

Marketplace National Regional Benefit Interpretation Document

Benefit Name	PREVENTIVE CARE SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses preventive health care services.</p> <ul style="list-style-type: none"> Those evidenced-based items or services that have, in effect, a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved; Those immunizations for routine use in children, adolescents, and adults that have, in effect, a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved; With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and Preventive services and screenings provided for in comprehensive guidelines supported by HRSA (WA- for women’s preventive and wellness service guidelines), to the extent not already included in certain recommendations of the USPSTF. <p>All preventive services must be furnished by a Participating Provider to be covered under this Agreement (Not listed in ID). As new recommendations and guidelines for preventive services are published and recommended by the government agencies identified above, they will become covered under this Agreement. Coverage will start for product years that begin one year after the date the recommendation or guideline is issued or on such other date as required by the ACA and its implementing regulations. The Plan year, also known as a policy year for the purposes of this provision, is based on the calendar year.</p> <p>If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive</p>

care. Coverage limits will be consistent with the ACA, its corresponding federal regulations, and applicable State Law.

WISCONSIN:

Preventive Services: In accordance with the Affordable Care Act and as part of Member's Essential Health Benefits, Molina covers preventive services at no Cost Sharing for Members. Preventive services include:

- Those evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF). Please visit the USPSTF website for preventive services recommendations at: <https://uspreventiveservicestaskforce.org>.
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).
- With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);
- Preventive services and screenings provided in the comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF.

All preventive services must be furnished by a Participating Provider to be covered under this Agreement. The Member should consult with their PCP to determine whether a specific service is preventive or diagnostic. As new recommendations and guidelines for preventive services are published and recommended by the government agencies identified above, they will become covered under this Agreement. Coverage will start for product years that begin one year after the date the recommendation or guideline is issued or on such other date as required by the ACA and its implementing regulations. The Plan year, also known as a policy year for the purposes of this provision, is based on the calendar year.

If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive care. Coverage limits will be consistent with the ACA, its corresponding federal regulations and applicable State Law.

Note: This includes recommendations from HHS (US Department of Health and Human Services).

USPSTF: <https://uspreventiveservicestaskforce.org/uspstf/>

HRSA: <https://mchb.hrsa.gov/maternal-child-health-topics/recommended-preventive-services.html>

A. FEDERAL/STATE MANDATED REGULATIONS

Note: The most current federal/state mandated regulations for each state can be found in the links below.

FEDERAL:

Throughout this document the following abbreviation are used:

- USPSTF means the United States Preventive Services Task Force
- PPACA means the federal Patient Protection and Affordable Care Act of 2010
- The links to both sites are provided above

Legislative Bulletin: FD1203 Religious Exception to Women's Preventive Care Requirements

HHS also released an amendment to the prevention regulation that allows religious institutions that offer insurance to their employees the choice of whether or not to cover contraception services. Group health plans sponsored by certain religious employers, and group health insurance coverage in connection with such plans, are exempt from the requirement to cover contraceptive services. A religious employer is one that: "(1) has the inculcation of religious values as its purpose; (2) primarily employs persons who share its religious tenets; (3) primarily serves persons who share its religious tenets; and (4) is a non-profit organization under Internal Revenue Code section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii)." 45 C.F.R. §147.130(a) (1) (iv) (B).

[Women's Preventive Services Guidelines](#)

- Group and individual insurance plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on preventive services.

CALIFORNIA:

California Code of Regulations Title 28 Managed Health Care Article 7 Standards [§ 1300.67](#) Scope of Basic Health Care Services:

Preventive health services (including services for the detection of asymptomatic diseases), which shall include, under a physician's supervision:

- (a) Reasonable health appraisal examinations on a periodic basis;
- (b) A variety of voluntary family planning services;

- (c) Prenatal care;
- (d) Vision and hearing testing for persons through age 16;
- (e) Immunizations for children in accordance with the recommendations of the American Academy of Pediatrics, and immunizations for adults as recommended by the U.S. Public Health Service;
- (f) Venereal disease tests;
- (g) Cytology examinations on a reasonable periodic basis
- (h) Effective health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services provided by the plan or health care organizations affiliated with the plan

[California Health and Safety Code § 1367.06](#)- Pediatric asthma management

[California Health and Safety Code § 1367.45](#)- AIDS Vaccine

[California Health and Safety Code § 1367.46](#)- HIV Testing

[California Health and Safety Code § 1367.695](#)- OB-GYN Direct Access-
b) Health care service plan contract issued, amended, renewed, or delivered in this state, except a specialized health care service plan, shall allow an enrollee the option to seek obstetrical and gynecological physician services directly from a participating obstetrician and gynecologist or directly from a participating family practice physician and surgeon designated by the plan as providing obstetrical and gynecological services.

[California Health and Safety Code § 1367.64](#)- Prostate Cancer Screening

[California Health and Safety Code § 1367.66](#)- Cervical Cancer Screening Test

Cervical Cancer Screening Test (SB1245-Compliance date 1/1/07; Effective for policies issued, amended, or renewed, on or after January 1, 2002)

[California Health and Safety Code § 1367.67](#)- Osteoporosis

[California. Health & Safety Code §1367.6](#), [§1367.65](#)- Breast Cancer Screening

California Health and Safety Code, [§1367.3](#), (for ages 17 and 18)

(a) Every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall offer benefits for the comprehensive preventive care of children. This section shall apply to children 17 and 18 years of age, except as provided in subparagraph (D) of paragraph (2) of subdivision (b). Every plan shall communicate the availability of these benefits to all group contract holders and to all prospective group contract holders with whom they are negotiating. This section shall apply to a plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described herein.

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:

(1) Be consistent with both of the following:

(A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.

(B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.

(2) Provide for the following:

(A) Periodic health evaluations.

(B) Immunizations.

(C) Laboratory services in connection with periodic health evaluations.

(D) Screening for blood lead levels in children of any age who are at risk for lead poisoning, as determined by a physician and surgeon affiliated with the plan, if the screening is prescribed by a health care provider affiliated with the plan.

(c) For purposes of this section, a health care provider is any of the following:

(1) A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code.

(2) A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code.

(3) A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

[California Health & Safety Code §1367.35](#)- Preventive services for children 16 and younger

[California Health & Safety Code §1367.665](#)- Other cancer screenings

[California Health & Safety Code Section 2594.3](#)- Essential Health Benefits

Health and Safety Code § 1367.9- Coverage for the effects of diethylstilbestrol. Effects of Diethylstilbestrol (DES) Exposure. Between 1948 and 1971, millions of women took a drug called diethylstilbestrol (DES) to prevent miscarriage. Daughters born to women who took DES while pregnant have a slightly higher risk of developing: Abnormal cervical cells that cause an abnormal Pap test result.

[Health and Safety Code § 1367.668](#)- Health care coverage: colorectal cancer: screening and testing

Assembly Bill No. 342 Chapter 436 An act to add Section 1367.668 to the Health and Safety Code, and to add Section 10123.207 to the Insurance Code, relating to health care coverage

[Health and Safety Code § 1367.34](#)- Sexually transmitted disease: testing

AB 342 (effective 1/1/22)(APL 21-025)

Requires plans, on or after January 1, 2022, to cover, at zero cost-sharing, a colorectal cancer screening test assigned either a grade A or B by the United States Preventative Services Task Force (USPSTF). The required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a colorectal cancer screening examination or laboratory test identified assigned either a grade A or B by the USPSTF shall also be provided without any cost-sharing.

FLORIDA:

Immunizations

http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statute&SubMenu=1&App_mode=Display_Statute&Search_String=immunization&URL=0300-0399/0381/Sections/0381.003.html

<http://www.floridahealth.gov/programs-and-services/immunization/resources/immunization-laws.html>

Mammograms

[Fla. Stat. § 641.31095](#): Coverage for Mammograms

Individual - [Fla. Stat. § 627.6418](#); HMO Contract - [Fla. Stat. §641.31095](#) - Mammograms

Individual - [Fla. Stat. § 627.6416](#); HMO Contract - [Fla. Stat. § 641.31\(30\)](#) - Child Health Supervision Services

Individual - [Fla. Stat. § 627.6409](#); HMO Contract - [Fla. Stat. § 641.31\(27\)](#) - Osteoporosis diagnosis and treatment

IDAHO:**Mammography Coverage**

[41-3441](#)

ILLINOIS:**42 U.S.C. 300gg-13**

<https://ilga.gov/commission/jcar/admincode/050/050045210001300R.html>

Preventive services required pursuant to 42 USC 300gg-13;

[50 IAC 2001.8](#)

[50 IAC 4521.110\(x\)](#)

[50 IAC 4521.130](#)

We will take note of the regulation within QNXT as a note; however, we will not configure the age restriction nor visit limits for IL and KY to align with other states for Mammograms.

Maternity – Prenatal HIV Testing

[P.A. 92-130](#)

215 ILCS 5/356z.1

215 ILCS 125/4-6.5

Breast Exam

[215 ILCS 5/356g.5](#)

[215 ILCS 125/5-3](#)

Breast Ultrasound Screening/Mammograms

[215 ILCS 5/356g](#)

[215 ILCS 125/4-6.1](#)

Colorectal Cancer Screening

[215 ILCS 5/356x](#)

HPV Vaccine

[215 ILCS 5/356z.9](#)

[215 ILCS 125/5-3](#)

Ovarian Cancer Testing

[215 ILCS 5/356u](#)

[215 ILCS 125/5-3](#)

Pap Smears

[215 ILCS 5/356u](#)

[215 ILCS 125/4-6.5](#)

[50 Ill. Adm. Code 5421.130g](#)

Preventive health services (including well childcare)

[50 IAC 4521.130\(g\)](#)

Prostate specific antigen testing

[215 ILCS 5/356u](#)

[215 ILCS 125/4-6.5](#)

Shingles Vaccine

[215 ILCS 5/356z.13](#)

[215 ILCS 125/5-3](#)

Osteoporosis

[215 ILCS 5/356z.6](#)

[215 ILCS 125/5-3](#)

Multiple sclerosis preventative physical therapy

[215 ILCS 5/356z.8](#)

[215 ILCS 125/5-3](#)

KENTUCKY:

Mammograms

[Ky. Rev. Stat. § 304.17-316](#)

[Ky. Rev. Stat. § 304.17A-096\(3\)](#)

[Ky. Rev. Stat. § 304.17A-133](#)

[Ky. Rev. Stat. § 304.38-1935](#)

We will take note of the regulation within QNXT as a note; however, we will not configure the age restriction nor visit limits for IL and KY to align with other states for Mammograms.

[Ky. Rev. Stat. § 304.17A-257](#): Colorectal cancer screenings

[Ky. Rev. Stat. § 304.17A-647](#): OB/GYN annual visit

[Ky. Rev. Stat. § 304.17A-259](#): Coverage under health benefit plan for genetic test for cancer risk.

[Ky. Rev. Stat. § 304.17A-168](#): Coverage for tobacco cessation medications and services.

MICHIGAN:**Immunizations**

[§ 380.1177](#)

MISSISSIPPI:**Immunizations**

https://msdh.ms.gov/msdhsite/_static/41,0,71.html

Child Immunizations

[Miss. Code Ann. § 83-9-34](#)

NEW MEXICO:**HB 522 – 52ND Legislature**

<https://www.nmlegis.gov/Sessions/15%20Regular/bills/house/HB0522.pdf>

<https://www2a.cdc.gov/vaccines/statevaccsApp/Administration.asp?st=atetmp=NM>

[NMSA 59A-22-34.3](#); [NMSA 59A-46-38.2](#)- Childhood Immunization Coverage

[NMSA 59A-22-39](#); [NMSA 59A-46-41](#)- Coverage for Mammograms

[NMSA 59A-22-40](#)- Coverage for Cytologic and Human Papillomavirus Screening

[NMSA 59A-22-40.1](#)- Coverage for the Human Papillomavirus Vaccine

[NMSA 59A-22-45](#); [NMSA 59A-46-46](#)- Coverage of Alpha-Fetoprotein IV Screening Test- Alpha-fetoprotein screening is a blood test that checks the level of alpha-fetoprotein in the mother's blood during pregnancy

[NMSA 59A-22-47](#); [NMSA 59A-46-48](#)- Coverage of Colorectal Cancer Screening

[NMSA 59A-22-44](#); [NMSA 59A-46-45](#)- Coverage for Smoking Cessation Treatment

OHIO:

Ohio Immunization Laws:

<https://www.lsc.ohio.gov/documents/reference/current/membersonly/briefs/133Ohio%20Immunization%20Laws.pdf>

Mammography

[Ohio Rev. Code § 1751.62](#); [Ohio Rev. Code § 3923.52](#)- Cytological screening (pap smear for cervical cancer); Mammography

SOUTH CAROLINA:**Immunizations**

<https://scdhec.gov/sites/default/files/docs/Health/docs/Vaccine/School%20Attendance.pdf>

[S.C. Code Ann. §38-71-145](#)- Coverage includes screening mammograms, cytological screening (pap smear), and prostate cancer examinations in accordance with State Law.

[S.C Code Ann. §38-71-215](#)- Dermatology referrals

TEXAS:

[Texas Insurance Code §1356.005](#)- Women's Health – Mammography

[Texas Insurance Code §1367.053](#)-Coverage Required, Age birth through 6th birthday:

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1201.htm#1201.061> under Section 1201.061, 1201.062, 1201.063, or 1201.064.

[Texas Insurance Code §1367.054](#)- Copayment, Deductible, or Coinsurance Requirement Prohibited

[Texas Insurance Code §1271.154](#)- Well Child Care From Birth.

[Texas Insurance Code §1367.103](#)- Hearing Screening. Coverage Required.

[Texas Insurance Code §1362.003](#)- Prostate Cancer Screening

[Texas Administrative Code §11.1600](#)- OB/GYN Direct Access

[Texas Insurance Code §1363.003](#)- Colorectal Cancer Screening: Minimum Coverage Required.

[Texas Administrative Code §11.508\(a\)\(1\)\(H\)](#)- Preventive

[Texas Insurance Code §1271.153](#)- Periodic Health Evaluations

(a) The basic health care services provided under an evidence of coverage must include periodic health evaluations for each adult enrollee.

(b) The services provided under this section must include a health risk assessment at least once every three years and, for a female enrollee, an annual well-woman examination provided in accordance with Subchapter F, Chapter 1451.

(c) This section does not apply to an evidence of coverage for a limited health care service plan or a single health care service plan.

[TIC §1376](#)- Cardiovascular Disease - Screening Tests, Including Requirements for the Screening Laboratory

Texas Insurance Code Certain Tests for Early Detection of Cardiovascular Disease Sec. 1376.003. Minimum Coverage Required.

(a) A health benefit plan that provides coverage for screening medical procedures must provide the minimum coverage required by this section to each covered individual (Applies to policies issued or renewed on or after 1/1/10):

(1) Who is:

(A) A male older than 45 years of age and younger than 76 years of age; or

(B) A female older than 55 years of age and younger than 76 years of age; and

(2) Who is:

(A) Is diabetic; or

(B) Has a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm, that is intermediate or higher.

(b) The minimum coverage required to be provided under this section is coverage of up to \$200 for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five years, performed by a laboratory that is certified by a national organization recognized by the commissioner by rule for the purposes of this section:

- (1) Computed tomography (CT) scanning measuring coronary artery calcification; or
- (2) Ultrasonography measuring carotid intima-media thickness and plaque

[Texas Insurance Code Mammography §1356.001](#)

[Texas Insurance Code Detection and Prevention of Osteoporosis Sec. 1361.003](#) Coverage Required

A group health benefit plan must provide to a qualified enrollee coverage for medically accepted bone mass measurement to detect low bone mass and to determine the enrollee's risk of osteoporosis and fractures associated with osteoporosis.

[Texas Insurance Code Sec. 1271.153](#)- Periodic Health Evaluations

Texas Insurance Code Sec. 1370.002-1370.003: Certain Tests for Detection of Human Papillomavirus, Ovarian Cancer, and Cervical Cancer

[Sec. 1370.002](#) Exceptions

[Sec. 1370.003](#) Coverage Required

(a) A health benefit plan that provides coverage for diagnostic medical procedures must provide to 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.

(b) Coverage required under this section includes at a minimum:

- (1) A CA 125 blood test; and
- (2) A conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

[TIC §1357.004](#); [28 TAC §11.508\(b\)\(1\)](#)- Women's Health - Mastectomy, Reconstructive Surgery

[TIC §1367](#), Subchapter E- Children - Developmental Delays, If Eligible For Coverage Under The Policy Or Plan

28/1/11/f/ §11.506 (D)- Sstates zero to 6yrs old no charge

UTAH:**Immunizations**

https://immunize.utah.gov/wp-content/uploads/2019/10/Utah_School_Rule_Eng.pdf

WASHINGTON:

<https://app.leg.wa.gov/rcw/default.aspx?cite=28A.210>

<https://app.leg.wa.gov/rcw/default.aspx?cite=28A.210.010>

[RCW 48.42.100](#) Women's Health Care Services-Duties of Health Care Carriers

(1) For purposes of this section, health care carriers includes disability insurers regulated under chapter **48.20 or 48.21** RCW, health care services contractors regulated under chapter **48.44** RCW, health maintenance organizations regulated under chapter **48.46** RCW, plans operating under the health care authority under chapter **41.05** RCW, the state health insurance pool operating under chapter **48.41** RCW, and insuring entities regulated under chapter **48.43** RCW.

(2) For purposes of this section and consistent with their lawful scopes of practice, types of health care practitioners that provide women's health care services shall include, but need not be limited by a health care carrier to, the following: Any generally recognized medical specialty of practitioners licensed under chapter **18.57 or 18.71** RCW who provides women's health care services; practitioners licensed under chapters 18.57A and 18.71A RCW when providing women's health care services; midwives licensed under chapter **18.50** RCW; and advanced registered nurse practitioner specialists in women's health and midwifery under chapter **18.79** RCW.

Changes effective 6/11/2020

<http://lawfilesexternal.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/2378-S.SL.pdf>

Sec. 35. RCW 48.42.100 and 2000 c 7 s 1 are each amended to read as follows: 35 36

(1) For purposes of this section, health care carriers includes 37 disability insurers regulated under chapter 48.20 or 48.21 RCW, 38 health care services contractors regulated under chapter 48.44 RCW, p. 48 SHB 2378.SL 1 health maintenance organizations regulated under

chapter 48.46 RCW, 2 plans operating under the health care authority under chapter 41.05 3 RCW, the state health insurance pool operating under chapter 48.41 4 RCW, and insuring entities regulated under chapter 48.43 RCW. 5

[RCW 48.46.277](#)- Prostate Cancer Screening (*SB 6188-Applies to employer group contracts issued or renewed after 12/31/06*)

[RCW 48.43.043](#)- Colorectal Cancer Examinations and Laboratory Tests- Required Benefits for Coverage

[RCW 48.21.225](#)- Mammograms- Insurance Coverage

[RCW 48.46.275](#)- Mammograms –Insurance Coverage

[WAC 284-43-5642](#)- Essential Health Benefit Categories

[RCW 48.46.250](#)- Congenital anomalies in children and newborns

WISCONSIN:**Immunizations-**

<https://www.dhs.wisconsin.gov/publications/p01438.pdf>

[632.895 \(14\)](#)- Child Immunizations

[632.895 \(10\)](#)- Lead Screening

[632.895\(8\)](#)- Mammography

[632.895\(9\)](#)- Drugs for Treatment of HIV Infection

B. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A and B. Always refer to Sections A for additional covered benefits not listed in this Section.

ALL STATES:

Group and individual insurance plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on preventive services.

FLORIDA:

Mammograms as follows:

- a. A baseline mammogram for any Member who is 35 to 40 years of age;
- b. A mammogram every 2 years for any Member who is 40 to 50 years of age, or older, or more frequently based on the Member's Provider's recommendations;
- c. A mammogram every year for any Member who is 50 years of age or older;
- d. One or more mammograms a year, based upon a Provider's recommendation for any Member who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has had breast cancer, or because a Member has not given birth before the age of 30.

IDAHO:

- Mammogram coverage at the following periodicity:
 - One (1) baseline mammogram for any woman who is thirty-five (35) through thirty-nine (39) years of age.
 - A mammogram every two (2) years for any woman who is forty (40) through forty-nine (49) years of age, or more frequently if recommended by the woman's physician.
 - A mammogram every year for any woman who is fifty (50) years of age or older.
 - A mammogram for any woman desiring a mammogram for medical cause.

ILLINOIS:

In accordance with State Law, preventive services include:

- Whole body skin examination for the detection of skin cancer
- Human Papillomavirus Vaccine (HPV) • HIV screening - pregnant women
- Shingles vaccine
- Clinical breast examinations as indicated by guidelines of practice, performed by a Participating Provider within the scope of their license, to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows:
 - Every 3 years for women at least 20 years of age but less than 40 years of age; and
 - Annually for women 40 years of age or older.
- A low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer as follows:
 - A baseline mammogram for women 35 to 39 years of age.
 - An annual mammogram for women 40 years of age or older.

- A mammogram at the age and intervals considered medically necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.
- A comprehensive ultrasound screening and MRI of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue or when medically necessary
- A screening MRI when medically necessary
- Tobacco use screening and cessation interventions for tobacco users

- A diagnostic mammogram when medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.
- Contraception for women: FDA approved contraceptive methods, sterilization procedures, and patient education and counseling
- Colorectal cancer screening as prescribed by a Participating Provider, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.
- HIV screening and counseling for adolescents, and adults at higher risk
- Prenatal HIV testing ordered by a Participating Provider
- Medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis
- An annual cervical smear or Pap smear test for female members
- Prostate screening
- Ovarian cancer screening
- Breast Feeding (Lactation) Support, Supplies and Counseling - Breast Pumps in accordance with state law

Preventative Physical Therapy: Molina covers medically necessary physical therapy that is prescribed by a Participating Provider licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

Annual digital rectal examination and prostate-specific antigen test for males upon recommendation of physician. Must include asymptomatic members age 50 and over; and members age 40 and over with family history of prostate cancer.

KENTUCKY:

Passport provides coverage for colorectal cancer examinations and laboratory tests as recommended by the American Cancer Society guidelines.

Passport provides coverage for contraceptive services, including emergency contraception, insertion/extraction of contraceptive devices, prescription-based sterilization procedures for women and tubal ligation. Coverage is not provided for the reversal of sterilization procedures.

Coverage is provided for breastfeeding support, supplies, counseling and includes the purchase of personal-use electric breast pump, one pump per birth. In the event of multiple births, only one pump is covered. This coverage includes the necessary supplies for the pump to operate.

MICHIGAN:

Health Education: Molina covers the following health educational services:

- Managing chronic disease
- Maternity classes
- Tobacco cessation
- Dietitian Services with Participating Provider, up to 6 visits per year

NEW MEXICO:

Smoking Cessation: Molina's care management team works directly with members, at their request, to assist with the most appropriate action based upon the member's needs, including determining the frequency, method, treatment, or setting for the recommended item or services. Determinations of services will be made by Molina in consultation with the provider. Molina Members are always given access to at least one of the tobacco cessation products without prior authorization and are consistent with all State Laws and Requirements and Federal Laws.

- Diagnostic services: Diagnostic services necessary to identify tobacco use, use-related conditions and dependence.
- Pharmacotherapy: Two 90-day courses of pharmacotherapy per calendar year.
- Cessation counseling: A choice of cessation counseling of up to 90 minutes total provider contact time or two multi-session group programs per calendar year.

- initiation of any course of pharmacotherapy or cessation counseling shall constitute an entire course of pharmacotherapy or cessation counseling even if an individual discontinues or fails to complete the course.
- Molina covers the following at no cost share (please refer to your formulary for additional information)
 - Nicotine gum
 - Nicotine patch
 - Nicotine lozenge
 - Nicotine oral or nasal spray
 - Nicotine inhaler
 - Bupropion
 - Vareniline
- Artery calcification testing for heart disease

OHIO:

- With respect to women, those preventive services and screenings provided for in comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF. These services include:
 - Breast exams and mammograms for women, based on their age).
 - Cytological Screening (pap smear) for women every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, 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.
 - Pap smear for women based on their age and health status including human papilloma virus

SOUTH CAROLINA:

Coverage includes screening mammograms, cytological screening (pap smear), and prostate cancer examinations in accordance with State Law.

TEXAS:

In accordance with State Law, preventive services include:

- CA 125 blood test for screening of ovarian cancer for women 18 years and older cancer screening. Molina also covers FDA-approved prescription contraceptive drugs and devices.

- Annual Low-dose Mammograms, including breast tomosynthesis for women age 35 and over which must be performed at designated approved imaging facilities. Age limit does not apply to diagnostic screenings. Diagnostic screenings are to establish presence/absence of disease.
- One low-dose mammography annually for the presence of occult breast cancer for persons the age of 35 and over. Age limit does not apply to diagnostic screenings. Diagnostic screenings are to establish presence/absence of disease.
- Diagnostic imaging mammogram is an imaging examination using mammography, ultrasound imaging, or magnetic resonance imaging that is designed to evaluate:
 - a subjective or objective abnormality detected by a physician or patient in a breast;
 - an abnormality seen by a physician on a screening mammogram;
 - an abnormality previously identified by a physician as probably benign in a breast for which follow-up imaging is recommended by a physician; or
 - an individual with a personal history of breast cancer or dense breast tissue.
- Hearing screening (which includes hearing screening test from birth through the date the child is 30 days of age, refer to section “Hearing Services” for additional benefits where cost share may apply)
- Administration of a newborn screening test, including the cost of a test kit in the amount required by Health and Safety Code §33.019
- Colorectal cancer exams, preventive services, and lab tests with an “A” or “B” grade from the USPSTF and follow-up colonoscopy if the results of the initial colonoscopy, test, or procedure were abnormal.

UTAH:

In accordance with State Law, preventive services include range of services for the diagnosis of infertility, well-childcare from birth, periodic health evaluations for adults, screening to determine the need for vision and hearing correction, and pediatric and adult immunizations in accordance with accepted medical practice.

WASHINGTON:

Molina provides coverage for contraceptive services, including emergency contraception, vasectomy, insertion/extraction of contraceptive devices, prescription-based sterilization procedures for women and tubal ligation. Coverage is not provided for the reversal of sterilization procedures.

Molina also covers obesity screening and counseling, including offering or referring Members age six (6) and older who have a body mass index (BMI) of 30 kg/m² or higher, or have additional cardiovascular disease (CVD) risk factors, to intensive multicomponent behavioral interventions to promote a healthful diet and physical activity for CVD prevention.

Molina covers counseling for women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.

Coverage is provided for breastfeeding support, supplies, counseling and includes the purchase of personal-use electric breast pump, one pump per birth. In the event of multiple births, only one pump is covered. Coverage of breastfeeding equipment includes double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services. This coverage includes the necessary supplies for the pump to operate.

Women's Health Care Services: In accordance with State Law, Molina covers Medically Necessary Women's Health Care Services for all Members, including maternity care, reproductive health services, gynecological care, general examination, and preventive service visits for these services from Providers practicing within the lawful scope of practice. For reference, Providers practicing within the lawful scope of practice for these services may include, but not limited to, Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), physician assistants, midwives, advanced registered nurse practitioner specialists. Molina does not exclude or limit access to covered Women's Health Care Services offered by a particular type of women's health care Participating Provider or contracted facility in a manner that would unreasonably restrict access to that type of Participating Provider, contracted facility, or Covered Service.

MORE INFORMATION

BI Policy Configuration Preventive Services

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by

the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Benefit Sub-Category	Preventive Care Services			
Service	QNXT Description	Procedure Codes	Diagnosis Codes	Benefit Instructions
Abdominal Aortic Aneurysm Screening USPSTF Rating (B) December 2019 The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who have ever smoked.	AAA Screening - Male	76706	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891,	Age 65 through 75 (ends on 76th birthday) One of the Diagnosis Codes listed in this row.
Screening for Prediabetes and Type 2 Diabetes: USPSTF Rating (B) August 2021: adults aged 35 to 70 years who				Decision on 6/21/2021: All MP states for Diabetes Screenings should start at the age of 10 and there should not be a max cap for age limit.

	<p>are overweight or obese. 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.</p>				<p>The limit will be once every year and effective 1/1/2022</p>	
	<p>Aspirin Use to prevent Cardiovascular Disease and Colorectal Cancer: USPSTF Rating (April 2016) B Preventive Medication: adults aged 50 to 59 years with a >10% 10-year CVD risk. The USPSTF recommends initiating low dose aspirin use for the</p>					

	primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk					
	Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: USPSTF Rating (September 2021) B Preventive Medication: 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					
	Asymptomatic Bacteriuria	Preventive - Pregnancy	81000 81001 81002	Pregnancy Diagnosis Code(s)	Payable with a Pregnancy	

	<p>in Adults Screening USPSTF Rating (September 2019) B Screening for asymptomatic bacteriuria with urine culture in pregnant persons.</p>	<p>Exams, Screening</p>	<p>81003 81005 81007 81015 81020</p>	<p>(Add link)</p>	<p>Diagnosis Code</p>
	<p>Benefit Sub-Category</p>	<p>Preventive Care Services</p>			
	<p>Service</p>	<p>QNXT Description</p>	<p>Procedure Codes</p>	<p>Diagnosis Codes</p>	<p>Benefits Instructions</p>
	<p>Breast Cancer: Medication Use to Reduce Risk USPSTF Rating (September 2019) B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse</p>		<p>S0613 G0101</p>		<p>Women at increased risk for breast cancer aged 35 years or older</p>

	medication effects. Women at increased risk for breast cancer aged 35 years or older					
	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing USPSTF Rating (September 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	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing	<i>S3850</i>			

	<p>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. Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutation</p>					
	<p>Chlamydia Infection Screening USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for chlamydia in sexually active women</p>	<p>Preventive - Chlamydia Infection Screening</p>	<p><i>Chlamydia Infection Screening:</i> ☑ 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</p>	<p><i>Pregnancy:</i> ☑ Pregnancy Diagnosis Code(s), OR <i>Screening:</i> Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2</p>	<p><i>Chlamydia Infection Screening:</i> ☑ Payable with a Pregnancy Diagnosis Code(s) OR ☑ One of the Screening</p>	

	<p>age 24 years and younger and in women 25 years or older women who are at increased risk for infection. Note: This recommendation applies to all sexually active adolescents and adult women, including pregnant women.</p>		<p><i>Blood draw:</i> ☑ 36415, 36416</p>		<p>Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i> Payable when billed with both of the following: 1. With 86631 or 86632 AND 2. With one of the Screening Diagnosis Codes listed in this row OR with a Pregnancy Diagnosis Code(s).</p>
	<p>Gonorrhea Screening USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in women 25 years or older who are at increased risk for infection.</p>	<p>Preventive - Gonorrhea Screening</p>	<p>87590, 87591, 87592, 87801, 87810, 87850</p>	<p><i>Pregnancy:</i> ☑ Pregnancy Diagnosis Code(s),</p> <p>OR <i>Screening:</i> ☑ Z00.00, Z00.01, Z11.3, Z11.9, Z20.2</p>	<p>Payable with either a Pregnancy Diagnosis Code</p> <p>OR One of the Screening Diagnosis Code(s)</p>

	<p>Hepatitis B Virus Infection Screening <i>Pregnant Women:</i> USPSTF Rating (July 2019): A Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. <i>Persons at High Risk:</i> USPSTF Rating (May 2014): B The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p>	<p>Preventive - Hepatitis B Virus Infection Screening</p>	<p><i>Hepatitis B Virus Infection Screening:</i> 86704 86705 86706, 86707, 87340, 87341</p> <p><i>Blood draw:</i> 36415, 36416</p>	<p><i>Pregnancy:</i> <input type="checkbox"/> Pregnancy Diagnosis Code(s)</p> <p>OR</p> <p><i>Screening:</i> <input type="checkbox"/> Z57.8, Z00.00, Z00.01, Z11.59</p>	<p><i>Hepatitis B Virus Infection Screening</i> <input type="checkbox"/> Payable with a Pregnancy Diagnosis Code OR <input type="checkbox"/> One of the Screening Diagnosis Codes listed.</p> <p><i>Blood draw:</i> <input type="checkbox"/> Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed AND</p> <p>With a Pregnancy Diagnosis Code(s) OR one of the Screening Diagnosis Codes</p>
	<p>Hepatitis C Virus Infection Screening USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C</p>	<p>Preventive - Hepatitis C Virus Infection Screening</p>	<p><i>Hepatitis C Virus Infection Screening:</i> <input type="checkbox"/> 86803, 86804, G0472</p> <p><i>Blood draw:</i> <input type="checkbox"/> 36415, 36416</p>	<p>See Hepatitis C Virus Infection Screening Diagnosis Code(s)</p> <p>ADD LINK</p>	<p><i>Hepatitis C Virus Infection Screening:</i> <input type="checkbox"/> Preventive with one of the Hepatitis C Virus Infection Diagnosis codes.</p>

	<p>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.</p>				<p><i>Blood draw:</i> <input checked="" type="checkbox"/> Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND <input checked="" type="checkbox"/> A Hepatitis C Virus Infection Screening Diagnosis Code.</p>	
	<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 ages 15 to 65 years. Younger adolescents and older adults who are at increased</p>	<p>Preventive - HIV Screening</p>	<p><i>HIV – Human Immunodeficiency Virus – Screening:</i> <input checked="" type="checkbox"/> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><i>Blood draw:</i> 36415, 36416</p>	<p><i>Pregnancy:</i> <input checked="" type="checkbox"/> Pregnancy Diagnosis Code(s)</p> <p>OR <i>Screening:</i> Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6</p>	<p>No age limits.</p> <p><i>HIV – Human Immunodeficiency Virus – Screening:</i> Preventive when billed with a Pregnancy Diagnosis Code(s)</p> <p>OR One of the Screening Diagnosis Codes listed. <i>Blood draw:</i> Payable when billed with both of the following:</p> <p>1. With one of the listed HIV</p>	

	<p>risk should also be screened. 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.</p>				<p>Screening procedure codes listed, AND</p> <p>2. With one of the following:</p> <ul style="list-style-type: none"> o one of the <p>Screening Diagnosis Codes, OR</p> <ul style="list-style-type: none"> o with a Pregnancy Diagnosis Code(s) 	
	<p>Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis. USPSTF Rating (June 2019): The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical</p>					

	<p>Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy. Persons at high risk of HIV acquisition</p>					
	<p>RH Incompatibility Screening USPSTF Rating (Feb. 2004): A Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related 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</p>	<p>Preventive - Pregnancy Exams, Screenings</p>	<p><i>RH Incompatibility Screening:</i> ☐ 86901</p> <p><i>Blood draw:</i> ☐ 36415, 36416</p>	<p><i>Pregnancy</i> ☐ Pregnancy Diagnosis Code(s)</p>	<p><i>RH Incompatibility Screening:</i> Payable with a Pregnancy Diagnosis Code(s)</p> <p><i>Blood draw:</i> Payable when billed with 86901 AND with a Pregnancy Diagnosis Code(s)</p>	

	known to be Rh (D)-negative.					
	<p>Syphilis Infection in Pregnant Women: Screening USPSTF Rating A (Sept. 2018): The USPSTF recommends early screening for syphilis infection in all pregnant women.</p> <p>(Being updated)</p> <p>Syphilis Infection in Nonpregnant Adolescents and Adults: Screening USPSTF Rating A (Sept. 2022): The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>	Preventive - Syphilis Screening	<p><i>Syphilis Screening:</i> 86592, 86593 86780</p> <p><i>Blood draw:</i> 36415, 36416</p>	<p><i>Pregnancy: Pregnancy Diagnosis Code(s)</i></p> <p>OR</p> <p><i>Screening:</i> Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2</p>	<p><i>Syphilis Screening:</i> Payable with a Pregnancy Diagnosis Code (s) OR One of the Screening Diagnosis Code listed in this row.</p> <p><i>Blood draw:</i> Payable when billed with both of the following: 1. With one of the listed Syphilis Screening procedure codes listed in this row AND 2. With one of the following: o one of the listed Screening diagnosis codes in this row OR o with a Pregnancy Diagnosis Code(s)</p>	

	<p>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</p> <p>USPSTF Rating (August 2019): B</p> <p>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).</p>	<p>Preventive - BRCA Counseling & Evaluation</p>	<p>Genetic Counseling and Evaluation:</p> <p><i>Medical genetics and genetic counseling services:</i></p> <p>☐ 96040, S0265</p> <p><i>Evaluation and Management (Office Visits):</i></p> <p>☐ 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99415, 99416, 99417, 99453, 99454, 99457, 99458, 99483, 99385, 99386, 99387, 99395, 99396, 99397, G0463, G0466, G0467,</p>	<p>Genetic Counseling and Evaluation:</p> <p><i>Medical genetics and genetic counseling services:</i></p> <p>☐ Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02</p>	<p>Genetic Counseling and Evaluation:</p> <p>☐ Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position.</p> <p><i>*Medical Necessity plans require genetic counseling before BRCA Lab Screening.</i></p>	
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	Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.		G0468, G0469			
	Preventive - BRCA Lab Screening	<u>BRCA Lab Screening:</u> 81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167 <i>Blood draw:</i> 36415, 36416	<u>BRCA Lab Screening:</u> <i>Family History or Personal History of breast cancer and/or ovarian cancer:</i> <input type="checkbox"/> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02	Prior authorizations requirements apply to BRCA lab screening. <input checked="" type="checkbox"/> Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row. <i>Blood draw:</i> Payable when billed with both of		

					<p>the following:</p> <ol style="list-style-type: none"> 1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab screening diagnosis codes listed in this row. <p>OH Only- BRCA LAB SCREENING W/ PA</p>	
	<p>Gestational Diabetes Screening USPSTF Rating (August 2021): B The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.</p>	<p>Preventive - Pregnancy Exams, Screenings</p>	<p><i>See Expanded Women's Preventive Health section for Gestational Diabetes Screening codes.</i></p>	<p><i>See Expanded Women's Preventive Health table for Gestational Diabetes Screening codes.</i></p>	<p>See Expanded Women's Preventive Health table for Gestational Diabetes Screening preventive benefit instructions. This benefit applies regardless of the gestational week.</p>	

	<p>Screening Mammography USPSTF Rating: B (January 2016 Recommendation) The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</p>	<p>Preventive - Mammograms w/o PA</p> <p>77061, 77062, 77063, 77065, 77066, 77067, G0279, S8080 G9899 G9900</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Payable regardless of age. <input checked="" type="checkbox"/> Does not have diagnosis code requirements for preventive benefit to apply.</p>	
		<p>Preventive Mammograms w/PA</p> <p>N/A</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Prior Authorization applies</p>	
	<p>Benefit Sub-Category</p>	<p>Preventive Care Services</p>			
	<p>Service</p>	<p>QNXT Description</p>	<p>Procedure Codes</p>	<p>Diagnosis Codes</p>	<p>Benefit Instructions</p>

	Cervical Cancer Screening, Pap Smear USPSTF Rating (August 2018): A 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.	Preventive - Pap Smears - Females - w/o DX	Code Group 1 <input checked="" type="checkbox"/> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 Q0091	Code Group 1 <input checked="" type="checkbox"/> Does not have diagnosis code requirements for preventive benefits to apply.	Code Group 1 <input checked="" type="checkbox"/> Limited to age 21 years – 65 years (ends on 66th birthday) <input checked="" type="checkbox"/> Does not have diagnosis code requirement for preventive benefits to apply.	
		Preventive - Pap Smears - Females - w/DX	Code Group 2 <input checked="" type="checkbox"/> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 G0476	Code Group 2 <input checked="" type="checkbox"/> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4	Code Group 2 <input checked="" type="checkbox"/> Limited to age 21 years – 65 years (ends on 66th birthday) <input checked="" type="checkbox"/> Payable with one of the Diagnosis Codes listed in this row.	

	<p>Colorectal Cancer Screening Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy</p> <p>USPSTF Rating (May 2021): A</p> <p>Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 50 years and continuing until age 75 years.</p> <p>1) Annual high-sensitivity fecal occult blood testing,</p> <p>2) Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and</p> <p>3) Screening colonoscopy</p>	<p>Preventive - Colorectal Cancer Screening w/o DX</p>	<p><i>Fecal Occult Blood Testing (FOBT), Sigmoidoscopy, or Colonoscopy:</i></p> <p>Code Group 1:</p> <p>☐ <i>Sigmoidoscopy:</i> G0104, G0106</p> <p>☐ <i>Colonoscopy:</i> G0105, G0120, G0121, G0122</p> <p>☐ <i>FOBT:</i> G0328</p> <p>☐ <i>Colonoscopy Pre-op Consultation:</i> S0285</p>	<p><i>Fecal Occult Blood Testing (FOBT), Sigmoidoscopy, or Colonoscopy:</i></p> <p>Code Group 1:</p> <p>Does not have diagnosis code requirements for preventive benefits to apply</p>	<p>Colonoscopy Benefit Workgroup on 5/26/2021:</p> <p>A preventive or screening colonoscopy is performed on a patient who is asymptomatic (no gastrointestinal symptoms either past or present), is 50 years of age or older</p> <p>A diagnostic colonoscopy is performed on a patient who has gastrointestinal symptoms (e.g. rectal bleeding, abdominal pain, diarrhea) and who has past and/or present polyps or gastrointestinal disease</p> <p>If polyps are found, removed or biopsied during a screening colonoscopy, most</p>	
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	<p>at intervals of 10 years</p> <p>Colorectal Cancer Screening Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy</p> <p>USPSTF Rating (May 2021): B</p> <p>Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 45 years and continuing until age 49 years.</p> <p>1) Annual high-sensitivity fecal occult blood testing,</p> <p>2) Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and</p>				<p>insurance carriers re-categorize the screening colonoscopy as a diagnostic colonoscopy (and your screening benefit may no longer apply).</p> <p>The American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a</p>	
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	3) Screening colonoscopy at intervals of 10 years				<p>screening procedure. On the other hand, a plan or issuer may impose cost-sharing for a treatment that is NOT a recommended preventive service, even if the treatment results from a recommended preventive service.</p> <p>Clinical: Based on configuration there is no way to determine the right cost sharing for the member. When we get the claim, we will not be able to tell the Pathologist is billing as a treatment. Lab services when we get certain lab codes that were preventive</p>	
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					<p>would be treated as preventive and no cost share. If we get another in 5 years, then we would not treat as preventive in POS 81.</p> <p>Age Limits for Colorectal Cancer Screenings: 50 years – 75 years (ends on 76th birthday)</p> <p>(Age restriction for all states except WA)</p> <p><i>Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy:</i> Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>State Exceptions</p>	
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					<p>FL, MI, TX- Code(s) not configured in benefit: 0310, 0311, 0312, 0314, 0319</p> <p>MS- Code(s) not configured in benefit: 0310, 0311, 0312, 0314, 0319, 0360, 0361, 0369, 0750</p>
		<p>Preventive - Colorectal Cancer Screening w/DX</p>	<p>Code Group 2: <i>Sigmoidoscopy:</i> 45330, 45331, 45333, 45338, 45346</p> <p><i>Colonoscopy:</i> 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388</p> <p>FOBT:</p>	<p>Code Group 2: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p>	<p>Code Group 2 Paid as preventive if: Billed with one of the Diagnosis Codes listed in this row OR Billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.</p>

			82270, 82274			
		Preventive - Colorectal Cancer Screening - Path/Anes w/DX	Code Group 3: <input checked="" type="checkbox"/> Pathology: 88304, 88305 Code Group 4: <input checked="" type="checkbox"/> Anesthesia: 00812 Code Group 5: Sedation: 99152 99153 99156 99157 G0500	Code Group 3 and 4: <input checked="" type="checkbox"/> Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	Code Group 3 (pathology) AND Code Group 4 (anesthesia): Paid as preventive if: <input checked="" type="checkbox"/> Billed with one of the Diagnosis Codes listed in this row. Age restriction: 50-75 years old (all states except FL, MS, SC, & WA)	

		Preventive - Colorectal Cancer Screening - Pre-Op E&M w/DX	Code Group 5 Pre-op / Consultation : 99202, 99203, 99204, 99205 99211, 99212, 99213, 99214, 99215 99241, 99242, 99243, 99244, 99245, 99415, 99416	Code Group 5 Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79	Code Group 5 Paid as Preventive if billed with one of the Code Group 5 diagnosis codes. Refer to link for additional codes
	Wellness Examinations (well-baby, well child, well adult) USPSTF Rating: None MHI supports AAP (American Association of Pediatrics) and AAFP (American Academy of Family Physicians) age and frequency guidelines. HHS Requirements:	Preventive - Wellness Examinations Preventive - Wellness Examinations - G0445 - Limit 2/yr. (limitation for all states except MS and SC)	G0402, G0438, G0439, S0610, S0612, S0613, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411,	Does not have diagnosis code requirements for preventive benefit to apply.	G0296 is limited to age 55 to 80 years (ends on 81st birthday) Does not have diagnosis code requirements for preventive benefit to apply. G0445 is limited to twice per year.

	<p>These codes also include the following HHS (Health and Human Services) requirements for Women:</p> <p>Breastfeeding support and counseling</p> <p>Contraceptive methods counseling</p> <p>Domestic violence screening</p> <p>Annual HIV counseling</p> <p>Sexually Transmitted Infections counseling</p> <p>- Well-woman visits</p>		<p>99412, 99461</p> <p><i>Counseling Visit (to Discuss the Need for Lung Cancer Screening (LDCT) Using Low Dose CT Scan):</i></p> <p>G0296</p>			
	Benefit Sub-Category	Preventive Care Services				
	Service	QNXT Description	Procedure Codes	Diagnosis Codes	Benefit Instructions	

	<p>Newborn Screenings All newborns USPSTF Rating (July 2008): B Hearing Screening - screening for hearing loss in all newborn infants 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</p>	<p>Preventive - Newborn Screenings</p>	<p>Hearing Screening: V5008, 92551, 92558, 92585, 92587, 92588</p> <p>Hypothyroidism Screening: 84437, 84443</p> <p><i>Blood draw:</i> 36415, 36416</p> <p>Phenylketonuria Screening: S3620, 84030, 84035</p> <p><i>Blood draw:</i> 36415, 36416</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p><i>Newborn Screenings:</i> Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply.</p> <p><i>Blood draw:</i> Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>	
	<p>Metabolic Screening Panel</p>	<p>Preventive - Newborn Screenings</p>	<p><i>Metabolic Screening Panel:</i></p>	<p>Does not have</p>	<p><i>Metabolic Screening Panel:</i></p>	

	(newborns)		<input type="checkbox"/> S3620, 82017, 82136, 82261, 82775, 83020, 83021 83030 83033 83051 83498, 83516, 84030, 84437, 84443 <i>Blood draw:</i> <input type="checkbox"/> 36415, 36416	diagnosis code requirement s for preventive benefit to apply.	<input type="checkbox"/> Age 0 – 90 days <input type="checkbox"/> Does not have diagnosis code requirement s for preventive benefit to apply. <i>Blood draw:</i> <input type="checkbox"/> Age 0-90 days, payable when billed with one of the listed Metabolic Screening Panel Procedure Codes listed in this row.
	Osteoporosis Screening USPSTF Rating (June 2018): B The USPSTF recommends screening for osteoporosis in women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65- year-old white woman who	Preventive - Osteoporosis Screening - Female	76977, 77078, 77080, 77081, G0130	Z00.00, Z00.01, Z13.820, Z82.62	Preventive with one of the Diagnosis Codes listed in this row.

	has no additional risk factors.					
	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse USPSTF Rating (Nov 2018): B The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	Preventive - Alcohol/SA Misuse Counseling	99408, 99409, G0442, G0443	Does not have diagnosis code requirements for preventive benefit to apply	Does not have diagnosis code requirements for preventive benefits to apply.	
	Screening for High Blood Pressure USPSTF Rating (Oct. 2015): A The U.S. Preventive	None	None	None	This service is included in the Wellness Examinations section of the Preventive	

	<p>Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.</p>				Care Services.
	<p>Chemoprevention of Breast Cancer (Counseling) USPSTF Rating (Oct. 2008): B The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.</p>	<p>Preventive - BRCA Counseling & Evaluation</p>	<p><i>Evaluation and Management (Office Visits):</i> ☐ 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p>	<p>Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Payable as preventive when billed with one of the Diagnosis Codes listed in this row in the primary position.</p>
	<p>Breast Cancer: Medication Use to Reduce Risk USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications,</p>				

	such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. Women at increased risk for breast cancer aged 35 years or older.					
	Breast Cancer: Screening USPSTF Rating (Jan 2016): B The USPSTF recommends biennial screening mammography of women aged 50 to 74 years. Women aged 5- to 74 years.					
	Benefit Sub-category	Preventive Services				
	Service	QNXT Description	Procedure Codes	Diagnosis Codes	Benefit Instructions	

	Screening for Depression in Adults USPSTF Rating (Jan. 2016): B Recommendation: 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. (B recommendation)	Preventive - Depression Screening - w/DX	96127	<i>Required for 96127 only:</i> ☐ Z13.31 Z13.32	The Diagnosis Codes listed in this row is required for 99420.
	Depression and Suicide Risk in Children and Adolescents: Screening USPSTF Rating (Oct. 2022): B The	Preventive - Depression Screening – w/o DX	G0444	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.

	USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.					
	Benefit Sub-Category	Preventive Care Services				
	Service	QNXT Description	Procedure Codes	Diagnosis Codes	Benefit Instructions	
	Screening for Obesity in Adults/Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral	Preventive - Health Education Services w/DX - No PA	<i>Medical Nutrition Therapy:</i> ☐ 97802, 97803, 97804 <i>Preventive Medicine Individual Counseling:</i> ☐ 99401, 99402,		One of the Diagnosis Codes listed are required for 97802-97804, 99401-99404	

	Intervention s		99403, 99404				
	USPSTF Rating (Sept 2018): B The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	Preventive - Health Education Services w/o DX - No PA	<i>Behavioral Counseling or Therapy:</i> ☑ G0473, G0447, S9449, S9451	<i>Body Mass Index 30.0 – 39.9:</i> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35,		Diagnosis Codes NOT required for G0446, G0447 and G0473	
		Preventive - Health Education Services - G0446 - Limit 1/yr (limitation for all states except MS and SC)	<i>Behavioral Counseling or Therapy:</i> ☑ G0446,	Z68.36, Z68.37, Z68.38, Z68.39 <i>Body Mass Index 40.0 and over:</i> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 <i>Obesity:</i> E66.01, E66.09, E66.1, E66.8, E66.9		G0446 is limited to once per year. (limitation for all states except MS and SC)	
	Screening for Obesity in Children and Adolescents	Preventive - Health Education Services w/DX - No PA	<i>Medical Nutrition Therapy:</i> ☑ 97802, 97803, 97804	<i>Obesity:</i> ☑ E66.01, E66.09, E66.1, E66.8, E66.9		One of the Diagnosis Codes listed in this row are required for 97802-97804,	

	<p>USPSTF Rating (June 2017): B The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>		<p><i>Preventive Medicine Individual Counseling:</i> ☐ 99401, 99402, 99403, 99404</p>		<p>99401-99404, G0270, G0271, S9470</p>
		<p>Preventive - Health Education Services w/o DX - No PA</p>	<p><i>Behavioral Counseling or Therapy:</i> ☐ G0447, G0473</p> <p><i>Also see codes in the Wellness Examinations section of the Preventive Care Services.</i></p>		<p>Diagnosis Codes NOT required for G0446, G0447 and G0473</p>
		<p>Preventive - Health Education Services - G0446 - Limit 1/yr (limitation for all states except MS and SC)</p>	<p>G0446</p>		<p>G0446 is limited to once per year</p> <p>☐ Diagnosis Codes NOT required for G0446</p>
	<p>Behavioral Counseling to Prevent Sexually Transmitted Infections</p>	<p>Preventive - Health Education Services w/o DX - No PA</p>	<p>99401, 99402, 99403, 99404</p>	<p>Does not have diagnosis code requirements for preventive</p>	<p>Does not have diagnosis code requirements for preventive</p>

	<p>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).</p> <p>Se the Practice Considerations section for more information on populations at increased risk for acquiring STIs</p>	<p>Preventive - Wellness Examinations - G0445 - Limit 2/yr (limitation for all states except MS and SC)</p>	G0445	benefit to apply.	benefit to apply. 2. G0445 is limited to twice per year.	
	<p>Perinatal Depression: Preventive Interventions USPSTF Rating (February 2019): B The USPSTF recommends that clinicians provide or</p>					

	<p>refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. Pregnant and postpartum persons.</p>					
	<p>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum : Preventive Medication USPSTF Rating (January 2019): A The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum. Newborns</p>					

	<p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication</p> <p>USPSTF Rating B (Sept. 2022): 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>					
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	Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions USPSTF Rating (January 2021): 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. The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide	Preventive - Tobacco Cessation	Code Group 1 <i>Behavioral Interventions</i> : ☑ 99406, 99407 Also see codes in the Wellness Examinations section of the Preventive Care Services.	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.
		Preventive - Health Education Services w/o DX - No PA	Code Group 2 <i>Behavioral Interventions</i> : ☑ 99401, 99402, 99403, 99404 Also see codes in the Wellness Examinations section of the Preventive Care Services.	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.

	behavioral interventions and US Food and Drug Administration (FDA)-- approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.					
	Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents USPSTF Rating (April 2020): B The USPSTF recommends that primary care clinicians provide	Preventive - Tobacco Cessation	Code Group 1 99406, 99407 Also see codes in the "Wellness Examinations Section"	Does not have diagnosis code requirements for preventive benefit to apply.	Does not have diagnosis code requirements for preventive benefit to apply.	

	<p>interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>School-aged children and adolescents who have not started to use tobacco</p>	<p>Preventive - Health Education Services w/o DX - No PA</p>	<p>Code Group 2 ☑ 99401, 99402, 99403, 99404</p> <p>Also see codes in the “Wellness Examinations Section”</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>
	<p>Screening for Visual Impairment in Children USPSTF Rating (September 2017): B 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.</p>	<p>Preventive - Vision Screening - w/o DX</p>	<p>99173 99172, 99174, 99177</p>	<p>See Benefit Instructions</p>	<p>Age Limit ☑ 0-18 years of age</p> <p>☑ Does not have diagnosis code requirements for preventive benefits to apply.</p>
	<p>Preventive - Vision Screening - w/DX</p>	<p>N/A</p>	<p>See Benefit Instructions</p>	<p>Requires diagnosis for preventive benefit to apply. See Visual Impairment diagnosis codes list</p>	

	Anxiety in Children and Adolescents: Screening USPSTF Rating B (October 2022): The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.				
	Screening for Lung Cancer with Low-Dose Computed Tomography USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer	Preventive - LDCT Lung Cancer Screening Counseling	G0296	F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Requires one of the listed diagnosis codes in this row. Age Limitations G0296 limited to age 50 to 81 years
	Preventive - LDCT Lung Cancer Screening w/o PA - Limit 1/yr	N/A			

	<p>with low-dose 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.</p>	<p>Preventive - LDCT Lung Cancer Screening w/PA - Limit 1/yr</p>			<p>Benefit Limitations G0296 limited to one per year, and</p> <p>1) At least 20 pack-years* of smoking history, and 2) Either a current smoker, or, have quit within the past 15 years.</p>	
	<p>Fluoride Application in Primary Care USPSTF Rating (December 2021): Children younger than 5 years:</p>	<p>No correlating QNXT benefit <i>Review EOCs</i></p>	<p><i>Application of topical fluoride by physician or other qualified health care professional: 99188</i></p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Age 0 – 5 years (ends on 6th birthday)</p> <p><input checked="" type="checkbox"/> Does not have diagnosis code requirements for</p>	

	<p>The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. 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.</p>				<p>preventive benefit to apply.</p>	
	<p>Anemia Screening in Children</p>	<p>Preventive - Lab - Anemia Screening, 0-19yrs</p>	<p><i>Anemia Screening in Children:</i> <input type="checkbox"/> 85014, 85018 <i>Blood draw:</i> <input type="checkbox"/> 36415, 36416</p>	<p>Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p><i>Anemia Screening in Children:</i> <input type="checkbox"/> Ages 0 to 19 (ends on 20th birthday). <input type="checkbox"/> No frequency limit. <input type="checkbox"/> CPT codes 85014 and 85018 payable as preventive</p>	

					<p>with one of the Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i> <input checked="" type="checkbox"/> Ages 0 to 21 (ends on 21st birthday) payable when billed with 85014 or 85018, AND with one of the Diagnosis Codes listed in this row.</p>
	Anemia Screening in Pregnancy: Iron Deficiency Anemia Screening				<p><i>Anemia Screening in Pregnancy: Payable with a Pregnancy Diagnosis Code</i></p> <p><i>Blood draws must be billed with an anemia screening procedure codes and with a Pregnancy Diagnosis Code</i></p>
	Hearing Tests	Preventive - Hearing Test - Limit 1/yr	92551, 92552, 92553	Z00.121, Z00.129, Z01.10	<p>Ages 0 to 19 (ends on 20th birthday). <input checked="" type="checkbox"/> Limit of once per year.</p>

					☑ Payable as preventive with one of the Diagnosis Codes listed in this row.
	Formal Developmental / Autism Screening	Preventive - Autism Screening	96110	Z00.121, Z00.129, Z13.40 Z13.41 Z13.42 Z13.49	<p>Ages 0 to 3 years (ends on 4th birthday). No frequency limits. Payable as preventive with one of the Diagnosis Codes listed in this row.</p> <p>SC- Code(s) not configured in benefit: Z00.121, Z00.129 Additional code(s) configured: F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, Z00.00, Z00.01"</p>
	Lead Screening	Preventive - Lab - Lead Screening	<i>Lead Screening:</i> 83655 <i>Blood draw:</i> 36415, 36416	Z00.121, Z00.129, Z77.011	<i>Lead Screening:</i> Ages 0 to 19 (ends on 20th birthday). No frequency limit.

					<p>Payable as preventive with one of the Diagnosis Codes listed in this row.</p> <p><i>Blood draw:</i> <input checked="" type="checkbox"/> Ages 0 to 19 (ends on 20th birthday) payable when billed with 83655 AND one of the Diagnosis Codes listed in this row.</p>
	TB Testing	Preventive - TB Screening – Lab	86580	R76.11, R76.12, Z00.121, Z00.129, Z11.1	<p>Ages 0 to 19 (ends on 20th birthday). <input checked="" type="checkbox"/> No frequency limit. <input checked="" type="checkbox"/> CPT code 86580 is payable as preventive with one of the Diagnosis Codes listed in this row. <input checked="" type="checkbox"/> CPT code 99211 is only payable as preventive with diagnosis code ICD-10:</p>
		Preventive - TB Screening - Office Visit	99211		

					R76.11, R76.12 and Z11.1.	
	Dyslipidemia Screening	Preventive - Dyslipidemia Screening	<i>Dyslipidemia Screening:</i> 80061, 82465, 83718, 83719, 83721, 83722 84478 <i>Blood draw:</i> 36415, 36416	Z00.121, Z00.129, Z13.220	<i>Dyslipidemia Screening:</i> <input checked="" type="checkbox"/> Ages 24 months to 19 years (ends on 20th birthday). <input checked="" type="checkbox"/> Payable as preventive with one of the Diagnosis Codes listed in this row. <i>Blood draw:</i> <input checked="" type="checkbox"/> Ages 24 months to 19 years (ends on 20th birthday). <input checked="" type="checkbox"/> Payable when billed with one of the listed Dyslipidemia Screening	

					Procedure Codes listed in this row, AND with one of the Diagnosis Codes listed in this row.
	Benefit Sub-Category	Preventive Immunizations (Pediatric = 0 – 18 years old; Adult = 19 years and older)			
	Category	Procedure Codes	Description	Age Group	Benefit Limits

	Immunization Administration Preventive when included as part of a preventive immunization. <u>QNXT Description</u> For all Preventive Immunization benefits: Preventive - Immunizations, 0-18 yrs	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	Pediatric	For applicable age see code description

	OR				
	Preventive - Immunizations - 19+	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure).	Pediatric	For applicable age see code description.
		90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid).	Both	N/A

	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxid) (List separately in addition to code for primary procedure)	Both	N/A
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxid)	Both	N/A
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or	Both	N/A

			combination vaccine/toxid) (List separately in addition to code for primary procedure)		
		G0008	Administration of influenza virus vaccine	Both	N/A
		G0009	Administration of pneumococcal vaccine	Both	N/A
		G0010	Administration of hepatitis B vaccine	Both	N/A
	Meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	Both	Benefit Limit: Age 10 and up

		90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use	Both	Benefit Limit: Age 10 and up	
		90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age , for intramuscular use	Pediatric	For applicable age see code description.	
		90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Both	N/A	
		90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135,	Both	N/A	

			quadrivalent (MenACWY), for intramuscular use		
	Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage , for intramuscular use	Adult	For applicable age see code description.
		90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Pediatric	For applicable age see code description.
		90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Pediatric	For applicable age see code description.
		90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage , for intramuscular use	Adult	For applicable age see code description.

	Haemophilus influenzae b (Hib):	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	Both	N/A
		90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	Both	N/A
	Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	Both	Benefit Limit: ☑ Ends on 27th birthday.

		90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use			
		90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use	Both	Benefit Limit: <input checked="" type="checkbox"/> Ends on 27th birthday.	
	Seasonal Influenza ('flu') Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Both	N/A	

	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Both	N/A
	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Adult	
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age , for intramuscular use	Pediatric	For applicable age see code description
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and	Both	For applicable age see code description.

			older , for intramuscular use		
	90657		Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age , intramuscular use	Pediatric	For applicable age see code description.
	90658		Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older , for intramuscular use	Both	For applicable age see code description.
	90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Both	Benefit Limit: ☑ Ends on 50th birthday
	90661		Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and	Adult	

			antibiotic free, for intramuscular use		
	90662		Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Adult	
	90664		Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Both	
	90666		Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	Both	N/A
	90667		Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted,	Both	N/A

			for intramuscular use		
	90668		Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	Both	N/A
	90672		Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Both	Benefit Limit: <input checked="" type="checkbox"/> Ends on 50th birthday.
	90673		Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Adult	
	90685		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative	Pediatric	For applicable age see code description.

			free, when administered to children 6-35 months of age , intramuscular use		
	90686		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older , for intramuscular use	Both	For applicable age see code description.
	90687		Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age , for intramuscular use	Pediatric	For applicable age see code description.
	90688		Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age	Both	For applicable age see code description.

			and older, for intramuscula r use		
	Q2034		Influenza virus vaccine, split virus, for intramuscula r use (Agriflu)	Adult	
	Q2035		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscula r use (AFLURIA)	Both	For applicable age see code description.
	Q2036		Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscula r use (FLULAVAL)	Both	For applicable age see code description.
	Q2037		Influenza virus vaccine, split virus, when administered to individuals 3	Both	For applicable age see code description.

			years of age and older, for intramuscular use (FLUVIRIN)		
		Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Both	For applicable age see code description.
		N/A	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	Both	For applicable age see code description.
	Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when	Both	For applicable age see code description.

			administered to individuals 2 years or older , for subcutaneous or intramuscular use		
	Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Both	N/A
	Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Both	N/A
		90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Both	N/A
	Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4	Pediatric	For applicable age see code description.

			through 6 years of age, for intramuscular use		
	Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactivated (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine (DTaP – IPV/Hib), for intramuscular use	Both	N/A
	Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Pediatric	For applicable age see code description.
	Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals	Pediatric	For applicable age see code description

			younger than 7 years, for intramuscular use		
	Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Both	N/A
		90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Both	N/A
	Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Both	N/A
	Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for	Both	For applicable age see code description.

			intramuscular use		
	Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older , for intramuscular use	Both	For applicable age see code description.
	Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Both	N/A
	Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediatric	Benefit Limit: Ages 0-6 yrs. Ends on 7th birthday.
	Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Adult	Benefit Limit: ☑ Age 60 years and up.

	Hepatitis B	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Both	N/A
		90743	Hepatitis B vaccine (HepB), adolescent , 2 dose schedule, for intramuscular use	Pediatric (adolescent only)	For applicable age see code description.
		90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage , 3 dose schedule, for intramuscular use	Pediatric	For applicable age see code description.
		90746	Hepatitis B vaccine (HepB), adult dosage , 3 dose schedule, for intramuscular use	Adult	For applicable age see code description.
		90747	Hepatitis B vaccine (HepB),	Both	N/A

			dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use		
	90748		Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	Both	N/A
Benefit Sub Category	Expanded Women's Preventive Health				
Service	QNXT Description	Procedure Code(s)	Diagnosis Code(s)	Preventive Benefit instructions	
Well-Woman Visits	Preventive Well Woman Visits	Well-woman visits: ☑ See the <i>Wellness Examination section of the Preventive Care Services</i> Prenatal Office Visits: <i>Evaluation and Management (Office Visits)</i> : ☑ 99202, 99203, 99204, 99205, 99211,	Pregnancy Diagnosis Code(s) <i>(See Pregnancy Diagnosis Code list)</i>	Well-woman visits: ☑ See the Wellness Examination section of the Preventive Care Services. Prenatal Office Visits: ☑ Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy	

			<p>99212, 99213, 99214, 99215, G0463</p> <p><i>Physician prenatal education, group setting:</i> ☑ 99078</p> <p>Prenatal Care Visits: 59425, 59426</p> <p>Global Obstetrical Codes: ?? Postpartum Care: ??</p>		<p>Diagnosis Code list).</p> <p>Prenatal Care Visits: ☑ Pregnancy Diagnosis Codes are not required.</p> <p>Global Obstetrical Codes: ☑ The routine, low-risk, prenatal visits portion of the code is covered as preventive.</p> <p>Pregnancy Diagnosis Codes are not required.</p>
	<p>Screening for Gestational Diabetes HHS Requirement : Women who are 24 to 28 weeks pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.</p>	<p>Preventive - Pregnancy Exams, Screenings</p>	<p>82947, 82948, 82950, 82951, 82952, 83036</p> <p>☑ 36415, 36416</p> <p>☑ Also see <i>Diabetes Screening and the Gestational Diabetes Mellitus Screening sections in the Preventive</i></p>	<p>Pregnancy Diagnosis Code(s) <i>(See Pregnancy Diagnosis Code list)</i></p>	<p>☑ Payable with Pregnancy Diagnosis Code (regardless of gestational week)</p> <p>Criteria for 36415 and 36416: Payable when billed with ALL of the following: ☑ With one of the</p>

			Care Services table above.		Diabetes Screening Procedure codes listed in this row AND ☑ With a Pregnancy Diagnosis Code <i>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes table.</i>
	Human Papillomavirus DNA Testing (HPV) HHS Requirement : High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.	Preventive - HPV Testing - Female	87624, 87625, G0476	Z00.00, Z00.01, Z01.411, Z01.419, Z12.4	Age 30 and up. Payable as a preventive screening with one of the Diagnosis Codes listed in this row.
	Counseling for Sexually	Preventive - Wellness	See the Wellness	See the Wellness	See the Wellness

	Transmitted Infections HHS Requirement : Counseling on sexually transmitted infections for all sexually active women.	Examinations	Examinations section of the Preventive Care Services section.	Examinations section of the Preventive Care Services section.	Examinations section of the Preventive Care Services section.
	Counseling for Sexually Transmitted Infections <u>HHS Requirement</u> : Counseling on sexually transmitted infections for all sexually active women	Preventive - Wellness Examinations	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.	See the Wellness Examinations section of the Preventive Care Services section.
	Counseling and Screening for Human Immune-deficiency Virus HHS Requirement : Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Preventive - Wellness Examinations	<i>Counseling:</i> See the Wellness Examinations section of the Preventive Care Services section. <i>Screening Tests:</i> ☑ See the HIV – Human Immunodeficiency Virus –Screening for Adolescents and Adults section of	See the Wellness Examinations section of the Preventive Care Services section.	<i>Counseling:</i> See the Wellness Examinations section of the Preventive Care Services section <i>Screening Tests:</i> See the HIV – Human Immunodeficiency Virus –Screening for Adolescents and Adults section of the

			the Preventive Services section.		Preventive Services section.
Benefit Sub Category	Expanded Women's Preventive Health				
Service	QNXT Description	Procedure Code(s)	Diagnosis Code(s)	Preventive Benefit instructions	
Contraceptive Methods (Including Sterilizations) HHS Requirement : For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed).	Preventive - Family Planning & Sterilization - w/o DX	Code Group 1 Sterilizations <i>Tubal Ligation, oviduct occlusion:</i> ☐ 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 Contraceptive Methods: <i>Diaphragm or cervical cap:</i> 57170, A4261, A4266 <i>IUD (copper):</i> J7300 <i>IUD (Skyla®):</i> J7301 <i>IUD (other):</i> J7297	Code Group 1 Does not have diagnosis code requirements for preventive benefits to apply	Code Group 1 Does not have diagnosis code requirements for preventive benefits to apply.	

		Preventive - Family Planning - Implants/Injections - w/DX	<u>Code Group 2</u> Contraceptive Methods: Implantable devices: J7306, J7307, 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion) <i>IUDs:</i> <input type="checkbox"/> J7298, S4989 <input type="checkbox"/> 58300, S4981 (insertion) <input type="checkbox"/> 58301 (removal) <input type="checkbox"/> See Code Group 1 for additional IUD codes. <i>Injections:</i> <input type="checkbox"/> J1050 (injection) <input type="checkbox"/> 96372 (administration)	<u>Code Group 2</u> Required Diagnosis Codes: <i>Contraceptive Management:</i> <input type="checkbox"/> Z30.011, Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9	<u>Code Group 2</u> Preventive when billed with one of the Code Group 2 Diagnosis Codes, listed in this row.	
		Preventive - Family Planning - Anesthesia - Sterilization - w/DX	<u>Code Group 3</u> Anesthesia for Sterilization:	<u>Code Group 3</u> Sterilization: <input type="checkbox"/> Z30.2	<u>Code Group 3</u> <input type="checkbox"/> Preventive when billed with the Code Group	

			☐ 00851, 00940, 00942, 00950, 00952		3 Diagnosis Code listed in this row.
	Preventive - Family Planning - Tubal Ligation - F/U - w/DX	<u>Code Group 4</u> Tubal ligation follow-up hysterosalpi ngogram: <i>Catheterizati on and introduction of saline or contrast material:</i> 58340 <i>Hysterosalpi ngography</i> 74740 <i>Contrast material:</i> Q9967 Code Group 5 IUD Follow- up Visit: 99211, 99212	<u>Code Group 4</u> Tubal ligation status: Z98.51 <u>Code Group 5</u> Z30.431	<u>Code Group 4</u> Preventive when billed with the Code Group 4 Diagnosis Code listed in this row. <u>Code Group 5</u> Preventive when billed with the Code Group 5 Diagnosis code listed in this row. CA, MS, SC and WA: Additional code(s) configured: Z98.52	
Benefit Sub- Category	Expanded Women's Preventive Health				
Service	QNXT Description	Procedure Code(s)	Diagnosis Code(s)	Preventive Benefit instructions	
Breastfeedin g Support, Supplies, and Counseling	Preventive - Breast Feeding Support/Cou nseling - w/DX	<u>Support and Counseling:</u> ☐ 99241, 99242, 99243, 99244,	<u>Support and Counseling:</u> ☐ Z39.1	<u>Support and Counseling:</u> ☐ The Diagnosis Code listed in this row is	

	<p>HHS Requirement : Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p>		99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350		<p>required for 99241 – 99245, 99341 – 99345, and 99347 – 99350</p> <p>☑ Also see the codes in the Wellness Examinations section of the Preventive Care Services.</p>
		<p>Preventive - Breast Feeding Support/Counseling - wo/DX</p>	<p>Support and Counseling: ☑ N/A</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply. ☑ Also see the codes in the Wellness Examinations section of the Preventive Care Services.</p>
		<p>Preventive - Breast Feeding Support/Counseling - wo/DX</p>	<p>Support and Counseling: ☑ N/A</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply. ☑ Also see the codes in</p>

					the Wellness Examination section of the Preventive Care Services.
	Preventive - Breast Feeding Supplies	<p>Breast Pump Equipment & Supplies:</p> <p><i>Personal Use Electric:</i> ☑ E0603</p> <p><i>Breast Pump Supplies:</i> ☑ A4281, A4282, A4283, A4284, A4285, A4286</p>	<p>Breast Pump Equipment & Supplies:</p> <p>☑ Z39.1 OR Pregnancy Diagnosis Code(s) (see <i>Pregnancy diagnosis code list</i>)</p>	<p>Breast Pump Equipment & Supplies:</p> <p>☑ E0603 is limited to one purchase per birth.</p> <p>☑ E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.</p> <p>Group and individual insurance plans must cover double electric breast pumps without cost-sharing for the first time under updated Health Resources and Service Administration guidance on</p>	