

Preventive Care Services - 2025

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA) has designated the services listed below as preventive benefits and available with no cost-sharing when provided by an in-network provider. This information is intended as a reference tool for your convenience and is not a guarantee of payment. This guide is subject to change based on new or revised laws and/or regulations, additional guidance and/or medical policy.

** Services are subject to medical necessity criteria**

Wellness Examinations

Preventive Care Services that may be provided during a Wellness Examination:

<ul style="list-style-type: none">➤Administration/Interpretation of Health Risk➤Assessment Instrument➤Anxiety screening➤Autism screening➤Blood pressure measurement for high blood pressure screening/Preeclampsia screening➤Breast-feeding counseling/support➤Counseling/education to minimize exposure to ultraviolet radiation➤Counseling to prevent initiation of tobacco use➤Counseling related to sexual behavior/sexually transmitted infection (STI) prevention including HIV Preexposure Prophylaxis (PrEP) related adherence counseling and pre- and postprescription follow up counseling➤Critical congenital heart disease screening➤Depression screening/Maternal Depression screening	<ul style="list-style-type: none">➤Discussion of aspirin prophylaxis➤Discussion of chemoprevention with women at risk for breast cancer➤Discussion/referral for genetic counseling/evaluation for BRCA testing➤Hearing and vision screening➤Intimate partner/interpersonal and domestic violence screening/referral to support services➤Obesity screening/counseling regarding weight loss, healthy diet and exercise➤Oral health assessment/discussion of water fluoridation/referral to dental home➤Psychosocial/Behavioral assessment➤Tobacco use screening/counseling➤Unhealthy Alcohol use and substance abuse screening/counseling➤Urinary incontinence screening
---	---

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Abdominal Aortic Aneurysm, Screening USPSTF Rating (Dec. 2019): B The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked	76706	Routine diagnosis list F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Males age 65 - 75 years One per lifetime
Anemia Screening in Children Bright Futures Recommends anemia screening for children under the age of 21 years of age which includes hemoglobin and hematocrit screening.	85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307	Routine diagnosis list	Birth to age 21. No frequency limit.
Anxiety Disorders in Adults: Screening USPSTF Rating (Jun. 2023): B The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	96127, 96160, 96161 <i>For depression and suicide screening in Adults, see Depression and Suicide Risk in Adults: (Screening)</i>	Routine diagnosis list	
Anxiety in Children and Adolescents (Screening) USPSTF Rating (Oct. 2022): The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	96127, 96160, 96161 <i>For depression screening in children and adolescents, see Depression and suicide risk in Children and Adolescents (Screening)</i>	Routine diagnosis list	
Aspirin Use Preventive Medication USPSTF Rating (Sept. 2021): B The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. USPSTF Rating (Apr. 2022): C The decision to initiate low-dose aspirin use for the primary prevention of CVD in adults aged 40 to 59 years who have a 10% or greater 10-year CVD risk should be an individual one. Evidence indicates that the net benefit of aspirin use in this group is small. Persons who are not at increased risk for bleeding and are willing to take low-dose aspirin daily are more likely to benefit.			For aspirin prophylaxis, refer to Rx plan

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Bacteriuria Screening USPSTF Rating (Sept. 2019): A The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	81007, 87086, 87088	Pregnancy diagnosis list	Pregnant women
Breast Cancer/Ovarian Cancer risk assessment: Genetic counseling for women at risk See BRCA1/BRCA2 below for USPSTF rating and recommendation	96040, 96041, 99401 - 99404, S0265	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44	Females only Two per lifetime
BRCA1/BRCA2 Genetic Testing for susceptibility to breast or ovarian cancer, if indicated: Women USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	81162 - 81167, 81212, 81215, 81216, 81217	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44	Prior authorization requirements are waived when billed with the listed diagnosis codes.
Breast Cancer Screening USPSTF Rating (April 2024): B The USPSTF recommends biennial screening mammography for women aged 40 to 74 years. HRSA Requirement (Dec. 2016): Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.	77063**, 77065, 77066, 77067 Rev code: 0403	Routine diagnosis list	One annually for females age 40 and up **77063 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>Cervical Cancer Screening (Includes HPV)</p> <p>USPSTF Rating (Aug. 2018): A The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years.</p> <p>For women aged 30 to 65 years, the USPSTF recommends: Screening every 3 years with cervical cytology alone, Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or Every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p> <p>HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</p>	<p>0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155**, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091</p>	<p>Routine diagnosis list</p>	<p>Females age 21 and up</p> <p>**88155 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p>

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Chlamydia Infection Screening USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Notes: This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years. Notes: This recommendation applies to all sexually active adolescents and adult women, including pregnant women. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.	Chlamydia Infection Screening: 0353U, 86631, 86632, 87110, 87205, 87270, 87320, 87490, 87491, 87492, 87800, 87801, 87810 <i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i>	Routine diagnosis list or pregnancy diagnosis list	
Cholesterol Screening (Lipid Disorders Screening): Children/Adolescents Bright Futures (April 2014): Risk Assessment: Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years	80061, 82465, 83718, 83719, 83721, 83722, 84478	Routine diagnosis list	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>Cholesterol Screening (Lipid Disorders Screening): Adults</p> <p>USPSTF Rating (Aug. 2022): B The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p> <p>Bright Futures (April 2014): Risk Assessment: Recommended at 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years</p>	80061, 82465, 83718, 83719, 83721, 83722, 84478, G0537, G0538	Routine diagnosis list	<p>Age 2 - 21 years Age 40–75 years annually</p> <p>For statin medications, refer to Rx plan</p>

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Colorectal Cancer Screening USPSTF Rating (May 2021): B The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. USPSTF Rating (May 2021): A The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	Fecal occult blood test (FOBT) & Fecal immunochemical test (FIT) G0328, 82270, 82274 Sigmoidoscopy G0104, G0106, 45330, 45331, 45333, 45338, 45346 Colonoscopy G0105, G0120, G0121, G0122, 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 45391, 45392 Computed tomographic (CT) colonography 74263 Barium enema (BE) (included in colonoscopy) 74270, 74280 Fecal DNA(Cologuard) 81528 Pre-Op/Consultation: S0285 Pathology: 88304, 88305 Anesthesia: 00811, 00812, 00813*, 99152, 99153**, 99156, 99157, G0500 Facility Revenue Codes: 360, 490, 750 & 761	Routine diagnosis list *00813 only when billed with Z12.10, Z12.11, Z86.010	Age 45 - 75 years ► Fecal occult blood testing (FOBT)/fecal immunochemical test (FIT) annually; or ► Sigmoidoscopy every five years; or ► Colonoscopy every 10 years; or ► Computed tomographic colonography (virtual colonoscopy) every five years; or ► Double contrast barium enema (DCBE) every five years ► Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard) every three years Follow up colonoscopy after any positive non-invasive stool-based screening test or direct visualization screening test listed in USPSTF recommendation. For Bowel Prep Products for Colorectal Cancer Screenings, refer to Rx plan. **99153 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPSC code.

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Depression and Suicide Risk in Adults: (Screening) USPSTF Rating (Jun. 2023): B The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults. USPSTF Rating (Feb. 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. HRSA Requirement (Dec. 2019): The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.	96127, 96161, G0444	Routine diagnosis list	
	Maternal/Perinatal depression screening: 96156, 96158, 96159**, 96160, 96161, 96164, 96165, 96167, 96168	Pregnancy diagnosis list or F05, F30.XX, F34.1, F32.9, F53.0 – F53.1, G47.9, R53.81, R53.83, R45	**96159 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPSCS code.
	Maternal/Perinatal depression counseling interventions: 99202 - 99205, 99211 - 99215, 99401 - 99404, 99411, 99412, G0463	Z13.32 or Z39.2	
Depression and suicide risk in Children and Adolescents (Screening) USPSTF Rating (Oct. 2022): B The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age. Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12-21 years.	96127, 96161, G0444	Routine diagnosis list	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Developmental/Behavioral Screening Bright Futures: ► A formal, standardized developmental screen is recommended during the 9 month visit. ► A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. ► A formal, standardized autism screen is recommended during the 24 month visit. ► A formal, standardized developmental screen is recommended during the 30 month visit.	96110, 96127, G0451, S0302	Routine diagnosis list	Birth to age 3
Diabetes (Type 2) Screening USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	Diabetes Screening: 82947, 82948, 82950, 82951, 82952**, 83036 <i>For counseling, see Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</i> <i>For gestational diabetes, see Gestational Diabetes Mellitus Screening</i>	Routine diagnosis list	**82952 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.
Fall Prevention: community dwelling adults age 65 years and older with risk factors USPSTF Rating (June 2024): B The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	97110, 97112, 97116, 97161, 97162, 97163, 97164, 97530, G0151, G0159	Z91.81	Age 65 and up
Fluoride Application (Dental Caries) USPSTF Rating (May 2014): B Children From Birth Through Age 5 Years. 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. Bright Futures (April 2017): For those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months between ages 6 months to 5 years.	Fluoride Application: 99188 Oral health risk assessment: 96160, 96161	Routine diagnosis list	Fluoride application: Birth to age 5 Oral health risk assessment: 6 months to 6 years For oral fluoride supplementation, refer to Rx plan

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Gestational Diabetes Mellitus Screening USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation. HRSA Requirement (Dec. 2017) 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 previously been 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. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.	Gestational Diabetes Mellitus Screening: 82947, 82948, 82950, 82951, 82952**, 83036 <i>For counseling, see Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</i>	Pregnancy diagnosis list	**82952 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.
Gonorrhea Screening USPSTF Rating (Sept. 2014): B The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.	0353U, 87590, 87591, 87592, 87801, 87850 <i>Gonorrhea, Prophylactic Medication, Newborn No code available - usually administered as an ancillary charge while inpatient at time of delivery</i> <i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i>	Routine diagnosis list or pregnancy diagnosis list	
Hearing Screening Bright Futures (April 2017): Hearing Tests: Recommended at ages: Newborn; between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between age 11-14 years; once between age 15-17 years; once between age 18-21 years; also recommended for those that have a positive risk assessment.	92550, 92551, 92552, 92553, 92558, 92567, 92568, 92579, 92582, 92583, 92587, 92588, 92650, 92651, 92652, 92653, V5008	Routine diagnosis list	Birth - 10 years: no more than 7 tests 11 years to 21 years: no more than 3 tests

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Hepatitis B Virus Infection Screening Pregnant Women: USPSTF Rating (July 2019): A The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. Adolescents and Adults at Increased Risk for Infection: USPSTF Rating (Dec. 2020): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.	Hepatitis B Virus Infection Screening: 86704, 86705, 86706, 87340, 87341, G0499	Routine diagnosis list or pregnancy diagnosis list	
Hepatitis C Virus Infection Screening USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years. Bright Futures (March 2021) Bright Futures recommends screening all individuals ages 18 to 79 years at least once for hepatitis C virus infection (HCV)	Hepatitis C Virus Infection Screening: 86803, 86804, 87522, G0472	Routine diagnosis list or pregnancy diagnosis list	Adults age 18 - 79 years
High Blood Pressure Screening USPSTF Rating (April 2021):A The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	Usually included as part of an office visit. Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790, 99473, 99474	R03.0, Z01.30, Z01.31	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p> <p>USPSTF Rating (June 2019): A The USPSTF recommends that clinicians screen for HIV infection in: Adolescents and adults aged 15- 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p> <p>Note: Bright Futures recommends HIV screening lab work be conducted once between ages 15-18 years. Also recommended anytime between ages 11-14 years, and 19-21 years when a risk assessment is positive.</p> <p>HRSA Requirement (Dec. 2016): Recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p>	HIV Screening: 86689, 86701, 86702, 86703, 87081, 87389, 87390, 87391, 87534, 87806, G0432, G0433, G0435, G0475, S3645	Z29.81 Routine diagnosis list or pregnancy diagnosis list	No age limit
	HIV Counseling: 99401-99402, G0011, G0013	Z71.7, Z29.81	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>HIV, Pre-exposure Prophylaxis (PrEP)</p> <p>USPSTF Rating (Aug. 2023): A The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.</p> <p>Note: This includes:</p> <ul style="list-style-type: none"> ► Kidney function testing (creatinine) ► Serologic testing for hepatitis B and C virus ► Testing for other STIs ► Pregnancy testing when appropriate ► Ongoing followup and monitoring including HIV testing every 3 months 	<p>Injectable medication: (Apretude - Cabotegravir): J0739**</p> <p>Oral medication*: J0750, J0751, J0799</p> <p>Supply charges*: Q0516 – Q0521</p> <p>Medication administration: G0012</p> <p>The following services for baseline/follow-up testing and monitoring are included per the CDC PrEP guidelines:</p> <p>Kidney function testing (creatinine): 82565, 82575, 82610</p> <p>Hepatitis B testing: <i>For Hepatitis B testing, see Hepatitis B Virus Infection Screening</i></p> <p>Hepatitis C testing: <i>For Hepatitis C testing, see Hepatitis C Virus Infection Screening</i></p> <p>HIV: <i>For HIV screening and counseling, see HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</i></p> <p>STI Testing: <i>For Sexually Transmitted Infection (STI) screenings, see Chlamydia Infection Screening, Gonorrhea Screening and Syphilis Screening</i></p> <p>Pregnancy testing (when appropriate): 81025, 84702, 84703</p> <p>E/M Office Visits 99202 – 99215, 99242 – 99244</p>	<p>Z29.81</p>	<p>*For PrEP medications, refer to Rx plan.</p> <p>**Precertification notification is required. Please see https://www.mysmarthealth.org/plan-coverage/pharmacy for more information.</p>

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Lead Screening Bright Futures: Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo. Risk Assessment, and Screening if positive: Recommended at 6 mo, 9mo, 12 mo, 18 mo, 24 mo, 3 years, 4 years, 5 years and 6 years.	Lead Screening: 83655	Routine diagnosis list	Age 6 months - 6 years. No frequency limit.
Lung Cancer Screening/Counseling USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer with lowdose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 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	Counseling: G0296 Screening: 71271	Routine diagnosis list or F17.210, F17.211, F17.213, F17.218, F17.219	Ages 50 - 80 years annually with history of smoking

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Newborn Screening All newborns USPSTF Rating (March 2008): A Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns. USPSTF Rating (March 2008): A Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns. USPSTF Rating (Sept. 2007): A Sickle Cell Screening: Screening for sickle cell disease in newborns. Bright Futures Recommends screening for critical congenital heart disease using pulse oximetry for newborns after 24 hours of age, before discharge from the hospital	Bilirubin Screening: 82247, 82248, 88720 Congenital Hypothyroidism Screening: 84436, 84437, 84443, 84439, S3620 Metabolic Screening Panel: 82017, 82136, 82261, 82759, 82760, 82775, 82776, 83020, 83498, 83516, 83789, 84030, 84437, 84443, 86355, S3620 Phenylketonuria Screening: 84030, S3620 Sickle Cell Screening: 83020, 83021, 83030, 83033, 83051, 85660, S3850 Other: 86359 Critical Congenital Heart Disease Screening: Included with facility fee Gonorrhea Prophylactic Ocular Medication to Prevent Blindness: See Gonorrhea Screening	Routine diagnosis list	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>Nutrition/Physical Activity Counseling, Behavioral Interventions for Cardiovascular, Obesity, and Pregnancy</p> <p>USPSTF Rating (Nov. 2020): B The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p> <p>USPSTF Rating (Sept. 2018): B The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.</p> <p>USPSTF Rating (June 2024): B The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.</p> <p>USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and</p>	<p>Medical Nutrition Therapy or Counseling: 97802, 97803, 97804, G0270, G0271, S9470</p> <p>Behavioral Counseling or Therapy: G0446, G0447, G0473, 0403T, 0488T</p>	<p>Routine diagnosis list, pregnancy diagnosis list or;</p> <p>F17.210, F17.211, F17.213, F17.218, F17.219</p> <p>E08.00 - E13.9, E66.01, E66.09, E66.1, E66.3, E66.811, E66.812, E66.813, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81</p> <p>I10, I15.0 - I15.9, I16.0 - I16.9, I25.10, I25.110 - I25.119, I25.700 - I25.812, I70.0 - 170.91</p> <p>R73.01, N26.2</p>	3 visits annually

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
preventing excess gestational weight gain in pregnancy.	Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404	F17.210, F17.211, F17.213, F17.218, F17.219 E08.00 - E13.9, E66.01, E66.09, E66.1, E66.3, E66.8, E66.9, E78.00, E78.01, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5, E88.81 I10, I15.0 - I15.9, I16.0 - I16.9, I25.10, I25.110 - I25.119, I25.700 - I25.812, I70.0 - I70.91 R73.01, N26.2	
Osteoporosis Screening USPSTF Rating (Jan. 2025): B Women 65 years or older: The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years or older. USPSTF Rating (Jan. 2025): B Postmenopausal women younger than 65 years with 1 or more risk factors for osteoporosis: The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment.	76977, 77078, 77080, 77081, G0130	Routine diagnosis list	Females only
Prenatal Care USPSTF Rating (April 2017): B The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	Prenatal Office Visits: Evaluation and Management (Office Visits): 59425, 59426, 99202 - 99215, 99417**, G0463	Pregnancy diagnosis list	Females only For folic acid supplements, refer to Rx plan **99417 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPSCS code.

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Prostate Specific Antigen (PSA) Screening	84152, 84153, 84154, G0103	Routine diagnosis list	Males age 40 and up
Rh incompatibility Screening USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancyrelated care. USPSTF Rating (Feb. 2004): B Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative	86900, 86901, 80055, 80081, 86850	Pregnancy diagnosis list	Females only
Sexually Transmitted Infection (STI) Prevention Counseling USPSTF Rating (Aug. 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). HRSA Requirement (Dec. 2016): Recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. This recommendation further recommends that health care providers use a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.	STIs Behavioral Counseling: G0445 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412 <i>Note: For Sexually Transmitted Infection (STI) screenings, see Chlamydia Infection Screening, Gonorrhea Screening and Syphilis Screening</i>	Z71.7, Z71.89, Z72.51 - Z72.53	G0445 is limited to twice per year
Skin Cancer Prevention: Behavioral Counseling USPSTF Rating (March 2018): B The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.			This service is included in a preventive care wellness examination or focused E&M visit.

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>Smoking and Tobacco Cessation Counseling/Interventions</p> <p>USPSTF Rating (Jan. 2021): A Pregnant Persons (A): The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p> <p>Nonpregnant Adults (A):The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>USPSTF Rating (April 2013): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Bright Futures (April 2017): Bright Futures recommends tobacco use assessments from age 11-21 years.</p>	99406, 99407	Any diagnosis code	For smoking cessation medications, refer to Rx plan
<p>Syphilis Screening</p> <p>Non-Pregnant Adults and Adolescents at Increased Risk: USPSTF Rating (Sept. 2022): A The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p> <p>Pregnant Women: USPSTF Rating (Sept. 2018): A The USPSTF recommends early screening for syphilis infection in all pregnant women.</p> <p>Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p>	<p>Syphilis Screening: 86592, 86593, 86780</p> <p><i>For STI Prevention Counseling see Sexually Transmitted Infection (STI) Prevention Counseling</i></p>	Routine diagnosis list or pregnancy diagnosis list	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Tuberculosis Screening USPSTF Rating (Sept. 2016): B The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.	Screening: 86480, 86481, 86580 Follow-up Visit to Check Results: 99211	R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7, Z20.1, Z22.7, Z86.15	No age limit
Unhealthy Alcohol and Drug Use USPSTF Rating (Nov. 2018): B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. USPSTF Rating (June 2020): B The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years.	Alcohol or Drug Use Screening: 99408, 99409, G0442, H0001 Counseling: G0396, G0397, G0443, G2011	Any diagnosis code	Age 11 and up annually

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
Vision Screening USPSTF Rating (Sept. 2017): B The USPSTF recommends vision screening at least once in all children age 3 to 5 years to detect amblyopia or its risk factors. Bright Futures: Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year olds. Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age. Bright Futures Visits Newborn, First Week; 1, 2, 4, 6, 9, 12, 15, 18 Month; 2, 2½, 7, 9, 11, 13, 14, 16, 17, 18 Through 21 Year	99172, 99173, 99174, 99177	Z01.00, Z01.01, Z00.129, Z00.121, Z00.110, Z00.111, Z13.5	Birth to age 21
Wellness Examinations Preventive medicine comprehensive evaluation and management services for well-baby, well-child and well-adult, including well-woman include: ► An age-and gender-appropriate history ► Physical examination ► Counseling/anticipatory guidance ► Risk factor reduction interventions ► The ordering of appropriate immunization(s) and laboratory/screening procedures Bright Futures Periodicity Schedule: ► Infancy (Newborn to 9mo): 7 visits ► Early Childhood (12mo to 4y): 7 visits ► Middle Childhood (5y to 10y): 6 visits ► Adolescence (11y to 21y): 11 visits	Annual Wellness examinations: 99385 - 99387, 99395 - 99397, G0438, G0439, G0513**, G0514**	Routine diagnosis list	Each Plan Year, a participant may choose a maximum of two of the following three services:
	Well-woman examinations: 99383 - 99387, 99393 - 99397, G0101, G0438, G0439, S0610 - S0613	Routine diagnosis list	One annual examination with a primary care provider, One annual well-woman examination (Females only beginning at age 10)
	Natural Family Planning (includes preconception): 99202 - 99205, 99211 - 99215, 99401 - 99404	Z30.02, Z31.61, Z31.69	One natural family planning examination (Females only) If a participant receives one or two of the foregoing services in a calendar year, the services will be covered as provided in the Plan. If a participant receives all three services in a Plan Year, only the first two services the participant receives

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Preventive Service	Procedure Code(s)	Diagnosis Code(s)	Limitations
<p>Bright Futures Periodicity Schedule:</p> <ul style="list-style-type: none"> ► Newborn to 9mo: 7 visits ► 12mo to 30mo: 5 visits ► 3y to 21y: 1 visit annually 	<p>Well-baby/Well-child examinations: 99381 – 99382***, 99383, 99384, 99391 – 99392***, 99393, 99394</p> <p>Inpatient newborn care (physician services only): 99221-99223, 99231 - 99233, 99234 - 99236, 99238, 99239, 99460 - 99464, 99478 - 99480</p>	<p>Routine diagnosis list</p>	<p>will be covered as a preventive benefit.</p> <p>**G0513/G0514 - Add-on code is allowed with no cost sharing when submitted in conjunction with an appropriate primary preventive CPT/HCPCS code.</p> <p>***Age 0 to age 5: Frequency according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule</p>
Blood Draw for Preventive Laboratory Services	36415, 36416	R76.11, R76.12, Routine diagnosis list , pregnancy diagnosis list	

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Immunizations

Immunization	Procedure Code(s)
COVID-19 Vaccine	91304, 91318, 91319, 91320, 91321, 91322
Dengue Vaccine - Children age 9 – 16 years	90587
Diphtheria, Tetanus, and Acellular Pertussis (DT/DTap) Vaccine	90696, 90697, 90698, 90700, 90702, 90723
Hepatitis A (HepA) Vaccine	90632, 90633, 90634, 90636
Hepatitis B (HepB) Vaccine	90739, 90740, 90743, 90744, 90746, 90747, 90748, 90759
Haemophilus Influenzae Type B (Hib) Vaccine	90647, 90648
Human Papillomavirus (HPV) Vaccine	90649, 90650, 90651
Influenza (IIV, LAIV4, RIV4) Vaccine	90630, 90637, 90638, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039
Measles, Mumps, Rubella (MMR) and Measles, Mumps, Rubella, and Varicella (MMRV) Vaccine	90707, 90710
Meningococcal(MenACWY, MenB) Vaccine	90619, 90620, 90621, 90623, 90624, 90644, 90733, 90734
Mpox Vaccine	90611
Pneumococcal (PCV13, PCV15, PCV20, PPSV23) Vaccine	90670, 90671, 90677, 90732
Polio (IPV) Vaccine	90713
Rotavirus (RV) Vaccine	90680, 90681
Respiratory syncytial virus (RSV) Vaccine	90380, 90381, 90678, 90679, 90683
Tetanus, Diphtheria, and Acellular Pertussis Vaccine (Tdap/Td)	90714, 90715
Varicella (VAR) Vaccine	90716
Zoster (RZV) Vaccine - Shingrix	90736, 90750
Immunization Administration	90460, 90461, 90471, 90472, 90473, 90474, 90480 G0008, G0009, G0010, Rev code 0771

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.3	Encounter for examination for adolescent development state
Z00.8	Encounter for other general examination
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.02	Encounter for examination of eyes and vision following failed vision screening
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Z01.10	Encounter for examination of ears and hearing without abnormal findings
Z01.110	Encounter for hearing examination following failed hearing screening
Z01.118	Encounter for examination of ears and hearing with other abnormal findings
Z01.30	Encounter for examination of blood pressure without abnormal findings
Z01.31	Encounter for examination of blood pressure with abnormal findings
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z02.83	Encounter for blood-alcohol and blood-drug test
Z11.0	Encounter for screening for intestinal infectious diseases
Z11.1	Encounter for screening for respiratory tuberculosis
Z11.2	Encounter for screening for other bacterial diseases (SYPHILIS)
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus [HIV]
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z11.59	Encounter for screening for other viral diseases
Z11.6	Encounter for screening for other protozoal diseases and helminthiases
Z11.7	Encounter for testing for latent tuberculosis infection
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z11.9	Encounter for screening for infectious and parasitic diseases, unspecified (GONORRHEA)
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z12.13	Encounter for screening for malignant neoplasm of small intestine
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.5	Encounter for screening for malignant neoplasm of prostate
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.81	Encounter for screening for malignant neoplasm of oral cavity
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.1	Encounter for screening for diabetes mellitus
Z13.21	Encounter for screening for nutritional disorder
Z13.22	Encounter for screening for metabolic disorder
Z13.220	Encounter for screening for lipoid disorders
Z13.228	Encounter for screening for other metabolic disorders
Z13.29	Encounter for screening for other suspected endocrine disorder
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
Z13.39	Encounter for screening examination for other mental health and behavioral disorders
Z13.40	Encounter for screening for unspecified developmental delays
Z13.41	Encounter for autism screening
Z13.42	Encounter for screening for global developmental delays (milestones)
Z13.49	Encounter for screening for other developmental delays
Z13.5	Encounter for screening for eye and ear disorders
Z13.6	Encounter for screening for cardiovascular disorders
Z13.820	Encounter for screening for osteoporosis
Z13.84	Encounter for screening for dental disorders
Z13.88	Encounter for screening for disorder due to exposure to contaminants
Z13.89	Encounter for screening for other disorder
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z20.1	Contact with and (suspected) exposure to tuberculosis

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.5	Contact with and (suspected) exposure to viral hepatitis
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z22.7	Latent tuberculosis
Z23	Encounter for immunization
Z29.3	Encounter for prophylactic fluoride administration
Z57.8	Occupational exposure to other risk factors
Z63.6	Dependent relative needing care at home
Z63.79	Other stressful life events affecting family and household
Z68.25 - Z68.45	BMI 25+
Z68.55	Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56	Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age
Z69.010 - Z69.12	Encounter for mental health services for abuse
Z69.81	Encounter for mental health services for victim of other abuse
Z69.82	Encounter for mental health services for perpetrator of other abuse
Z71.3	Dietary counseling and surveillance
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z71.53	High risk bisexual behavior
Z71.6	Tobacco abuse counseling
Z71.7	Human immunodeficiency virus [HIV] counseling
Z71.82	Exercise counseling
Z71.83	Encounter for non-procreative genetic counseling
Z71.89	Other specified counseling
Z71.9	Counseling, unspecified
Z72.0	Tobacco use
Z72.51	High risk heterosexual behavior [effective 9/17/2021]
Z72.52	High risk homosexual behavior [effective 9/17/2021]
Z72.53	High risk bisexual behavior [effective 9/17/2021]

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z72.89	Other problems related to lifestyle
Z72.9	Problem related to lifestyle, unspecified
Z73.9	Problem related to life management difficulty, unspecified
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z76.81	Expectant parent(s) prebirth pediatrician visit
Z76.89	Persons encountering health services in other specified circumstances
Z77.011	Contact with and (suspected) exposure to lead
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.3	Family history of malignant neoplasm of breast
Z80.41	Family history of malignant neoplasm of ovary
Z80.42	Family history of malignant neoplasm of prostate
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
Z82.62	Family history of osteoporosis
Z83.3	Family history of diabetes mellitus
Z83.42	Family history of familial hypercholesterolemia
Z83.710	Family history of adenomatous and serrated polyps
Z83.711	Family history of hyperplastic colon polyps
Z83.718	Other family history of colon polyps
Z83.719	Family history of colon polyps, unspecified
Z83.79	Family history of other diseases of the digestive system
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
Z85.44	Personal history of malignant neoplasm of other female genital organs
Z86.010	Personal history of colonic polyps
Z86.15	Personal history of latent tuberculosis infection
Z86.32	Personal history of gestational diabetes
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z87.312	Personal history of (healed) stress fracture
Z87.81	Personal history of (healed) traumatic fracture
Z87.891	Personal history of nicotine dependence
Z90.79	Acquired absence of other genital organ(s)

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Routine Diagnosis List	
ICD-10 Code(s)	Description
Z91.81	History of falling
Z92.241	Personal history of systemic steroid therapy

Pregnancy Diagnosis List	
ICD-10 Code(s)	Description
O00.00 - O94.53	Pregnancy, Childbirth and the puerperium
P05.00 - P07.39	Disorders of newborn related to length of gestation and fetal growth
P27.0 - P27.9	Respiratory and cardiovascular disorders specific to the perinatal period
P92.1 - P92.9	Respiratory and cardiovascular disorders specific to the perinatal period
Z03.71	Encounter for suspected problem with amniotic cavity and membrane ruled out
Z03.72	Encounter for suspected placental problem ruled out
Z03.73	Encounter for suspected fetal anomaly ruled out
Z03.74	Encounter for suspected problem with fetal growth ruled out
Z03.75	Encounter for suspected cervical shortening ruled out
Z03.79	Encounter for other suspected maternal and fetal conditions ruled out
Z29.13	Encounter for prophylactic Rho(D) immune globulin
Z32.01	Encounter for pregnancy test, result positive
Z32.2	Encounter for childbirth instruction
Z33.1	Pregnant state, incidental
Z33.3	Pregnant state, gestational carrier
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Pregnancy Diagnosis List	
ICD-10 Code(s)	Description
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z36.1	Encounter for antenatal screening for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations
Z36.4	Encounter for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates
Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified
Z39.1	Encounter for care and examination of lactating mother
Z39.2	Encounter for routine postpartum follow-up
Z3A.00	Weeks of gestation of pregnancy not specified
Z3A.01	Less than 8 weeks gestation of pregnancy
Z3A.08	8 weeks gestation of pregnancy
Z3A.09	9 weeks gestation of pregnancy
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy
Z3A.13	13 weeks gestation of pregnancy
Z3A.14	14 weeks gestation of pregnancy
Z3A.15	15 weeks gestation of pregnancy

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).

Pregnancy Diagnosis List	
ICD-10 Code(s)	Description
Z3A.16	16 weeks gestation of pregnancy
Z3A.17	17 weeks gestation of pregnancy
Z3A.18	18 weeks gestation of pregnancy
Z3A.19	19 weeks gestation of pregnancy
Z3A.20	20 weeks gestation of pregnancy
Z3A.21	21 weeks gestation of pregnancy
Z3A.22	22 weeks gestation of pregnancy
Z3A.23	23 weeks gestation of pregnancy
Z3A.24	24 weeks gestation of pregnancy
Z3A.25	25 weeks gestation of pregnancy
Z3A.26	26 weeks gestation of pregnancy
Z3A.27	27 weeks gestation of pregnancy
Z3A.28	28 weeks gestation of pregnancy
Z3A.29	29 weeks gestation of pregnancy
Z3A.30	30 weeks gestation of pregnancy
Z3A.31	31 weeks gestation of pregnancy
Z3A.32	32 weeks gestation of pregnancy
Z3A.33	33 weeks gestation of pregnancy
Z3A.34	34 weeks gestation of pregnancy
Z3A.35	35 weeks gestation of pregnancy
Z3A.36	36 weeks gestation of pregnancy
Z3A.37	37 weeks gestation of pregnancy
Z3A.38	38 weeks gestation of pregnancy
Z3A.39	39 weeks gestation of pregnancy
Z3A.40	40 weeks gestation of pregnancy
Z3A.41	41 weeks gestation of pregnancy
Z3A.42	42 weeks gestation of pregnancy
Z3A.49	Greater than 42 weeks gestation of pregnancy
Z64.1	Problems related to multiparity
Z86.32	Personal history of gestational diabetes

All applicable diagnosis codes for preventive services should be billed in the **primary position** on the claim as benefits are based on the primary diagnosis billed with the corresponding procedure code(s).