is included in a preventive care wellness examination: Z00.121, Z00.129 Code 83655 required Diagnosis Codes: Z77.011	-
Maternal Depression Screening		Bright Futures recommends screening for maternal depression		0-6mo		This service is included in a preventive care wellness visit.	-
Newborn: Bilirubin screening		Bright Futures		Newborn	0-30days		
Newborn: Critical congenital heart disease screening		Bright Futures Screening for critical congenital heart disease with pulse oximetry for newborns, after 24 hours of age, before discharge from the hospital.		Newborn	0-30days	Screening performed prior to discharge for all newborns. Included on hospital billing	-
Oral Health risk assessment for children		ACA recommendation Bright Futures		0-10yr		This service is included in a preventive care wellness visit. ACA recommendation	
Tobacco, Alcohol, or Drug Use Assessment		Bright Futures		11+y		This service is included in a preventive care wellness visit.	
Tuberculosis screening: children	86580	Bright Futures: Tuberculin testing for children at higher risk of tuberculosis, one test for each of the following age ranges: 1m, 6m, 1y and annually ages 3-21y.		Various		Risk assessment is included in a preventive care wellness examination: Z00.121, Z00.129	

						Code 86580 required Diagnosis Codes: Z11.1	

Section 3: Women's Health

Contraception methods counseling including follow-up and side effects						This service is included in a preventive care wellness visit	-
Contraceptive Methods	Tubal Ligation: 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 Diaphragm or cervical cap 57170, A4261, A4266, J7303 IUDs J7296, J7300, J7301, J7297, J7298, S4989, S4981, 58300, 58301 Implantable devices J7304, J7306, J7307, 11976, 11980, 11981, 11982, 11983 Injections J1050	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs coverage of contraception may be subject to step therapy and preauthorization requirements.	Female			No Diagnosis necessary for these: A4261, A4266, J7300, J7301, J7303, J7297, 57170, 96372 Must include one of these diagnoses: Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09, Z30.430, Z30.432, Z30.433, Z30.2, Z30.40, Z30.41, Z30.431, Z30.49, Z30.42, Z30.46, Z30.8, Z30.9, Z01.411, Z01.419; For these: 11976, 11980, 11981, 11982, 11983, 58300, 58301, S4981, S4989, J1050, J7304, J7306, J7307, J7298 Must include these diagnoses for tubal ligation: Z30.2, Z98.51	-

Pregnancy Diagnosis Code List	O00.0, O00.1, O00.2, O00.8, O00.9, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, 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Hepatitis C Diagnosis Code List	A50.01, A50.02, A50.03, A50.04, A50.05, A50.06, A50.07, A50.08, A50.09, A50.1, A50.2, A50.30, A50.31, A50.32, A50.39, A50.40, A50.41, A50.42, A50.43, A50.44, A50.45, A50.49, A50.51, A50.52, A50.53, A50.54, A50.55, A50.56, A50.57, A50.59, A50.6, A50.7, A50.9, A51.0, A51.1, A51.2, A51.31, A51.32, A51.39, A51.41, A51.42, A51.43, A51.44, A51.46, A51.49, A51.5, A51.9, A52.00, A52.01, A52.02, A52.03, A52.04, A52.05, A52.06, A52.09, A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.2, A52.3, A52.71, A52.72, A52.73, A52.74, A52.75, A52.76, A52.77, A52.78, A52.79, A52.8, A52.9, A53.0, A53.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.30, A54.31, A54.32, A54.33, A54.39, A54.40, A54.41, A54.42, A54.43, A54.49, A54.5, A54.6, A54.81, A54.82, A54.83, A54.84, A54.85, 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, A59.01, A59.02, A59.03, A59.09, A59.8, A59.9, A60.00, A60.01, A60.02, A60.03, A60.04, A60.09, A60.1, A60.9, A63.0, A63.8, A64, A74.81, A74.89, A74.9, B07.8, B07.9, B20., B97.35, B97.7, D65, D66, D67., D68.0, D68.1, D68.2, D68.311, D68.312, D68.318, D68.32, D68.4, D68.8, D68.9, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, 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, F19.230, F19.231, 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, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, M02.30, M02.311, M02.312, M02.319, M02.321, M02.322, M02.329, M02.331, M02.332, M02.339, M02.341, M02.342, M02.349, M02.351, M02.352, M02.359, M02.361, M02.362, M02.369, M02.371, M02.372, M02.379, M02.38, M02.39, N18.3, N18.4, N18.5, N18.6, N34.1, N49.1, N49.2, N49.3, N49.8, N49.9, N73.5, N73.9, N76.0, N76.1, N76.2, N76.3, N77.1, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O90.4, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, P00.2, Z00.00, Z00.01, Z04.41, Z04.42, Z11.3, Z11.4, Z11.59, Z11.9, Z14.01, Z14.02, Z20.2, Z20.5, Z20.6, Z20.828, Z21, Z22.4, Z41.8, Z48.21, Z48.22, Z48.24, Z48.280, Z48.288, Z48.290, Z48.298, Z49.31, Z49.32, Z51.89, Z52.000, Z52.001, Z52.008, Z52.010, Z52.011, Z52.018, Z52.090, Z52.091, Z52.098, Z52.10, Z52.11, Z52.19, Z52.20, Z52.21, Z52.29, Z52.3, Z52.4, Z52.5, Z52.6, Z52.89, Z52.9, Z57.8, Z71.7, Z72.51, Z72.52, Z72.53, Z79.899, Z86.2, Z92.25, Z94.0, Z94.1, Z94.2, Z94.3, Z94.5, Z94.6, Z94.7, Z94.81, Z94.82, Z94.83, Z94.84, Z94.89, Z94.9, Z95.3, Z95.4, Z99.2
Diabetes Diagnosis Code List	Diabetes mellitus due to underlying condition: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29,E08.311, E08.319, E08.321,E08.329, E08.331, E08.339, E08.341, E08.349, E08.351,E08.359, E08.36, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51,E08.52, E08.59, E08.610,E08.618, E08.620, E08.621, E08.622, E08.628, E08.630,E08.638, E08.641, E08.649,E08.65, E08.69, E08.8, E08.9 Drug or chemical induced diabetes mellitus: E09.00, E09.01, E09.10, E09.11, E09.21,E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341,E09.349, E09.351, E09.359, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9 Type 1 diabetes mellitus: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9 Type 2 diabetes mellitus: E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42,

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Atherosclerosis	I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91

OVERVIEW: The Patient Protection and Affordable Care Act (PPACA) requires certain health benefit plans to cover some preventive care services without member cost-sharing. Scott & White Health Plan (Plan) provides coverage for preventive care services under the terms and conditions of an individual or group commercial Evidence of Coverage, or as an administrator for a self-insured group Plan. These policies vary in the way member out-of-pocket cost-sharing is determined; there may be copayments, deductibles, and/or coinsurance for certain health care services. Preventive services referenced in the PPACA may be covered under the member's benefit plan without application of copayments, deductibles, or coinsurance when services are provided under the terms and conditions of the member's benefit plan and this policy. Plan medical management requirements and network requirements must be met in order to receive this coverage. There may be limitations on when, in what setting, how, and how often a service is covered with no member cost share.

MANDATES: Affordable Care Act of 2009. See Heathcare.gov for details on coverage of preventive care.

CODES:

CPT Codes:	90460 – 90474, 90620 - 90748 Immunizations 99383 - 99397 Preventive visits See table above for details
HCPCS codes	See table above for details
ICD-10 codes	Z30.0 – Z30.9 – Encounters for contraceptive management Z00.00 – Encounter for general adult medical examination

CMS: see CMS.gov for list of preventive services covered by Medicare as it is different from the above which affects commercial populations.

POLICY HISTORY:

Status	Date	Action
New	9/23/2010	New policy
Reviewed	6/6/2011	Reviewed
Reviewed	12/6/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	2/14/2013	Revised and updated to reflect changes in mandates
Partial Review	9/5/2013	Clarified reimbursement limits on breast pumps.
Partial Review	10/3/2013	Further clarified limits on breast pump reimbursement.
Reviewed	9/25/2014	Removed specific immunizations and preventive care items that might be subject to change.
Update	12/11/2014	Added criteria for annual CT scan for smokers
Reviewed	10/22/2015	No changes.
Reviewed	10/27/2016	Detailed benefits. Updated breast-pump coverage
Reviewed	10/17/2017	Updated as required.
Updated	11/28/2017	Added discussion regarding stool-based colorectal cancer tests. (Page 5)
Reviewed	09/04/2018	Aligned with current recommendations
Reviewed	08/22/2019	Aligned with current recommendations

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. http://www.healthcare.gov/prevention/index.html
2. http://www.ahrq.gov/clinic/uspstfix.htm
3. http://www.CMS.gov
4. United States Preventive Services Task Force: http://www.uspreventiveservicestaskforce.org/
5. Bright Futures Recommendations: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
6. Center for Disease Control and Prevention: https://www.cdc.gov/vaccines/schedules/