



## Preventive Care Services - 2020

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

**\*\*Services are still subject to Medical Management Criteria\*\***

**Yellow represents coding updates for 2020.**

Description	Billing Codes – Subject to ongoing validation	See end of document for a list of what these numbers represent.
Abdominal Aortic Aneurysm, Screening	76700, 76705, 76770, 76775, 76706 with diagnosis Z13.6, Z72.0, Z87.891, or F17.200- F17.219, F17.290-F17.299	3,4
Alcohol Misuse Screening and Behavioral Counseling Interventions	G0442 AND G0443 with diagnosis Z13.89, or F10.10, F10.120, F10.129  1/1/ 2019 add F10.11 1/1/2020 add Z13.39 and G2011	2
Aspirin for the Prevention of Cardiovascular Disease	99401, 99386, 99387, 99396, 99397 or G0446 with diagnosis Z13.6 or Z76.89	2
Asymptomatic Bacteriuria in Pregnant Women, Screening	87081, 87084, 87086, or 87088 with diagnosis O09.00-O09.03, O09.40-O09.529, O10.011- O15.03, O15.2- O21.9, O23.00- O26.43, O26.611-O26.93, O29.011- O30.019, O30.031- O35.6XX9, O35.8XX0- O36.73X9, O36.8120-O36.8199, O36.8910-O42.019, O42.10- O42.119, O42.90- O42.919, O43.011-O43.119, O43.191- O43.199, O43.811-O61.9, O67.0-O68, O75.2, O75.3, O75.5, O75.82-O77.0, O80, O86.11, O86.13-O86.29, O90.5- O90.89, O98.011-O9A.53, Z13.89, Z33.1, or Z34.00-Z34.93  Effective 1/1/19 add O36.8310, O36.8311, O36.8312, O36.8313, O36.8314, O36.8315, O36.8319, O36.8320, O36.8321, O36.8322, O36.8323, O36.8324, O36.8325, O36.8329, O36.8330, O36.8331, O36.8332, O36.8333, O36.8334, O36.8335, O36.8339, O36.8390, O36.8391, O36.8392, O36.8393, O36.8394, O36.8395, O36.8399	3,4

Description	ICD10 Code – Effective 10/1/15	Notes
<b>**Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing and Pre and Post Genetic Counseling</b> <ul style="list-style-type: none"> <li>Females only</li> <li>Two per lifetime</li> </ul>	96040, or 99401-99404 with diagnosis Z15.01, Z31.5, Z80.3, Z80.41, Z85.3 or Z85.43  81215, 81216 and 81217 (eff 1/1/16-OR 81162 and 81212)  Effective 1/1/ 2019 add S0265 and Z15.02 8/13/19 codes added 81163, 81164, 81165, 81166, and 81167 codes deleted 81211, 81213, and 81214 expired 1/1/19.	2,4
<b>Breast Cancer Prevention Medication</b> <b>Effective 10/1/2014</b>	Rx only	
<b>Breastfeeding, Behavioral Interventions to Promote</b> <ul style="list-style-type: none"> <li>Females only</li> <li>Twice per calendar year</li> </ul>	99401 must have modifier TH and diagnosis O09.00-O09.93, O36.80X0-O36.80X9, Z33.1, Z33.3, Z34.00-Z34.93 or Z39.1 <b>1/1/2020 add O09.A0-O09.A3</b>  Effective 1/1/2019 add 99402-99404, 99411, 99412 must have modifier TH and diagnosis code Z39.1	2
<b>Cervical Cancer, Screening (PAP Smear) also known as Cervical Dysplasia Screening</b>	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, or Q0091 with routine diagnosis  Effective 1/1/2019 delete 88154	3
<b>Chemoprevention of breast cancer</b>	Combined under BRCA benefit above  <i>99401, or 99402 with diagnosis code Z80.3 or Z15.01</i>	
<b>Chlamydia Infection, Screening</b>	87110, 87270, 87320, 87490, 87491, 87492, 87801 or 87810 with routine diagnosis except Z11.3 (see STI Screening) <b>Or</b> <i>87800, 86631, 86632 with diagnosis Z11.8</i>	3

[illegible]

Description	ICD10 Code – Effective 10/1/15	Notes
<p><b>Sigmoidoscopy</b></p> <ul style="list-style-type: none"> <li>Ages 50-75 years</li> <li>Once every 3 calendar years</li> </ul> <p><b>Barium Enema <i>Part of standard COL</i></b></p> <ul style="list-style-type: none"> <li>Ages 50-75 years</li> <li>Once every 5 calendar years</li> </ul> <p><b>Hemoccult</b></p> <ul style="list-style-type: none"> <li>Ages 50-75 years</li> <li>One each calendar year</li> </ul>	<p>Sigmoidoscopy Included in Colonoscopy or 74280</p> <p>2018: G0104 or 45330 with routine diagnosis. 1/1/16 add 45331, 45332, 45333, 45334, 45335, 45338, 45346, 45340, 45341, 45342, 45347</p> <p>Barium Enema G0106, G0120, G0122, 74280 OR 74270 with routine diagnosis</p> <p>Hemoccult G0107, G0328, 82270, 82272, or 82274 with routine diagnosis</p> <p><b>**1/1/19 delete G0394</b></p>	<p>First per calendar year any diagnosis 100%, then deductible &amp; coinsurance will apply. 3</p> <p>3</p> <p>See end of document for a list of routine diagnosis codes. 3</p>
<p><b>Congenital Hypothyroidism, Screening</b></p>	<p>84436, 84437, 84439, or 84443/ 11/19 add S3620 with diagnosis Z13.29, Z00.110</p>	<p>3</p>
<p><b>Dental Caries in Children from Birth Through Age 5 Years, Prevention of Birth – 5 years</b></p> <ul style="list-style-type: none"> <li>Male and Females</li> <li>Maximum 4 per calendar year</li> </ul>	<p>CPT 99188 with Z41.8</p> <p>10/1/16 delete Z41.8 10/1/16 add Z29.3</p>	<p>5</p>
<p><b>Dental Caries in Preschool Children, Prevention</b></p>	<p>Included in preventive office visit</p>	<p>Per AAP's Bright Futures Guidelines, this recommendation refers to the anticipatory guidance for oral health as an integral part of comprehensive patient counseling in the primary care setting.</p>

Description	ICD10 Code – Effective 10/1/15	Notes
Depression Screening	G0444 with diagnosis Z13.89.	2
Developmental Screening	96110, G0451 with routine diagnosis	<i>See end of document for a list of routine diagnosis codes.</i> 2
Developmental Surveillance for Children	Included as part of an office visit	
Developmental/Behavioral Assessment– Alcohol and Drug	G0396, G0442, G0443, H0001, with diagnosis Z72.0, Z72.89, Z72.9, or Z73.9  1/1/2020 add G2011	2
Dyslipidemia Screening	80061 with diagnosis Z13.220	3
Behavioral Counseling in Primary Care to Promote a Healthy Diet (Diet Counseling) <ul style="list-style-type: none"> <li>6 sessions per calendar year</li> <li>Ages 19 and older</li> </ul>	97802-97804, G0270 or G0271, G0446, S9470 with diagnosis Z71.3, A18.84, E08.00–E13.9, E66.01-E66.1, E66.8, E66.9, I10-I22.9, I24.0- I25.9, I42.0-I43, I50.1- I50.9, I51.5-I51.7, I51.9, I52, N26.2, O24.011- O24.33, O24.811- O24.93, O99.210-O99.215, or Z68.30-Z68.45	2
Gonorrhea, Screening	87590, 87591, 87592, 87850, 87800, or 87801 with diagnosis Z11.3	3
Gonorrhea, Prophylactic Medication, Newborn	No code available - usually administered as an ancillary charge while inpatient at time of delivery	

Description	ICD10 Code – Effective 10/1/15	Notes
Hematocrit or Hemoglobin	85014 or 85018 with diagnosis Z13.0	3
Hepatitis B Virus Infection in Pregnancy, Screening for	87340 and diagnosis O09.00- O09.93, O36.80X0-O36.80X9, Z33.1, or Z34.00-Z34.93.  <i>10/1/16 add Z33.3</i>	3,4
Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults, Screening for	86704, 86705, 86706, 87340 or 87341 with diagnosis Z21, Z51.11, Z51.12, Z57.8, Z63.6, Z63.79, Z65.1, Z65.2, Z77.21, Z86.19, Z86.2, Z92.25, Z92.29, Z99.2, B17.10, B17.11, B18.2, B19.20 or B19.21.  <i>Effective 09/28/16 Add G0499</i>	3,4
Hepatitis C Virus (HCV) Infection, Screening	G0472, 86803 <b>AND</b> 86804 with: <ul style="list-style-type: none"> <li>born 1945 through 1965 <b>OR</b> with dx code Z83.2 (being born to an HCV- infected mother)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>for dx codes Z92.29, Z77.21, Z99.2, Z65.1, Z65.2, Z57.8</li> </ul>	3,4
High Blood Pressure, Screening  <i>Effective 11/1/2016</i> <b>Ambulatory Blood Pressure Monitoring:</b> <i>One per lifetime to confirm the diagnosis of hypertension</i>	Usually included as part of an office visit  <i>93784 <b>OR</b> 93786, 93788, 93790</i>	<b>Effective 11/1/2016</b> <b>Office Blood Pressure Measurement:</b> <ul style="list-style-type: none"> <li>One each calendar year as needed.</li> <li>Ages 18 years and older</li> </ul> <b>Included as part of an office visit</b>
HIV, Screening	86701, 87389, 87535, 87534, 87390, 87391, 86703, 87806, G0432, G0433, or G0435 with diagnosis Z11.4  <i>1/1/16 add G0475</i> <i>6/1/19 add for pregnant women</i>	3,4
<b>HIV, Pre-exposure Prophylaxis (PrEP)</b> <i>Effective 6/1/2019</i> - Individuals who are at high risk of HIV acquisition	<b>Rx Only</b>	
Human Papillomavirus (HPV) Part of Standard PMD	87623, 87624, 87625, or G0476 with routine diagnosis  <i>1/1/19 add 0500T</i>	<b>See end of document for a list of routine diagnosis codes.</b> 3

Description	ICD10 Code – Effective 10/1/15	Notes
<b>Immunizations</b>	<i>See end of document for a list of immunization codes</i>	
<b>Inpatient Newborn Care</b> <ul style="list-style-type: none"> <li>0-7 Days</li> </ul>	Inpatient physician services only  99221-99223, 99231-99233, 99234-99236, 99238, 99239, 99460, 99462-99464, 99478- 99480 with a routine diagnosis	5
<b>Iron Deficiency Anemia, Prevention</b>	Pharmacy Benefit	
<b>Iron Deficiency Anemia, Screening</b> <ul style="list-style-type: none"> <li>Females (pregnant)</li> <li>One each calendar year</li> </ul>	85013, 85014, 85018, 85025, or 85027 with diagnosis O09.00- O09.93, O36.80X0-O36.80X9, Z33.1, or Z34.00-Z34.93. 10/1/16 add Z33.3	3,4
<b>Lead Screening</b> <ul style="list-style-type: none"> <li>Ages 6 months – 6 years</li> <li>3 tests during age range</li> </ul>	83655 with diagnosis Z13.88	3,4
<b>Lung Cancer, Screening with Low-Dose Computed Tomography</b>	71250 with Z12.2 and Z87.891  G0297- 2017	3,4
<b>Mammography and Digitization</b> <ul style="list-style-type: none"> <li>One annually for females age 40 and over</li> <li>Digital Breast Tomosynthesis, Screening</li> </ul>	(effective 1/1/2017) 77065, 77066, 77067 with routine diagnosis  Effective 08/01/2012 add Z80.3 or Z12.31 as a high-risk diagnosis Effective 10/1/2015 code Z12.31 is considered a routine diagnosis  Effective 1/1/19 delete G0202, G0204, G0206  Effective 11/1/17 Add <b>77063, 77065, 77066, 77067</b> with routine diagnosis	First per calendar year any diagnosis 100%, then deductible & coinsurance will apply. <i>See end of document for a list of routine diagnosis codes.</i> 3
<b>Natural Family Planning</b> <ul style="list-style-type: none"> <li>Females only beginning at age 10</li> <li>Annually</li> </ul>	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402 with diagnosis Z30.02, Z31.61, Z31.69, Z71.9, and Z76.89, see well-woman 9/18/19 Add 99403 and 99404 effective 1/1/19	

Description	ICD10 Code – Effective 10/1/15	Notes
<b>Maternal Depression Screening</b> <i>Effective 1/1/19</i> <ul style="list-style-type: none"> <li>Ages birth-6 months</li> <li>4 services during age range</li> </ul>	96161 with routine diagnosis	
<b>NewbornMetabolic/Hemoglobin Screening</b> <ul style="list-style-type: none"> <li>Ages 0-2 months</li> <li>One test during age range</li> </ul>	S3620 with no specific diagnosis required	3,4
<b>Newborn Screening Panel</b> <ul style="list-style-type: none"> <li>Ages birth-31 days</li> </ul>	<ul style="list-style-type: none"> <li>83789 with routine diagnosis Z13.228</li> <li>83498 or 83788 with routine diagnosis Z13.21, Z13.228, Z13.29</li> <li>83020 with routine diagnosis Z13.0</li> <li>82261 with routine diagnosis Z13.21, Z13.228, Z13.29</li> <li>83516 with routine diagnosis Z13.228</li> <li>82776 with routine diagnosis Z13.228</li> <li>86355 or 86359 with routine diagnosis Z13.21, Z13.228, Z13.29</li> <li>82760 with routine diagnosis Z13.228</li> <li>82759 with routine diagnosis Z13.228</li> <li>86359 with routine diagnosis Z13.21, Z13.228, Z13.29</li> <li>82247, 88720 – bilirubin screen based on USPSTF</li> </ul>	3
<b>Obesity in Adults and Children Screening</b> <ul style="list-style-type: none"> <li>Ages 6 years and older</li> <li>7 sessions per calendar year</li> </ul>	99401 and G0447 with diagnosis Z13.89	2
<b>Oral Health</b> <ul style="list-style-type: none"> <li>Ages 6 months-6 years.</li> <li>3 services during age range</li> </ul>	<i>2017-96160 &amp; 96161 with diagnosis Z13.84  12/31/16 cancel 99420 1/1/17 add 96160.</i>	2





Description	ICD10 Code – Effective 10/1/15	Notes
Phenylketonuria, Screening (PKU)	84030 with diagnosis Z13.228	3
Rh (D) Incompatibility, Screening	86901 with diagnosis O09.00- O09.93, O36.80X0-O36.80X9, Z33.1, Z33.3, or Z34.00-Z34.93	3,4
Perinatal depression: counseling and interventions Effective 2/1/19	CPT codes 99201-99205, 99211-99215, 99401-99404, 99411-99412, 96127, and G0444 with diagnosis codes: F05, F30.--, F34.1, F32.9, F53.0 – F53.1, G47.9, R53.81, R53.83, R45.- Z13.89, Z13.31, Z13.32	5
Prenatal Visits	CPT codes 99201-99203 or 99211-99213 with diagnosis Z76.81	5
Prevention of Falls	97110, 97112, 97116, G0151, or G0159 with diagnosis Z91.81, limited to 40 services each calendar year (= 10 hours of physical therapy)  <b>OR</b> 97150 with diagnosis Z91.81, limited to 10 services each calendar year  <b>OR</b> S9131 with diagnosis Z91.81, limited to 10 services each calendar year <b>1/1/2020 add 97161, 97162, 97163, 97164, and 97530</b>	5
Preventive History and Physical Examinations <ul style="list-style-type: none"> <li>9 visits the first 2 years of life</li> <li>Age 2 – two per birth year</li> <li>Ages 3 - 6 - one each year (based on birth year)</li> <li>Ages 7-99 – Male one each calendar year</li> <li>Ages 7-9 – Females one each calendar year</li> </ul> Ages 10-99 – Females one each calendar year (excludes the Well Women's Preventive Examinations procedure/diagnosis code combinations)	Effective 1/1/19 add G0513, G0514	1

Description	ICD10 Code – Effective 10/1/15	Notes
<b>Psychosocial/Behavioral Assessment</b> <ul style="list-style-type: none"> <li>Newborn – 21 years</li> <li>31 services during age range</li> </ul>	96127 with routine diagnosis	<i>See end of document for a list of routine diagnosis codes.</i> <b>5</b>
<b>Sensory Screening –Hearing</b> <ul style="list-style-type: none"> <li>Ages 2 months - 10 years---no more than eight tests,</li> <li>Ages 11-21 years ----no more than two tests</li> </ul>	92551, 92552, 92558, 92567, 92586, or V5008 with diagnosis Z00.121, Z00.129, Z01.10, or Z01.118, Z13.5	<b>5</b>
<b>Screening – Hearing Newborn</b> Newborn – 31 days <ul style="list-style-type: none"> <li>One in a lifetime</li> </ul>	92586 or 92558 with diagnosis Z00.110, Z00.111, Z00.121, Z00.129, Z01.10, or Z01.118, Z13.5	<b>5</b>
<b>Sexually Transmitted Infections, Behavioral Counseling Interventions to Prevent</b>	99401-99404 with diagnosis Z71.7, Z71.89 Z72.51, Z72.52, or Z72.53 1/1/12 add G0445  99401, 99402 with diagnosis Z71.89, Z72.51, Z72.52 or Z72.53 <b>OR</b> 99403, 99404 with diagnosis Z71.7, Z71.89 Z72.51, Z72.52, or Z72.53.  1/1/12 add G0445	<b>2</b>
<b>Sexually Transmitted Infections (STI), Screening</b>	86631, 86632, 86701, 86703, 87081, 87110, 87205, 87210, 87270, 87320, 87490, 87491, 87590, 87591, 87800, 87810, or 87850 with diagnosis Z11.3	<b>3,4</b>

Description	ICD10 Code – Effective 10/1/15	Notes
<b>Sickle Cell Disease, Screening</b>	83020 or 83021 with diagnosis Z13.0	<b>3</b>
<b>Skin Cancer, Behavioral Counseling to Prevent</b> <i>Effective 1/1/19</i> • Ages 6 months-24 years	Included in E&M and/or preventive office visits	
<b>Smoking Cessation Counseling</b>	99406 –99407 with diagnosis F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, Z87.891	<b>2</b>
<b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults</b> <i>Effective 1/1/19</i> • Ages 40-75 years • No history of cardiovascular disease (CVD) • One or more risk factors • Calculated 10-year CVD event risk of 10% or greater	To be considered under the Pharmacy plan when ordered by a physician and requires prescription to be filled at the pharmacy	Generic Pravastatin and Lovastatin are included products
<b>Syphilis Infection, Screening</b>	86592 or 86780 with diagnosis Z11.3 As of 9/2018 also for OB – allow all maternity Dx	<b>3</b>
<b>Tobacco Use and Tobacco-Caused Disease, Medication</b>	RX ONLY	
<b>Type 2 Diabetes Mellitus in Adults, Screening</b>	82947 or 83036 with diagnosis Z13.1 1/1/19 add Z86.32	<b>3,4</b>
<b>Tuberculin Test</b>	86580 with diagnosis Z11.1 1/1/20 add Z11.7, Z22.7 or Z86.15	<b>3</b>
<b>Tuberculosis Infection, Latent, in Adults, Screening</b> <i>Effective 1/1/2019</i>	1/1/19 add 86580, 86480, OR 86481 with diagnosis Z11.1 1/1/20 add Z11.7, Z22.7 or Z86.15	<b>3</b>
<b>Urinary Incontinence, Screening</b> <i>Effective 1/1/2019</i> • Females Ages 10-99	Included in E&M and/or Preventive office visits	
<b>Visual Acuity Screening in Children</b> • Newborn – age 10 – limited to 8 tests in age range • Ages 11-21 years – limited to 4 tests during age range	99173, 99174 or 99177 with diagnosis Z01.00 or Z01.01 11/1/14 add Z00.129, Z00.121, Z00.110, Z00.111, or Z13.5 1/1/20 add Z01.02, Z01.020 and Z01.021	<b>5</b>

**\*Women's Preventive Screenings**  
Effective August 1, 2012

Description		
<b>Well Woman Preventative</b> <ul style="list-style-type: none"> <li>Females only beginning at age 10</li> </ul>	<b>Effective 8/1/13</b> 1 well woman visit with primary care physician, 99383-99387, 99391-99397, G0438, G0439 with diagnosis Z00.00 or Z00.01 – limited to 1 per calendar year, and/or 1 gynecological visit 99383-99387, G0438, G0439 or S0610 or S0612 with diagnosis Z01.411 or Z01.419 or G0101 with diagnosis Z01.411 or Z01.419 and/or 1 Natural Family Planning, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402 with diagnosis Z30.02, Z31.61, Z31.69, Z71.9, and Z76.89, limited to 1 per calendar year 9/18/19 Add 99403 and 99404 effective 1/1/19 under Natural Family Planning	Two annual exams allowed per year for women under preventive care. Can either be 1 well woman visit with primary care physician, 1 gynecological visit, and or 1 natural family planning visit.
<b>Preconception</b> <ul style="list-style-type: none"> <li>Females only beginning at age 10</li> <li>One visit per calendar year</li> </ul>	Included in Natural Family Planning	
<b>Prenatal Care</b> <ul style="list-style-type: none"> <li>Females only beginning at age 10</li> </ul>	99201-99215 with routine prenatal diagnosis (see HCP ROUTINE PRENATAL DX), limited to 3 visits each calendar year  99201-99215 with high risk prenatal diagnosis (see HCP HIGH RISK PRENATAL DX)  59425 regardless of diagnosis, limited to 2 visits each calendar year  59426 regardless of diagnosis, limited to 1 visit each calendar year	<b>5</b>  Codes for prenatal visits should be filed separate from global maternity to ensure member coverage at 100% with no cost share  <i><b>See end of document for a list of prenatal diagnosis codes.</b></i>

Description	ICD10 Code – Effective 10/1/15	Notes
<b>Screening for Gestational Diabetes</b> <ul style="list-style-type: none"> <li>Females only beginning at age 10</li> <li>Limit two per calendar year</li> </ul>	<p>82947 or 83036 with diagnosis codes O09.00-O15.03, O15.2-O23.93, O25.10-O26.43, O26.611-O26.93, O29.011- O30.019, O30.031-O30.93, O31.00X-O32.9XX (7th character 0,1,2,3,4,5, or 9), O33.0-O33.2, O33.3XX-O33.6XX (7th character 0,1,2,3,4,5, or 9), O33.7-O34.93, O35.0XX-O35.6XX (7th character 0,1,2,3,4,5,or 9), O35.8XX0- O36.8199, O36.891-O41.93X (7th character 0,1,2,3,4,5, or 9), O42.00-O42.019, O42.10- O42.119, O42.90-O42.919, O43.011-O43.119, O43.191- O43.199, O43.811-O60.03, O60.10X (7th character 0,1,2,3,4,5, or 9), O60.20X0- O60.20X9, O61.0-O61.1, O6.70- O68, O75.2-O75.3, O75.5, O75.82-O77.0, O80, O86.11, O86.13-O86.29, O88.011- O88.019, O88.111-O88.119, O88.211-O88.219, O88.311- O88.319, O88.811-O88.819, O90.3, O90.5-O90.89, O91.011- O90.019, O91.111-O91.119, O91.211- O91.219, O91.23- O92.019, O92.111-O92.119, O92.20-O92.3, O92.6-O92.79, O98.011-O99.73, O99.820- O9A.53, Z33.1, or Z34.00- Z34.93</p> <p>12/1/15 add 82951, 82952  10/1/16 remove O33.7  10/1/16 add O33.7XX0-O34.93 and Z33.3  1/1/19 add O36.8310, O368311, O368312, O368313, O368314, O368315, O368319, O368320, O368321, O368322, O368323, O368324, O368325, O368329, O368330, O368331, O368332, O368333, O368334, O368335, O368339, O368390, O368391, O368392, O368393, O368394, O368395, O368399</p>	<b>3,4</b>
<b>HIV Counseling</b>	99401 or 99402 with diagnosis Z71.7	<b>2</b>

Description		ICD10 Code – Effective 10/1/15	Notes
<p><b>Breast Feeding Counseling and Support</b></p> <p>birth</p> <p><b>Supplies</b></p> <ul style="list-style-type: none"> <li>Pumps and Accessories A4281, A4282, A4283, A4284, A4285, A4286</li> </ul>		<p>99402-99404, with modifier TH and diagnosis code Z39.1</p> <p>E0602RR, E0603RR for rental. E0602NU &amp; E0603NU for purchase, 1 every 3 calendar years.</p> <p>E0604RR, rental only with codes P05.00- P07.39, P27.0-P27.9, P29.3, P92.1-P92.9,Q20.0-Q37.9, Q38.1-Q38.3, Q90.0-Q91.7, Q93.3-Q93.9, R63.3, Z64.1</p> <p>1/1/19 remove P29.3 1/1/19 add P29.30, P29.38</p>	<p><b>2,5</b></p> <p>Manual or non-hospital grade breast pump E0602 and E0603 purchase is limited to one every 3 calendar years. Hospital grade breast pumps E0604 are covered as a rental item only. E0604 is only available for high risk diagnosis</p> <p>Lactation support, supplies and counseling are covered benefits for Participants at no cost-share when obtained from an in-network (Tier 1 or Tier 2) provider. If there are no in-network lactation counseling providers, then AMITA Health will cover– without cost- sharing – out-of-network lactation counseling.</p>
<p><b>Screening and Counseling for Interpersonal and Domestic Violence</b></p> <ul style="list-style-type: none"> <li>Females only beginning at age10</li> <li>Annually</li> </ul> <p><b>Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults</b></p> <ul style="list-style-type: none"> <li>Females only beginning at age10</li> <li>Annually</li> </ul>		<p>99401-99404 with diagnosis codes Z69.010-Z69.12,Z69.82</p> <p><b>Effective 2/1/14</b> 99401-99404 with diagnosis codes Z65.9,Z69.010-Z69.12, Z69.82,Z71.89</p>	<p><b>2</b></p>

Please note each numbered item below corresponds to the number in column 3 of the above list. It describes how AMITA Health is accommodating the coverage.

1. Preventive Medicine Service Evaluation & Management, 99381-99387 & 99391-99397, G0438, G0439, G0513 & G0514 with routine diagnosis pays 100% with unlimited frequency up through age 9 then as listed.

Preventive Medicine Service Evaluation & Management codes with non-routine diagnosis will be denied as procedure diagnosis mismatch.  
Non-Preventive Medicine Service Evaluation & Management (office visits) with routine diagnosis will be denied as procedure diagnosis mismatch except office visit for screening colonoscopy. Effective 1/1/18 we will no longer deny these services as mismatch but allow them as a diagnostic benefit.)

**Each Plan Year, a Participant may choose a maximum of two of the following three services:**

One annual well-woman visit with a primary care provider,

One annual gynecological examination,

One natural family planning examination.

If a Participant receives one or two of the foregoing services in a calendar year, the services will be covered as provided in the Plan. If a Participant receives all three services in a Plan Year, **only the first two services** the Participant receives will be covered.

2. Preventive Counseling, Behavioral Counseling and Intervention services 99401-99407, 99411, 99412, G0442-G0447, 96110, G0451, G0396, H0001, G0270-G0271, 96160-96161, 97802-97804 pays 100% with diagnosis listed, no age or frequency. All diagnosis not listed will deny as 'procedure not covered with this diagnosis.
3. Covered lab, imaging and special diagnostic testing, with routine diagnosis, pay 100%, no age or frequency. This does not include genetic testing or high tech imaging.
4. PPACA required lab, imaging and diagnostic testing with non-routine diagnosis built as listed, pay 100% (ex., lab test with pregnancy diagnosis), no age or frequency.
5. All other PPACA required procedures built as listed, pay 100%, no age or frequency.

**Notes: Additional Preventive Care Services:**

The following preventive care services are not currently required by PPACA. However, these services are covered under AMITA's Preventive Care Services benefit.



1. Cologuard - This test will be allowed once every three years only for patient with normal colon cancer risk. We will follow Medicare's guideline and cover under preventive once every 3 years for members age 50 to 85 years. CPT code 81528 and ICD-10 diagnosis codes Z12.12 and Z12.11.

## 2019 PREVENT OB DIAGNOSIS, ROUTINE DIAGNOSIS and IMMUNIZATION CHART

### ROUTINE PRENATAL DX (ICD10 – Effective 10/1/2015)

O21.0, O22.00-O22.13, O22.40-O22.43, O22.8X1-O22.8X9, O42.10-O42.119, O47.00-O48.0, O70.0-O77.9, O80, O82, O92.011-O92.019, O92.111-O92.119, O92.20-O92.3, O92.5-O92.79, Z03.71-Z03.79, Z32.01, Z33.1, Z34.00-Z36, Z64.0

1/1/19 remove diagnosis Z36

### HCP HIGH RISK PRENATAL DX (ICD10 – Effective 10/1/2015)

O00-O07.4, O09.00-O10.019, O10.111-O10.119, O10.211-O10.219, O10.311-O10.319, O10.411-O10.419, O10.911-O10.919, O11.1-O15.03, O15.9-O20.9, O21.1-O21.9, O22.20-O22.33, O22.50-O22.53, O22.90-O24.019, O24.111-O24.119, O24.311-O24.319, O24.410-O24.419, O24.811-O24.819, O24.911-O24.919, O25.10-O25.13, O26.00-O26.43, O26.611-O26.619, O26.711-O26.719, O26.811-O26.93, O29.011-O30.93, O31.00X-O32.9XX (7<sup>th</sup> character 0,1,2,3,4,5, or 9), O33.0-O33.2, O33.3XX-O33.6XX (7<sup>th</sup> character 0,1,2,3,4,5, or 9), O33.7XX-O34.93, O35.0XX-O41.93X (7<sup>th</sup> Character 0,1,2,3,4,5, or 9), O42.00-O42.019, O42.90-O42.919, O43.011-O46.93, O48.1-O60.03, O60.10X (7<sup>th</sup> character 0,1,2,3,4,5, or 9), O60.20X (7<sup>th</sup> character 0,1,2,3,4,5, or 9), O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O91.23, O98.011-O98.019, O98.111-O98.119, O98.211-O98.219, O98.311-O98.319, O98.411-O98.419, O98.511-O98.519, O98.611-O98.619, O98.711-O98.719, O98.811-O98.819, O98.911-O98.919, O99.011-O99.019, O99.111-O99.119, O99.210-O99.213, O99.280-O99.283, O99.310-O99.313, O99.320—O99.323, O99.330-O99.333, O99.340-O99.343, O99.350-O99.353, O99.411-O99.419, O99.511-O99.519, O99.611-O99.619, O99.711-O99.719, O99.810, O99.820, O99.830, O99.840-O99.843, O99.89, O9A.111-O9A.119, O9A.211-O9A.219, O9A.311-O9A.319, O9A.411-O9A.419, O9A.511-O9A.519, Z33.2

### NEW HIGH RISK PRENATAL DX (ICD10 – ADDITIONS EFFECTIVE 10/1/17)

O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O36.83, O36.831, O36.8310-O36.8319, O36.832, O36.8320-O36.8329, O36.833, O36.8330-O36.8339, O36.839, O36.8390-O36.8399, Z36.0-Z36.5, Z36.81-Z36.8A, Z36.9

1/1/19 remove diagnosis O33.7, add O33.7XX0

1/1/19 remove diagnosis O00.10, O00.11, O00.20, O00.21

## 2018 MATERNITY DIAGNOSIS CODES

Please note for 2018 AMITA Health is no longer differentiating between Routine and High-Risk Pregnancy Diagnosis codes. The Maternity Diagnosis codes are combined O00 - O9A

### ABS Routine Diagnosis list

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419, Z01.42, Z11.0, Z11.1, Z11.2, Z11.3, Z11.51, Z11.59, Z11.6, Z11.8, Z11.9, Z12.10, Z12.11, Z12.12, Z12.2, Z12.31, Z12.39, Z12.4, Z12.5, Z12.72, Z12.81, Z13.0, Z13.1, Z13.21, Z13.22, Z13.29, Z13.89, Z23, Z76.1 & Z76.2.

Effective 10/1/2018 - Z13.40, Z13.41, Z13.42, Z13.49, Z13.40, Z13.41, Z13.42, Z13.49, Z13.6 and Z76.89.

## 2020 IMMUNIZATION CHART

### 2020 CDC Immunization List

Vaccines and Immunizations Category color coded to match code/description	CODE	Description	CODE	Description	CODE	Description
Hepatitis B	90632	Hep a	90664	Influenza	90713	Poliovirus
Rotavirus	90633	Hep a	90666	Influenza	90714	TD
Diphtheria, tetanus and acellular pertussis (dtap)	90634	Hep a	90667	Influenza	90715	TD
Haemophilus influenza type b	90636	Hep a	90668	Influenza	90716	Varicella
			90672	Influenza		
			90673	Influenza		
			90674	Influenza		
			90682	Influenza		
Pneumococcal conjugate	90647	Haemophilus influenza	90689	Influenza	90723	DTAP
Inactivated poliovirus vaccine	90648	Haemophilus influenza	90694	Influenza	90732	Pneumococcal polysaccharide
Influenza vaccines	90649	Human Papilloma	90670	Pneumococcal conjugate	90644	Meningococcal conjugate
Measles, mumps, rubella	90650	Human Papilloma	90680	Rotavirus	90733	Meningococcal polysaccharide
Varicella vaccine	90651	Human Papilloma	90681	Rotavirus	90734	
			90682	Rotavirus		
Hepatitis A	90630	Influenza	90685	Influenza	90620	Meningococcal conjugate B
Meningococcal (Hib)	90653	Influenza	90686	Influenza	90621	Meningococcal conjugate B
Tetanus, diphtheria and acellular pertussis (tdap)	90654	Influenza	90687	Influenza	90736	Zoster shingles
Human Papillomavirus	90655	Influenza	90688	Influenza	90739	Hep B
Meningococcal B	90656	Influenza	90696	DTAP	90740	Hep B
Pneumococcal polysaccharide	90657	Influenza	90697	DTAP	90743	Hep B
Herpes Zoster shingles	90658	Influenza	90698	DTAP	90744	Hep B
ADMINISTRATION Codes	90660	Influenza	90700	DTAP	90746	Hep B
90460, 90461, 90471, 90472, 90473, 90474	90661	Influenza	90702	DT	90747	Hep B
G0008, G0009, G0010	90662	Influenza	90707	Measles, mumps, rubella	90748	Hep B
	90664	Influenza	90710	Measles, mumps, rubella	90749	influenza virus vaccine,
					90756	quadrivalent (ccIV4) –FluMist
					Q2039	Zoster shingles
					90750	Zoster Shingles

## 2019 Additions:

90474 – Administration code

90689 - Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use

90682 - Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular

90750 - Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use

2/21/19 Added: Perinatal depression: counseling and interventions

CPT codes 99201-99205, 99211-99215, 99401-99404, 99411-99412, 96127, and G0444 with diagnosis codes: F05, F30.--, F34.1, F32.9, F53.0 – F53.1, G47.9, R53.81, R53.83, R45.- Z13.89, Z13.31, and Z13.32

3/19/19 Added: Z13.6 and Z76.89 under ABS Routine Diagnosis list.

Updated under Breast and Ovarian Cancer: Two per lifetime for Genetic Counseling.

4/24/19 Added: 99391-99397 under well women visit

8/13/19 Codes added: 81163, 81164, 81165, 81166, and 81167 under BRCA

Codes deleted: 81211, 81213, 81214 expired 1/1/19

9/18/19 Add 99403 and 99404 effective 1/1/19 under Natural Family Planning

## 2020 Additions and Deletions:

### Added:

6/1/19 add for pregnant women under HIV, Screening

### **HIV, Pre-exposure Prophylaxis (PrEP) Rx Only**

*Effective 6/1/2019*

Individuals who are at high risk of HIV acquisition

90694 - Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular

1/1/2020 add Z13.39 and G2011 under Alcohol Misuse Screening and Behavioral Counseling Intervention

1/1/2020 add O09.A0-O09.A3 under Breastfeeding, Behavior Interventions to Promote

1/1/2020 add 80061, 84478, 83721 under Cholesterol Screening

1/1/2020 add G2011 under Developmental/Behavioral Assessment-Alcohol and Drug

1/1/2020 add 97161, 97162, 97163, 97164, and 97530 under Prevention of Falls

1/1/2020 add Z11.7, Z22.7 or Z86.15 under Tuberculin Test and Tuberculosis Infection, Latent, in Adults, Screening

1/1/2020 add Z01.02, Z01.020 and Z01.021 under Visual Acuity Screening in Children

Deleted:  
90734 - Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 Carrier (MenACWY-CRM), for intramuscular use

3/5/2020

Added back CPT 90734 effective 1/1/2020 as code was not deleted but was revised for 2020.

90734 - Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 Carrier (MenACWY-CRM), for intramuscular use