

Preventative Care Screening

[MP-006 DNA Analysis of Stool for Colon Cancer Screening \(Cologuard®\)](#)

[MP-022 Breast Tomosynthesis](#)

[MP-033 Genetic Testing for Breast and/or Ovarian Cancer Susceptibility](#)

[\(BRCA1/BRCA2\)](#)

Policy Reimb-009

Origination Date: 09/01/2021

Reviewed/Revised Date: 01/05/2022

Next Review Date: 01/05/2023

Current Effective Date: 03/05/2022

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, Healthy U (Medicaid) and Advantage U (Medicare) plans. Refer to the “Policy” section for more information.
3. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member’s plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Preventative care and screening services are important to promote wellness and prevent disease. Coverage of preventive service by health plans is contingent on several regulatory requirements. The Affordable Care Act (ACA) requires individual and group health plans to cover in-network preventive services and immunizations without cost sharing (e.g., deductibles, coinsurance, copayments) unless the plan qualifies under the grandfather provision or for an exemption. The ACA requires coverage of high-value preventive services. Plans covered by these rules must offer coverage of a comprehensive range of preventive services that are recommended by physicians and other experts without imposing any cost-sharing requirements. Specifically, these recommendations include:

- Evidence-based preventive services: The U.S. Preventive Services Task Force (USPSTF), an independent panel of scientific experts, ranks preventive services based on the strength of the scientific evidence documenting their benefits. Preventive services with a “grade” of A or B, like breast and colon cancer screenings, screening for vitamin deficiencies during pregnancy, screenings for diabetes, high cholesterol and high blood pressure, and tobacco cessation counseling will be covered under these rules.

- Routine vaccines: Health plans will cover a set of standard vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) ranging from routine childhood immunizations to periodic shots for adults.
- Health plans must cover preventive care for children recommended under the Bright Futures guidelines, developed by the Health Resources and Services Administration with the American Academy of Pediatrics. These guidelines provide pediatricians and other health care professionals with recommendations on the services they should provide to children from birth to age 21 to keep them healthy and improve their chances of becoming healthy adults. The types of services that will be covered include regular pediatrician visits, vision and hearing screening, developmental assessments, immunizations, and screening and counseling to address obesity and help children maintain a healthy weight.
- The Health Resources & Services Administration (HRSA)-supported Women's Preventive Services Initiative which provide guidance on evidence-based services specifically for women. The HRSA-supported health plan coverage guidelines, developed by the Institute of Medicine (IOM), will help ensure that women receive a comprehensive set of preventive services without having to pay a co-payment, co-insurance or a deductible

This preventive services coverage requirement applies only to people enrolled in job-related health plans or individual health insurance policies created after March 23, 2010.

In addition, if your plan is "grandfathered," these benefits may not be available to you. These services are also only covered at no cost to the member if provided by in network providers.

Lastly, if a preventive service, such as a cholesterol screening test, as part of an office visit to monitor a known medical condition, the plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

Coverage for preventive care services other than those mandated by ACA is dependent on benefit plan language. For example, many benefit plans specifically exclude immunizations that are for travel or to protect against occupational hazards and risks. They may also cover preventive eye exams not mandated by the ACA. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions, and limitations of coverage. Services not covered under preventive care services may be covered under another portion of the health plan.

As part of preventive coverage, it is important to note that preventive or screening services typically represent Services performed in the absence of signs or symptoms a disease or illness are consider. This is considered primary prevention. Services performed to identify risk for worsening of conditions or to monitor a disease state are not covered as preventive. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, your regular copays, coinsurance, or deductibles may apply.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plan covers preventative services in compliance with stipulations of the Affordable Care Act and the member Summary of Plan Description.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at:

<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

Preventive Care Services and USPSTF Recommendations	Relevant CPT/HCPCS Codes	Relevant ICD-10-CM Codes	Adjudication/Rationale
<p>Abdominal aortic aneurysm screening: men; men aged 65 to 75 years who have ever smoked The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.</p>	76706	Z13.6, Z87.891, Z00.00, Z00.01, Z00.8, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219	Allow CPT code with any of the ICD-10-CM codes between ages 65 and 75 in men only one time.
<p>Bacteriuria screening: pregnant women The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant persons.</p>	87086	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293,	Allow CPT once per year with any associated ICD-10-CM code. Use beyond preventive indication may be covered under the medical benefit.

		<p>009.299, 009.40, 009.41, 009.42, 009.43, 009.211, 009.212,009.213, 009.219, 009.30, 009.31, 009.32, 009.33, 009.511, 009.512,009.513, 009.519, 009.521, 009.522,009.523, 009.529,009.611, 009.612,009.613, 009.619,009.621, 009.622,009.623, 009.629, 009.811, 009.812,009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	
<p>Blood pressure screening: adults Hypertension in Adults: Screening: adults 18 years or older without known hypertension</p> <p>The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. The USPSTF</p>	<p>Blood pressure measurement is included in preventative care and wellness exams or focused E/M visit.</p>	<p>N/A</p>	<p>N/A</p>

<p>recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>			
<p>BRCA-Related Cancer risk assessment and genetic counseling/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>The USPSTF recommends that primary care clinicians screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p>	<p>Counseling Services Codes: 96040, 99401, 99402, 99403, 99404, S0265</p> <p>BRCA Lab Screening Codes: 81163, 81164, 81215, 81217</p>	<p>Screening: Z00.00, Z00.01, Z15.01, Z15.02, Z15.09, Z71.83</p> <p>Family History Codes: Z80.3, Z80.41, Z80.49</p> <p>Personal History Codes: Z85.07, Z85.3, Z85.44, Z85.46, Z85.07, Z85.43</p>	<p>Allow BRCA lab code with any screening diagnosis one per lifetime. Counseling service codes are allowed when reported without E/M code. Use beyond preventive indication may be covered under the medical benefit. <i>U of U Health Plans covers genetic testing for BRCA1 and BRCA2 mutations in adult individuals at high risk for heritable breast and ovarian cancer syndromes when specific clinical coverage criteria are met. See MP-033 Genetic Testing for Breast and/or Ovarian Cancer Susceptibility (BRCA1/BRCA2) for criteria.</i></p>
<p>Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older</p> <p>The USPSTF recommends that clinicians offer to prescribe risk-</p>	<p>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387,</p>	<p>Screening: Family History: Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Allow CPT code with any screening ICD-10-CM code for women 35 years of age or older.</p>

<p>reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p>	<p>99395, 99396, 99397, G0463</p>		
<p>Breast Cancer: Screening: women aged 50 to 74 years; The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</p> <p>U of U Health Plans covers ages 40 to 75 years - once a year as preventive.</p>	<p>77063, 77067</p>	<p>Z12.31, Z12.39</p>	<p>Requires at least one of the ICD-10-CM codes and allowed once per year for females ages 40 to 75 years. Benefit includes screening mammography, bilateral including CAD and tomosynthesis. See MP-022 Breast Tomosynthesis</p>
<p>Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p>	<p>Counseling Services Codes: 99401, 99402, 99403, 99404 Education: S9443</p>	<p>Z39.1, Z00.00, Z00.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, Z11.8, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611,</p>	<p>Counseling service CPT codes are allowed when reported without E/M code and with an ICD-10-CM code. Allow once per pregnancy.</p>

		<p>009.612,009.613, 009.619,009.621, 009.622,009.623, 009.629, 009.811, 009.812,009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	
<p>Cervical Cancer: Screening: women aged 21 to 65 years The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing).</p>	<p>Cervical Cytology (Pap Smear): G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88150, 88152, 88153, 88164, 88165, 88167, 88174, Q0091, 88175. HPV Testing codes: 87624, 87625, G0476</p>	<p>Cervical Cytology (Pap Smear) screening diagnoses codes: Z01.411, Z01.419, Z01.42, Z12.4, Z00.00, Z00.01 HPV Testing diagnosis code: Z11.51</p>	<p>Allow any one CPT code for cervical cytology with any one ICD-10-CM code for women between ages of 21-65 years, every 3 years. Allow HPV testing CPT codes with HPV screening diagnosis code every 5 years for women 30-65.</p>
<p>Colorectal Cancer: Screening: adults aged 45 to 75 years The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years.</p>	<p>45330, 45331, 45333, 45338, 45378, 45380, 45384, 45385,</p>	<p>Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z15.09</p>	<p>Allow any one CPT code for colorectal cancer screening with any one associated ICD-10-CM code</p>

	<p>44388, 44389, 44392, 44394, G0105, G0120, G0121, G0122, G0104, G0328</p> <p>Sedation codes: 99152, G0500, 99153, 00182</p> <p>Codes covered as medical-NOT preventive: 45346, 45381, 45388</p>		<p>between the ages of 45-75 every 5 years.</p> <p>Allow any HCPCS codes as preventive between the ages of 45-75 every 5 years.</p> <p>Sedation is limited to 3 units.</p> <p>Use of CPT codes 99152 and 99153 combined with anesthesia CPT code 00812 is considered the max number of units.</p>
<p>Dental Caries in Children from Birth Through Age 5 Years: Screening: children from birth through age 5 years</p> <p>The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.</p>	99188	Z29.3, Z00.121, Z00.129	Allow these CPT for children under 5 years of age twice per year.
<p>Dental Caries in Children from Birth Through Age 5 Years: Screening: children from birth through age 5 years</p> <p>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>	99188	Z29.3, Z00.121, Z00.129	Allow CPT for children under 5 years of age twice per year.
<p>Depression in Children and Adolescents: Screening: adolescents aged 12 to 18 years</p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents</p>	G0444	Z13.30, Z13.31, Z13.32, Z13.39, Z00.121, Z00.129	Allow CPT code with ICD-10-CM code in once per year for adolescents between the ages of 12-18 years if no E/M billed.

<p>aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>			
<p>Depression in Adults: Screening: general adult population, including pregnant and postpartum women 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.</p>	<p>G0444</p>	<p>Z13.30, Z13.31, Z13.32, Z13.39, Z00.00, Z00.01</p>	<p>Allow CPT code with ICD-10-CM code once per year for adults over 18 years of age if no E/M billed.</p>
<p>Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening: adults aged 35 to 70 years who are overweight or obese The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p>	<p>82947, 82948, 82950, 82951, 82952</p>	<p>Screening codes: Z13.1, Z00.00, Z00.01 BMI Codes: Z68.60, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Obesity codes: E66.2, E66.3, E66.8, E66.9, E66.01, E66.09</p>	<p>Allow CPT code with ICD-10-CM code once per year for adults between 35-70 years of age.</p> <p>Allow one of three associated Z screening codes with one of the BMI and/or obesity related codes.</p>
<p>Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older The USPSTF recommends exercise interventions to prevent</p>	<p>N/A</p>	<p>N/A</p>	<p>Fall prevention assessment is included in preventative care and wellness exams or focused E/M visit.</p>

<p>falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>			
<p>Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p>	<p>N/A - administered through pharmacy benefit</p>	<p>N/A</p>	<p>Would cover OTC folic acid supplements on any claims submitted by a member or a pharmacy at 100% for members who are pregnant or a planning on becoming pregnant.</p>
<p>Gestational Diabetes Mellitus, Screening: asymptomatic pregnant women, after 24 weeks of gestation The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation.</p>	<p>82950, 82951 +82952, 82947, 82948</p>	<p>Z13.1, Z00.00, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0,</p>	<p>Allow CPT code with any of the ICD-10-CM codes once per pregnancy.</p>

		O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<p>Chlamydia and Gonorrhea: Screening: sexually active women</p> <p>The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.</p>	87590, 87591, 87592 87850 87110, 87270, 87320, 87490, 87491, 87801	N/A	Allow any CPT code to pay as preventive one time per year. Use beyond preventive indication may be covered under the medical benefit.
<p>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors</p> <p>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p>	<p>Medical Nutrition Therapy: 97802, 97803, 97804, G0270, G0274</p> <p>Preventative Individual Counseling: 99401, 99402, 99403</p> <p>Behavioral Counseling or Therapy: G0446, G0447, G0473, G0108, 0403T</p>	<p>Z71.3, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z00.00, Z00.01</p> <p>BMI codes: Z68.60, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	Not allowed as separate payment if office visit billed on same DOS unless different provider. <i>Allow first 5 of any codes as preventive when billed with correct ICD-10-CM codes then others go to medical.</i>
<p>Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons</p> <p>The USPSTF recommends that clinicians offer pregnant persons</p>	<p>Medical Nutrition Therapy: 97802, 97803, 97804, G0270, G0274</p> <p>Preventative</p>	<p>Z71.3, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z13.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81,</p>	Allow first 5 of any CPT codes as preventive when billed with correct ICD-10-CM codes.

<p>effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p>	<p>Individual Counseling: 99401, 99402, 99403 Behavioral Counseling or Therapy: G0447, G0473, G0108, 0403T</p>	<p>Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3</p>	
<p>Hepatitis B Virus Infection in Adolescents and Adults: Screening: adolescents and</p>	<p>87340, 87341, G0499</p>	<p>Z11.59, Z00.00, Z00.01</p>	<p>Allow CPT code with any ICD-10-CM code as preventive once per month. Use beyond</p>

<p>adults at increased risk for infection</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p>			<p>preventive indication may be covered under the medical benefit.</p>
<p>Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women</p> <p>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p>	<p>87340, 87341, G0499</p>	<p>Z11.59, Z00.00, Z00.01 O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O9.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93</p>	<p>Allow CPT code with any ICD-10-CM codes as preventive once per year. Use beyond preventive indication may be covered under the medical benefit.</p>

		O09.A0, O09.A1, O09.A2, O09.A3	
<p>Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years</p> <p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.</p>	86803, 86804, G0472	N/A	Does not have diagnosis code requirement. Allow once per lifetime. Use beyond preventive indication may be covered under the medical benefit.
<p>Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years</p> <p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p>	86703, G0432, G0433, G0435, G0475	Z11.3, Z11.4, Z11.9, Z20.6, Z00.00, Z00.01 Z00.121, Z00.129,	Allow once per month for adults ages 15 - 65 years of age. Use beyond preventive indication may be covered under the medical benefit.
<p>Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons</p> <p>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>	86703, G0432, G0433, G0435, G0475	Z11.3, Z11.4, Z11.9, Z20.6, Z00.00, Z00.01, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523,	Allow once per year. Use beyond preventive indication may be covered under the medical benefit.

		<p>009.529,009.611, 009.612,009.613, 009.619,009.621, 009.622,009.623, 009.629, 009.811, 009.812,009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	
<p>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	<p>N/A - service is included in a preventative care wellness exam or focused E/M visit.</p>	<p>N/A</p>	<p>N/A</p>
<p>Lung Cancer: Screening: 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 The USPSTF recommends annual screening for lung cancer 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</p>	<p>71271</p>	<p>F17.210, F17.211, F17.218, F17.219, Z87.891, Z00.00, Z00.01</p>	<p>Allow CPT code for adults ages 50-80 years of age once every year with any associated ICD-10-CM code.</p>

<p>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>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</p>	<p>Preventative Individual Counseling: 99401, 99402, 99403, 99404</p>	<p>Screening Diagnosis Codes: Z13.89, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z00.00, Z00.01 BMI codes: Z68.60, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	<p>Allow CPT code for individual >18 years old with any ICD-10-CM associated diagnosis codes. Do not allow separately if billed with E/M. Allow once per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p>Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</p>	<p>No specific codes as this is part of well child visit.</p>	<p>N/A</p>	<p>N/A-included in well child visit.</p>
<p>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia Neonatorum.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Osteoporosis to Prevent Fractures: Screening:</p>	<p>77080, 77081</p>	<p>N/A</p>	<p>Allow one of the CPT codes every 2 years in</p>

<p>postmenopausal women younger than 65 years at increased risk of osteoporosis The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>			<p>women ages 50-65. Use beyond preventive indication may be covered under the medical benefit.</p>
<p>Osteoporosis to Prevent Fractures: Screening: women 65 years and older The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p>	<p>77080, 77081, G0130</p>	<p>N/A</p>	<p>Cover one per every 2 years for females beginning at age 65. Use beyond preventive indication may be covered under the medical benefit.</p>
<p>Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: Preventive Medication: pregnant women who are at high risk for preeclampsia The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.</p>	<p>N/A</p>	<p>N/A O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, 09.821,</p>	<p>Would cover 81 mg aspirin (low-dose) on any claims submitted by a member or a pharmacy at 100%.</p>

		<p>O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3</p>	
<p>Preeclampsia: Screening: pregnant woman The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>	<p>N/A - screening is included with supervision of pregnancy visits</p>	<p>N/A</p>	<p>N/A</p>
<p>Prostate Cancer: Screening (MHC only) USPSTF Rating - C For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one.</p>	<p>84152, 84153, G0102, G0103</p>	<p>N/A</p>	<p>Allow once per year for men between the ages of 55 – 69 years old.</p>
<p>Rh incompatibility: Screening: pregnant women, during the first pregnancy-related care visit The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p>	<p>86901, 86850</p>	<p>Z01.83, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, Z11.8, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40,</p>	<p>Once per year with any associated ICD-10-CM code diagnosis.</p>

		<p>009.41, 009.42, 009.43, 009.211, 009.212,009.213, 009.219, 009.30, 009.31, 009.32, 009.33, 009.511, 009.512,009.513, 009.519, 009.521, 009.522,009.523, 009.529,009.611, 009.612,009.613, 009.619,009.621, 009.622,009.623, 009.629, 009.811, 009.812,009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	
<p>Rh(D) Incompatibility: Screening: unsensitized Rh(d)-negative pregnant women The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)- negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	86850	<p>Z31.8, Z36.5, Z31.8, Z36.5, Z00.00, Z00.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, Z11.8, 009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.291, 009.292,009.293,</p>	<p>Once per year with any associated ICD-10- CM code diagnosis. Use beyond preventive indication may be covered under the medical benefit.</p>

		O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
Sexually Transmitted Infections: Behavioral Counseling: sexually active adolescents and adults at increased risk The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).	99401, 99402, 99403, 99404, G0445	Z11.3, Z70.8, Z70.9, Z71.7, Z71.89, Z72.51, Z72.52, Z72.53, Z00.00, Z00.01, Z00.121, Z00.129	Not allowed separately if billed with E/M code; only allow G0445 2 times per year. Use beyond preventive indication may be covered under the medical benefit.
Skin Cancer Prevention: Behavioral Counseling: young	99401, 99402, 99403, 99404	Z00.00, Z00.01, Z00.121, Z00.129, Z12.83	Not allowed separately if billed with E/M code.

<p>adults, adolescents, children, and parents of young children The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>			
<p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.</p>	<p>As this is a recommendation for action but not requiring medication to be covered as preventive this is part of E/M Labs: 80061</p>	<p>Z00.00, Z00.01, Z13.220</p>	<p>Allow CPT code for ages 40-75 once per year. Preventive Benefit Does Not Apply: For all ages above, if any of the following lipid disorders ICD-10-CM codes are present. The preventive benefit does not apply: E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p>
<p>Syphilis Infection in Non-pregnant Adults and Adolescents: Screening : asymptomatic, non-pregnant</p>	<p>86780, 86592, 86593</p>	<p>Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.9, Z20.2, Z11.2</p>	<p>Allow CPT code with any one of the ICD-10-CM codes. No limit.</p>

<p>adults and adolescents who are at increased risk for syphilis infection</p> <p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>			
<p>Syphilis Infection in Pregnant Women: Screening: pregnant women</p> <p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>86780, 86592, 86593</p>	<p>Z11.2, Z11.3, Z11.9, Z00.00, Z00.01, Z00.12, Z00.129, Z20.2, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2,</p>	<p>Allow any CPT code to pay as preventive with any ICD-10-CM code listed, no limit.</p>

		O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<p>Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: non-pregnant adults</p> <p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p>	99406, 99407	Z00.00, Z00.01	Not allowed separately if billed with E/M code. Allow twice per year with any associated ICD-10-CM code.
<p>Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons</p> <p>The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p>	99406, 99407	F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, Z00.00, Z00.01, Z00.12, Z00.129, Z11.2, Z11.3, Z11.9, Z20.2, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293,	Not allowed separately if billed with E/M code. Allow twice per year with any associated ICD-10-CM code.

		<p>009.299, 009.40, 009.41, 009.42, 009.43, 009.211, 009.212,009.213, 009.219, 009.30, 009.31, 009.32, 009.33, 009.511, 009.512,009.513, 009.519, 009.521, 009.522,009.523, 009.529,009.611, 009.612,009.613, 009.619,009.621, 009.622,009.623, 009.629, 009.811, 009.812,009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	
<p>Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p>	<p>99406, 99407</p>	<p>Z00.121, Z00.129, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219</p>	<p>Not allowed separately if billed with E/M code Allow twice per year with any associated ICD-10-CM code.</p>

<p>Latent Tuberculosis Infection: Screening: asymptomatic adults at increased risk for infection The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.</p>	<p>86480, 86481, 86580</p>	<p>Z11.1, Z20.1, Z00.00, Z00.01</p>	<p>Allow CPT code with diagnosis listed only as preventive for 18 years or older once per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p>Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p>	<p>99408, 99409</p>	<p>Z71.41, Z00.00, Z00.01</p>	<p>Not allowed separately if billed with E/M code. If no E/M billed only allow 18 years of age or older. Allow twice per year with any associated ICD-10-CM code.</p>
<p>Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.</p>	<p>99173, 99174, 99177</p>	<p>Z13.5, Z01.00, Z01.01, Z00.121, Z00.129,</p>	<p>Allow once between ages of 3-5 years as preventive. Use beyond preventive indication may be covered under the medical benefit.</p>
<p>Vision Screening: Adults (Fully Insured and Individual) <i>Not a USPSTF Recommendation, but Provided on Certain Plans.</i></p>	<p>92002, 92004, 92012, 92014, 92015</p>	<p>Z13.5, Z00.00, Z00.01</p>	<p>Once per year plus refractive testing once per year. <i>Check your Plan Summary of Benefit Coverage.</i></p>
<p>Perinatal Depression: Preventive Interventions: pregnant and postpartum persons The USPSTF recommends that clinicians provide or refer</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.			
<p>Unhealthy Drug Use: Screening: adults age 18 years or older</p> <p>The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)</p>	99408, 99409	Z71.41, Z00.00, Z00.01	Not allowed separately if billed with E/M code. If not E/M billed only allow 18 years of age or older. Allow twice per year with any associated ICD-10-CM code.
<p>Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis: persons at high risk of HIV acquisition</p> <p>The USPSTF recommends that clinicians offer pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.</p>	<p>Office Visits: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215</p> <p>Laboratory: Kidney Function Testing 82565, Pregnancy Testing 81025, 84702, 84703</p>	Z11.3, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	Allow any office visit code and any laboratory code once every 3 months. Use beyond preventive indication may be covered under the medical benefit.
Cologuard	81528	N/A	Every 3 years if 82270, 82271, 82272, 82274 haven't been reported in that interval.

References:

1. U.S. Preventive Services Task Force (2021). Accessed September 7, 2021. Available at: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

2. American Medical Association (AMA) (2021). Accessed September 7, 2021. Available at: https://www.ama-assn.org/amaone/membership?utm_source=google&utm_medium=ppc&utm_campaign=pe-digital-ads-membership&utm_effort=GG0001&gclid=Cj0KCQjw_r3nBRDxARIsAJIleEhmEuhzdg_27HnTqMgBc7i3okpenll-V2qKwmsg2oVctoOa3iq8lwaAj_eEALw_wcB
3. Centers for Medicare and Medicaid Services (2021) Accessed: September 7, 2021. Available at: <https://www.cms.gov/>

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association