

# Patient Protection and Affordable Care Act (Federal Health Care Reform)

## Introduction

For employer groups and non-group members that renewed before January 1, 2011, benefit changes went into effect upon renewal on or after September 23, 2010. For employer groups and non-group members that renewed on or after January 1, 2011, these changes went into effect on January 1, 2011, except for the child dependent coverage change and durable medical equipment coinsurance changes as noted in the Preventive Services information below. Most preventive care services are covered with no cost sharing.

Harvard Pilgrim members have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit.

Employer groups maintaining “grandfathered” status under the Patient Protection and Affordable Care Act, also known as Federal Health Care Reform, may be exempt from certain provisions.

## Coverage and Services

All diagnosis codes of preventive, screening, counseling, or wellness, should be billed in the *primary position when indicated*.

**Preventive Care** — Harvard Pilgrim no longer imposes cost sharing on the following in-network preventive care services:

- Routine annual OB/GYN visits
- Routine pediatric well visits
- Routine annual physical exams
- Select preventive services and diagnostic tests

**Child Dependent Coverage** — Harvard Pilgrim provides coverage to child dependents until age 26. This change went into effect for all employer group renewals after September 23, 2010.

**Women’s Preventive Services** — Effective for plan years renewing on or after August 1, 2012, Harvard Pilgrim will cover the following women’s preventive services with no member cost sharing when rendered by a participating Harvard Pilgrim provider:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening

**Durable Medical Equipment** — There are no annual dollar limits for the durable medical equipment benefit. In addition, effective as of July 1, 2011, a minimum coinsurance of 20% was introduced for this benefit. If a plan already had coinsurance of 20% or greater for durable medical equipment purchased from a network provider, there is no change in the member cost sharing for this equipment (subject to regulatory approval for New Hampshire plans).

**Lifetime Limits** — There are no aggregate lifetime dollar limits or lifetime and annual dollar benefit limits on essential health benefits (not applicable to Young Adult Plans).

The following tables represent services, by category, that have been identified as preventive in nature.

**Rx Coverage** — Under the Member’s Rx benefit, the following benefits are covered:

- Aspirin (as prescribed therapy for people at risk for heart disease)
- Contraceptives for women (such as sponges and spermicides)
- Nicotine replacement therapies (gum, lozenges, and patches that help people quit smoking, etc.). Mail order exclusions and quantity limits apply
- Statin drugs for adult prevention of cardiovascular disease, effective November 1, 2017

(continued)

**Routine Health Screenings****Abdominal Aortic Aneurysm Screening**

ICD-10	Description	Comments
Z87.891	Personal history of nicotine dependence.	Once per lifetime
Z00.00	Encounter for general adult medical examination without abnormal findings.	
F17.210	Nicotine dependence, cigarettes, uncomplicated.	
F17.211	Nicotine dependence, cigarettes, in remission.	
F17.213	Nicotine dependence, cigarettes, with withdrawal.	
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders.	
F17.519	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders.	

CPT/HCPCS	Description	Comments
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA).	<ul style="list-style-type: none"> <li>• One-time screening for men ages 65-75 who have prior history of smoking</li> <li>• Covered when billed with the listed ICD-10 codes</li> </ul>

**Anemia, Iron Deficiency Anemia Screening**

CPT/HCPCS	Description	Comments
85014	Blood count; hematocrit (Hct).	Covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document — or Z13.0.
85018	Blood count; hemoglobin (Hgb).	

**Aspirin for the Prevention of Cardiovascular Disease**

	Description	Comments
	The use of aspirin is recommended for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	E&M services codes covered in full when counseling for aspirin use.
	The use of aspirin is recommended for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	E&M services codes covered in full when counseling for aspirin use.

**Bacteriuria Screening**

CPT/HCPCS	Description	Comments
81007	Urinalysis; bacteriuria screen, except by culture or dipstick.	Covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document.

**Behavioral Counseling Interventions and Screening in Primary Care to Reduce Alcohol Misuse**

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings	
Z13.89	Encounter for screening for other disorder	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes.	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.	

**Behavioral Counseling to Prevent Sexually Transmitted Infections**

	Description	Comments
	High-intensity behavioral counseling is recommended to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	Covered when billed separately or with an E&M service, included in annual GYN.

**Obesity Screening for Children, Adolescents and Adults**

ICD-10	Description	Comments
E66.01	Morbid (severe) obesity due to excess calories.	
E66.1	Drug-induced obesity.	
E66.8	Other obesity.	
E66.9	Obesity, unspecified.	
E66.09	Other obesity due to excess calories.	
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z68.30 – Z68.45	Body Mass Index 30.3 – 70 or greater — Adult.	
Z72.4	Inappropriate diet and eating habits.	Covered when billed separately or with an E&M service appended with modifier 25.

CPT/HCPCS	Description	Comments
S9470	Nutritional counseling.	Covered when billed separately or with an E&M service appended with modifier 25.
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 5 minutes.	
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	
97804	Medical nutrition therapy; group (2 or more individual(s), each 30 minutes.	
99401-99404	Preventive medicine counseling or risk factor reduction.	Covered when billed separately or with an E&M service appended with modifier 25.

**Breast Cancer Screening – Genetic Counseling and Evaluation for BRCA Testing**

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast.	
Z12.39	Encounter for other screening for malignant neoplasm of breast.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

Z15.01	Genetic susceptibility to malignant neoplasm of breast.	
Z15.02	Genetic susceptibility to malignant neoplasm of ovary.	
Z80.3	Family history of malignant neoplasm of breast.	
Z80.41	Family history of malignant neoplasm of ovary.	
Z80.49	Family history of malignant neoplasm of other genital organs.	
Z85.3	Personal history of malignant neoplasm of breast.	
Z85.43	Personal history of malignant neoplasm of ovary.	

CPT/HCPCS	Description	Comments
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon.	
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; 1 85delAG, 5385insC, 6174delT variants.	
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants.	
81214	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb).	
81215	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant.	
81216	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis.	
81217	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant.	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis.	
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years.	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years.	
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older.	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years.	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older.	

**Breastfeeding — Primary Care Intervention and Equipment to Promote Breastfeeding**

CPT/HCPCS	Description	Comments
59430	Post-partum visit.	
99502	Home visit for newborn care.	Limited to one visit every 8 rolling months.
A4281	Tubing for breast pump, replacement.	Purchase frequency limits may apply.
A4282	Adapter for breast pump, replacement.	Purchase frequency limits may apply.
A4283	Cap for breast pump bottle, replacement.	Purchase frequency limits may apply.
A4284	Breast shield and splash protector for use with breast pump, replacement.	Purchase frequency limits may apply.
A4285	Polycarbonate bottle for use with breast pump, replacement.	Purchase frequency limits may apply.
A4286	Locking ring for breast pump, replacement.	Purchase frequency limits may apply.
E0602	Breast pump, manual, any type.	This is a purchase only item.
E0603	Breast pump, electric (AC and/or DC), any type.	Purchase frequency limits may apply.
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type.	Rental for 3 months, then pump must be returned to vendor at the end of the rental period. Purchase frequency limits may apply.
S9443	Lactation classes.	Covered when billed with ICD-10 N64.0, O75.9, O91.22, O92.13, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, P92.2, Z39.0, Z39.1, Z39.2.

**Cervical Cancer Screening, Pap Smear**

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z00.6	Encounter for examination for normal comparison and control in clinical research program.	
Z00.8	Encounter for other general examination.	
Z02.89	Encounter for other administrative examinations.	
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings.	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings.	
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear.	
Z04.41	Encounter for examination and observation following alleged adult rape.	
Z04.6	Encounter for general psychiatric examination, requested by authority.	
Z11.51	Encounter for screening for human papillomavirus (HPV).	
Z12.4	Encounter for screening for malignant neoplasm of the cervix.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
87623 - 87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types.	Covered when billed with the listed ICD-10 dx codes.
88141-88175	Cytopathology codes cervical or vaginal.	Covered when billed with the listed ICD-10 dx codes.
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination.	Covered when billed with the listed ICD-10 dx codes.
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision.	Covered when billed with the listed ICD-10 dx codes.
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician.	Covered when billed with the listed ICD-10 dx codes.
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician.	Covered when billed with the listed ICD-10 dx codes.
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision.	Covered when billed with the listed ICD-10 dx codes.
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision.	Covered when billed with the listed ICD-10 dx codes.
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision.	Covered when billed with the listed ICD-10 dx codes.
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision.	Covered when billed with the listed ICD-10 dx codes.
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening.	Covered when billed with the listed ICD-10 dx codes.
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types	Covered when billed with the listed ICD-10 dx codes.
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory.	Covered when billed with the listed ICD-10 dx codes.
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	

**Chlamydia Infection Screening**

ICD-10	Description	Comments
See table at the end of this document	Supervision of pregnancy ICD-10 codes.	
Z00.00	Encounter for general adult medical examination without abnormal findings	
Z00.01	Encounter for general adult medical examination with abnormal findings	
Z01.411	Encounter for gynecological examination (general routine) with abnormal findings	
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

ICD-10	Description	Comments
Z11.8	Encounter for screening for other infectious and parasitic diseases	
Z12.4	Encounter for screening for malignant neoplasm of cervix	
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	
Z33.1	Pregnant state, incidental	

CPT/HCPCS	Description	Comments
86631	Antibody; Chlamydia.	All pregnant women — dx codes V22.0–V23.9 as listed. Covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document, or V73.88 or V73.98 if woman is age 24 and younger (dx code). Women age 24 and younger with Z11.8.
86632	Antibody; Chlamydia, IgM.	
87110	Culture, Chlamydia, any source.	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis.	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; Chlamydia trachomatis.	
87485-87487	Infectious agent Chlamydia pneumoniae.	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique.	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique.	
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification.	
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	

**Cholesterol Screening (Lipid Disorders Screening)**

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z13.220	Encounter for screening for lipid disorders.	

CPT/HCPCS	Description	Comments
80061	Lipid panel. This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478).	<ul style="list-style-type: none"> <li>• All men 35 and older</li> <li>• Men 20 to 35 with the listed ICD-10 dx code</li> <li>• Women 20 and older with the listed ICD-10 dx codes</li> <li>• Covered when billed with ICD 9/10 dx codes and additional criteria listed</li> </ul>
82465	Cholesterol, serum or whole blood, total.	<ul style="list-style-type: none"> <li>• All men 35 and older</li> <li>• Men 20 to 35 with the listed ICD-10 dx code</li> <li>• Women 20 and older with the listed ICD-10 dx codes</li> <li>• Covered when billed with ICD-10 dx codes and additional criteria listed</li> </ul>
83718	Lipoprotein, direct measurement; high density cholesterol (HDL).	
83719	Lipoprotein, direct measurement; (VLDL).	
83721	Lipoprotein, direct measurement; (LDL).	
84478	Triglycerides.	

(continued)

**Colorectal Cancer Screening (Fecal Occult Blood Testing, Sigmoidoscopy or Colonoscopy)****Note: Diagnosis must be billed in the primary position.**

ICD-10	Description	Comments
K50.00–K51.919	Colitis and ulcerative colitis range.	
Z80.0	Family history of malignant neoplasm of digestive organs.	
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ.	
Z85.038	Personal history of other malignant neoplasm of large intestine.	
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus.	
Z86.010	Personal history of colonic polyps.	
Z80.9	Family history of malignant neoplasm, unspecified.	
Z83.71	Family history of colonic polyps.	
Z83.79	Family history of other diseases of the digestive system.	
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z12.0	Encounter for screening for malignant neoplasm of stomach.	
Z12.9	Encounter for screening for malignant neoplasm, site unspecified.	
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified.	
Z12.11	Encounter for screening for malignant neoplasm of colon.	
Z12.12	Encounter for screening for malignant neoplasm of rectum.	
Z12.13	Encounter for screening for malignant neoplasm of small intestine.	
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs.	
Z12.89	Encounter for screening for malignant neoplasm of other sites.	

Revenue Codes	Description	Comments
250	Pharmacy.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
258	Pharmacy–IV solutions.	
270	Med/surg supplies.	
272	Med/surg supplies–sterile.	
370	Anesthesia.	
710	Recovery room.	

CPT/HCPCS	Description	Comments
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, screening colonoscopy.	Effective on and after date of service 01/01/18
44388	Colon endoscopy.	
44389	Colonoscopy through stoma; with biopsy, single or multiple.	
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery.	
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed).	

(continued)



## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
45300	Proctosigmoidoscopy, rigid; with biopsy, single or multiple.	
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple.	
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery.	
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser).	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed).	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure).	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45381	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45385	Colonoscopy, flexible, with directed submucosal injection(s), any substance.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed).	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection).	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
82274	Blood, occult, by fecal hemoglobin determined by immunoassay, qualitative, feces, 1-3 simultaneous determinations.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
88304	Level III – Surgical pathology, gross and microscopic examination.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
88305	Level IV – Surgical pathology, gross and microscopic examination.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0104	Colorectal cancer screening; flexible sigmoidoscopy.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0105	Colorectal cancer screening; colonoscopy of individual at high risk.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0122	Colorectal cancer screening; barium enema.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.	<ul style="list-style-type: none"> <li>• Payable as preventive with at least one of the ICD-10 dx codes listed</li> <li>• Excludes inpatient and ER</li> </ul>
J2175	Injection, meperidine HCl, per 100 mg.	
J2250	Injection, midazolam HCl, per 1 mg.	
J3010	Injection, fentanyl citrate, 0.1 mg.	
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit).	

**Contraception — Contraceptive Drugs/Devices may only be covered in full when the member has HPHC RX coverage.**

CPT/HCPCS	Description	Comments
11975	Insertion, implantable contraceptive capsules.	
11976	Removal, implantable contraceptive capsules.	
11977	Removal with reinsertion, implantable contraceptive capsules.	
11981	Insertion, non-biodegradable drug delivery implant.	
11982	Removal, non-biodegradable drug delivery implant	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	
57170	Diaphragm or cervical cap fitting with instructions.	
57800	Dilation of cervical canal, instrumental (separate procedure).	
58300	Insertion of intrauterine device (IUD).	
58301	Removal of intrauterine device (IUD).	
64435	Injection, anesthetic agent, paracervical (uterine) nerve.	
A4261	Cervical cap for contraceptive use.	Must have Harvard Pilgrim Rx Coverage to have prescription contraception covered in full.

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system.	
A4266	Diaphragm for contraceptive use.	
J1050	Injection, medroxyprogesterone acetate, 1 mg.	
J3490	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies.	Prior to 07/01/17, Kyleena IUD must be billed with unlisted code J3490. Must have Harvard Pilgrim Rx coverage to have prescription contraception covered in full. After 07/01/17, bill using new code Q9984 (see below).
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg.	New code effective 01/01/18. Replaces code Q9984 effective 07/01/17 through 12/31/17. Member must have RX coverage to have prescription contraceptives covered in full.
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration.	
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration.	
J7300	Intrauterine copper contraceptive.	
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla IUD).	
J7303	Contraceptive supply, hormone containing vaginal ring, each.	
J7304	Contraceptive supply, hormone containing patch, each.	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies (Implanon).	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies.	

## Counseling for Chemoprevention of Breast Cancer

ICD-10	Description	Comments
Z80.3	Family history of malignant neoplasm of breast.	
Z80.41	Family history of malignant neoplasm of ovary.	
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast.	
Z12.39	Encounter for other screening for malignant neoplasm of breast.	
Z15.01	Genetic susceptibility to malignant neoplasm of breast.	
Z15.02	Genetic susceptibility to malignant neoplasm of ovary.	
Z80.49	Family history of malignant neoplasm of other genital organs.	
Z85.3	Personal history of malignant neoplasm of breast.	
Z85.43	Personal history of malignant neoplasm of ovary.	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.	
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes.	
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes.	

**Counseling to Prevent Tobacco Use and Tobacco-Caused Disease**

CPT/HCPCS	Description	Comments
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.	
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.	
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making).	
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.	
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit.	

**Dental Caries—Prevention of Dental Caries in Preschool Children**

Coding	Description	Comments
	Preventive visits and Evaluation & Management (EM) services.	Age 6 months through 11 years.

**Fluoride Varnish**

Coding	Description	Comments
99188	Application of topical fluoride varnish by a physician or other qualified health care professional.	Effective 05/01/15 — Covered for ages 6 months through 5 years.

**Depression—Major Depressive Disorder in Children, Adolescents and Adults**

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	Screening for depression, in primary care settings, includes E&M visits and ICD-10 dx Z00.00 and Z13.89.
Z13.89	Encounter for screening for other disorder.	

**Diabetes Mellitus Screening (Type 2 Diabetes)**

ICD-10	Description	Comments
Z83.3	Family history of diabetes mellitus.	
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z13.1	Encounter for screening for diabetes mellitus.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
82947	Glucose; quantitative, blood (except reagent strip).	Covered when billed with the listed ICD-10 dx codes for age 18 and over. Covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document. Age limits do not apply.
82948	Glucose; blood, reagent strip.	
82950	Glucose; post glucose dose (includes glucose).	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose).	
82952	Glucose; tolerance test, each additional beyond 3 specimens.	
83036	Hemoglobin; glycosylated (A1C).	

## Gonorrhea Screening

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z00.5	Encounter for examination of potential donor of organ and tissue.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z00.6	Encounter for examination for normal comparison and control in clinical research program.	
Z00.70	Encounter for examination for period of delayed growth in childhood without abnormal findings.	
Z00.71	Encounter for examination for period of delayed growth in childhood with abnormal findings.	
Z00.8	Encounter for other general examination.	
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings.	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings.	
Z04.41	Encounter for examination and observation following alleged adult rape.	
Z04.6	Encounter for general psychiatric examination, requested by authority.	
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission.	
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission.	
Z22.4	Carrier of infections with a predominantly sexual mode of transmission	
Z76.1	Encounter for health supervision and care of foundling.	
Z76.2	Encounter for health supervision and care of other healthy infant and child.	

CPT/HCPCS	Description	Comments
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique.	Covered when billed with the listed ICD-10 dx codes.
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique.	
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification.	
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae.	

(continued)

**Hepatitis B and C Virus Infection Screening** — Covered as preventive regardless of diagnosis

CPT/HCPCS	Description	Comments
<b>Hepatitis B</b>		
86704	Hepatitis B core antibody (HBcAB); Total.	Effective 05/01/15 — covered as preventive, regardless of diagnosis.
86706	Hepatitis B surface antibody (HBsAb).	
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg).	
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization.	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique.	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique.	
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification.	
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC).	
<b>Hepatitis C</b>		
86803	Hepatitis C antibody.	Coverage is limited to members born between 1945 to 1965.
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot).	
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	

**High Blood Pressure Screening in Adults**

	Description	Comments
99385-99387, 99395-99397	Screening is recommended for high blood pressure in adults aged 18 and over (see comment).	Included in the payment for a preventive care visit.
<b>Blood Pressure Monitoring and Monitors</b>		
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report.	Effective 10/1/16 — covered with a Physicians order, when billed with ICD-10 diagnosis code R03.0
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only.	
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report.	
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report.	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	Limited to one in 36 months.

(continued)

A4663	Blood pressure cuff only.	Limited to one in 36 months.
A4670	Automatic blood pressure monitor.	Limited to one in 36 months.

**Human Immunodeficiency Virus (HIV)—Screening for Adolescents and Adults**

CPT/HCPCS	Description	Comments	
86689	HTLV or HIV anitbody, confirmatory test.	HIV screening is covered as a preventive service when appropriately coded.	
86701	Antibody; HIV-1.		
86702	Antibody; HIV-2.		
86703	Antibody; HIV-1 and HIV-2, single assay.		
87389	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result.		
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique.		
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique.		
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification.		
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique.		
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique.		
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification.		HIV screening is covered as a preventive service when appropriately coded.
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies		
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening.		
G0433	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening.		
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening.		
G0475	HIV antigen/antibody, combination assay, screening		

**Immunization**

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after all of the following conditions are satisfied:

- FDA approval.
- Explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR.

CPT/HCPCS	Description	Comments
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component.	Preventive regardless of dx.
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/toxoid component (List separately in addition to code for primary procedure).	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid).	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

Patient Protection and Affordable Care Act (*cont.*)

CPT/ HCPCS	Description	Comments
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid).	
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use.	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use.	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use.	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use.	
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use.	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use.	
90632	Hepatitis A vaccine, adult, for intramuscular use.	
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use.	
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use.	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use.	
90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use.	
90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use.	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use.	Coverage is limited to age 9 – 45.
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use.	Coverage is limited to age 9 – 45.
90651	Human Papilloma virus types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (HPV), 3 dose schedule, for intramuscular use.	Coverage is limited to age 9 – 45.
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use.	
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use.	
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use.	
90660	Influenza virus vaccine, live, for intranasal use.	
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use.	
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use.	
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use.	

*(continued)*



## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/ HCPCS	Description	Comments
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use.	
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use.	
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use.	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use.	
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use.	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.	
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use.	
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use.	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use.	
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use.	
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use.	
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use.	
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use.	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use.	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (Dtap – Hib – IPV), for intramuscular use.	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use.	
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use.	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use.	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live for subcutaneous use.	
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use.	
90714	Tetanus and diphtheria toxoids (Tc) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use.	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use.	
90716	Varicella virus vaccine, live, for subcutaneous use.	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use.	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use.	
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetra-valent), for intramuscular use.	
90736	Zoster (shingles) vaccine, live, for subcutaneous injection Note: coverage for the Zoster vaccine is limited to age 50+.	Coverage limited to age 50 years and over.
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use.	
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use.	
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use.	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use.	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.	
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use.	
90756	Influenza virus vaccine, quadrivalent (CCIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ML dosage, for intramuscular use.	
G0008	Administration of influenza virus vaccine.	
G0009	Administration of pneumococcal vaccine.	
G0010	Administration of Hepatitis B.	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu).	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA).	
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL).	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 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).	
Q2039	Influenza virus vaccine, not otherwise specified.	

## Lung Screening

CPT/HCPCS	Description	Comments
G0297*	* Note: 71250 is no longer covered for PPACA lung screening as of 12/31/16. Please bill using correct code G0297 — Low dose CT scan (LDCT) for lung cancer screening.	<b>Covered when billed with the following ICD-10 diagnoses:</b> <b>F17.200</b> — Nicotine dependence, cigarettes, uncomplicated <b>F17.201</b> — Nicotine dependence, unspecified, in remission <b>F17.210</b> — F17.221 Nicotine dependence, by type <b>F17.290</b> — Nicotine dependence, other tobacco product, uncomplicated, <b>F17.291</b> — Nicotine dependence, other tobacco product, in remission <b>Z12.2</b> — Encounter for screening for malignant neoplasm of respiratory organs <b>Z13.9</b> — Encounter for screening, unspecified <b>Z72.0</b> — Tobacco use <b>Z87.891</b> — Personal history of nicotine dependence

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

## Mammography Screening

CPT/HCPCS	Description	Comments
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed.	Screening indicated in procedure code and ICD-10 diagnosis codes Z00.00, Z00.01, Z00.411, Z00.419, Z00.8, Z00.31, Z00.41, Z12.9, Z12.31
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	

## Newborn Screenings

## Hearing Screening

ICD-9	Description	Comments
V20.0	Encounter for health supervision and care of foundling.	Covered for age 0-90 days when billed with the listed ICD-10 dx codes.
V20.1	Care of healthy child nec.	
V20.2	Routine infant or child health check.	
V70.0	Routine medical exam.	
V72.11	Encounter for hearing examination following failed hearing screening.	
Z76.1	Encounter for health supervision and care of foundling.	
Z76.2	Encounter for health supervision and care of other healthy infant and child.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z01.110	Encounter for hearing examination following failed hearing screening.	
Z01.118	Encounter for examination of ears and hearing with other abnormal findings.	

CPT/HCPCS	Description	Comments
92551	Screening Test, pure tone, air only (Also payable under preventive benefit for children and adults as per the Certificate of Coverage).	Covered for age 0-90 days when billed with the listed ICD-10 dx codes.
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis.	
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive.	
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited.	
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products).	
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies).	
V5008	Hearing screening.	

## Hypothyroidism Screening

CPT/HCPCS	Description	Comments
84437	Thyroxine; requiring elution (e.g., neonatal).	Covered when billed with a preventive (dx code) for newborns age 0-180 days.
84443	Thyroid stimulating hormone.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

## Phenylketonuria Screening

CPT/HCPCS	Description	Comments
84030	Phenylalanine (PKU), blood.	Covered for ages 0 through 60 days of age, when billed with a preventive dx code, Z00.00, Z00.01, Z13.228.
84510	Thyroid stimulating hormone (TSH).	

## Sickle Cell Screening

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism.	

CPT/HCPCS	Description	Comments
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F).	<ul style="list-style-type: none"> <li>Covered when billed with the listed ICD-10 dx codes.</li> <li>Ages 0-6 months</li> </ul>
83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F).	
83030	Hemoglobin; F (fetal), chemical.	
83033	Hemoglobin; F (fetal), qualitative.	<ul style="list-style-type: none"> <li>Covered when billed with the listed ICD-10 dx codes.</li> <li>Ages 0-6 months</li> </ul>
83051	Hemoglobin; plasma.	
85660	Sickle cell screen.	

## Osteoporosis Screening

For all women age 50 and older.

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.01	Encounter for general adult medical examination with abnormal findings.	
Z13.820	Encounter for screening for osteoporosis.	
Z78.0	Asymptomatic menopausal state.	
Z82.62	Family history of osteoporosis.	

CPT/HCPCS	Description	Comments
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method.	Covered when billed with the listed ICD-10 dx codes.
77080	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine).	
77081	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel).	
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment.	
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA).	
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel).	Covered when billed with the listed ICD-10 dx codes.

## Pharmacy — U.S. Preventive Services Task Force A &amp; B Recommendation Medications

Harvard Pilgrim Health Care has included certain categories of medications in the preventive services coverage based on recommendations from the U.S. Preventive Services Task Force. These preventive medications are covered under the Patient Protection and Affordable Care Act at no cost (\$0 copayment) to members when prescribed by a licensed provider and filled at a network pharmacy. Coverage limitations such as age and gender rules apply (for details see Special

(continued)

Coverage Considerations in table below). This coverage does not apply to members of “grandfathered” plans.

Note: Preventive over-the-counter (OTC) medications are covered in full when prescribed by a licensed provider and dispensed at a pharmacy pursuant to a prescription.

Medication	Applies to:	Special Coverage Considerations
Aspirin	OTC generic only	Covered in full for members age 45 years and older.
Fluoride drops & tablets	Rx brands and generics	Covered in full for preschool children age 6 months through age 5.
Prescription smoking cessation products	Rx brands and generics	Covered in full. Quantity limitations may apply.
Breast cancer medications	Rx brands and generics	Covered in full for member who are at increased risk for breast cancer and at low risk for adverse medication effects.
Prep items/prep kits for colonoscopy procedure	Rx only	Covered in full by prescription only. OTC prep items/prep kits are not covered.
Effective 11/01/17 — Low to moderate dose statin drugs for adult prevention of cardio vascular disease (CVD).	RX only and generic statins	Covered in full by prescription only, for adults age 40 to 75 years with CVD risk factors.

**Rh Incompatibility Screening** — The following is covered when billed with one of the pregnancy ICD-10 codes.

CPT/HCPCS	Description	Comments
86900	Blood typing, serologic; ABO	Covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document.
86901	Blood typing; Rh (D)	
80055	Obstetric panel	
80081	Obstetric panel (includes HIV testing)	

#### Routine Infant or Child Health Check

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	

#### Developmental/Autism Screening

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z13.4	Encounter for screening for certain developmental disorders in childhood.	

CPT/HCPCS	Description	Comments
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.	Covered for children through age 17 in a primary care setting, preventive with the listed ICD-10 dx codes.
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

## Lead Screening — Child

ICD-10	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z11.1	Encounter for screening for respiratory tuberculosis.	High risk children.
Z13.88	Encounter for screening for disorder due to exposure to contaminants.	
Z77.011	Contact with and (suspected) exposure to lead.	

CPT/HCPCS	Description	Comments
83655	Lead	High risk children.

## Tuberculin Test — Child

ICD-10	Description	Comments
Z76.1	Encounter for health supervision and care of foundling.	
Z76.2	Encounter for health supervision and care of other healthy infant and child.	
Z00.129	Encounter for routine child health examination without abnormal findings.	High risk children.

## Visual Impairment Screening in Children Through Age 5 Years

ICD-9	Description	Comments
V20–V20.2	Routine infant or child health check.	
V70.0	Routine medical exam.	
ICD-10	Description	Comments
Z00.8	Encounter for other general examination.	
Z00.121	Encounter for routine child health examination with abnormal findings.	
Z00.129	Encounter for routine child health examination without abnormal findings.	
Z76.1	Encounter for health supervision and care of foundling.	
Z76.2	Encounter for health supervision and care of other healthy infant and child.	

CPT/HCPCS	Description	Comments
99172	Visual function screening.	Primary care settings, not specialists visits and is not under routine annual eye exam for children under 5 years.
99173	Screening test of visual acuity, quantitative, bilateral.	
99174	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report.	
99177	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis.	

## Rubella Screening by History of Vaccination or by Serology

ICD-9	Description	Comments
V70.0	Routine medical exam.	Female
V73.3	Screening examination for rubella.	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

ICD-10	Description	Comments
Z00.129	Encounter for routine child health examination without abnormal findings.	Female
Z11.59	Encounter for screening for other viral diseases.	Female

CPT/HCPCS	Description	Comments
86762	Antibody; rubella.	<ul style="list-style-type: none"> <li>• Covered when billed with the listed ICD-10 dx codes.</li> <li>• Female</li> </ul>

**Syphilis Screening** — The following is covered when billed with a supervision of pregnancy ICD-10 diagnosis code listed at the end of this document (pregnancy or screening for venereal diseases).

ICD-9	Description	Comments
V22.0 - V23.9	ICD-9 codes — pregnancy	
V70.0	Routine medical exam	
V74.5	Venereal disease – Screening for bacterial and spirochetal sexually transmitted diseases Screening for sexually transmitted diseases NOS	Excludes: Special screening for non-bacterial sexually transmitted diseases (V73.81–V73.89, V75.4, V75.8).
V74.9	Unspecified bacterial and spirochetal disease	
ICD-10	Description	Comments
	Supervision of pregnancy ICD-10 diagnosis code listed at the end of this document.	
Z00.00	Excludes: Special screening for nonbacterial sexually transmitted diseases (Z11.51, Z11.8, Z11.59)	
Z00.01	Encounter for general adult medical examination with abnormal findings	
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	
Z11.2	Encounter for screening for other bacterial diseases	
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	
Z11.8	Encounter for screening for other infectious and parasitic diseases	

CPT/HCPCS	Description	Comments
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	Covered when billed with the listed ICD-10 dx codes.
86593	Syphilis test, non-treponemal antibody; quantitative	Covered when billed with the listed ICD-10 dx codes.

**Tuberculosis Screening — Latent TB Screening for Adults**

ICD-10	Description	Comments
R76.11	Nonspecific reaction to tuberculin skin test without active tuberculosis	
R76.12	Nonspecific reaction to cell mediated immunity measurement of gamma interferon antigen response without active tuberculosis	
Z20.1	Contact with and (suspected) exposure to tuberculosis	

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	Effective 09/01/17 — Recommended screening for adults at increased risk for infection.
86580	Skin test; tuberculosis, intradermal	

**Voluntary Sterilization**

CPT/HCPCS	Description	Comments
250	Pharmacy	Covered when billed with V25.2/Z30.2.
258	Pharmacy Solutions	
259	Pharmacy-Other	
270	Medical Supplies	
272	Med/Surg Supplies- Sterile	
370	Anesthesia	
710	Recovery Room	Covered when billed with V25.2/Z30.2.
00851	Anesthesia-tubal ligation	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Applies to female only.
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	Applies to female only.
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	
J1170	Injection, hydromorphone, up to 4 mg.	Covered when billed with V25.2/Z30.2.
J1644	Injection, heparin sodium, per 1000 units.	
J2250	Injection, midazolam HCl, per 1 mg.	
J2270	Injection, morphine sulfate, up to 10 mg.	
J2405	Injection, ondansetron HCl, per 1 mg.	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg.	

(continued)



## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

CPT/HCPCS	Description	Comments
J7120	Ringers lactate infusion, up to 1,000 cc.	Covered when billed with V25.2/Z30.2.
J3010	Injection, fentanyl citrate, 0.1 mg.	
J2765	Injection, metoclopramide HCl, up to 10 mg.	
J0330	Injection, succinylcholine chloride, up to 20 mg.	
J0690	Injection, cefazolin sodium, 500 mg.	
J1100	Injection, dexamethasone sodium phosphate, 1 mg.	
J1885	Injection, ketorolac tromethamine, per 15 mg.	
J0690	Injection, cefazolin sodium, 500 mg.	
J1630	Injection, haloperidol, up to 5 mg.	
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule.	
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg.	
J1790	Injection, droperidol, up to 5 mg.	
J7040	Normal Saline Solution.	

## Wellness Examinations

	Description	Comments
	Well baby, well child, well adult, well woman.	<ul style="list-style-type: none"> <li>Preventive care—not sick E&amp;M services.</li> <li>Screening for domestic violence at annual exam.</li> </ul>

## Supervision of Pregnancy Diagnosis ICD-10 Coding

O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, first trimester

(continued)

## MEMBER CARE—PROTECTING HEALTH INFORMATION

## Patient Protection and Affordable Care Act (cont.)

O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.611	Supervision of young primigravida, first trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.621	Supervision of young multigravida, first trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
Z33.1	Pregnant state, incidental
Z33.3	Pregnant state, gestational carrier
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester

(continued)

MEMBER CARE—PROTECTING HEALTH INFORMATION

Patient Protection and Affordable Care Act (cont.)

Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester

**Resources**

Federal Health Care Reform

PUBLICATION HISTORY

03/19/12	original document
06/15/12	added women’s preventive services — effective 08/01/2012; added breastfeeding, contraception and voluntary sterilization services to coding grid
10/15/12	added CPT code 57800 to contraception coding grid
05/15/13	added 64435, J1050 and Skyla IUD to contraception codes; added V72.11 to newborn hearing services codes; removed J1055 and J1056 codes from coding grid
12/15/13	added Rx benefit information; added BRCA1 CPT codes to the coding grid
01/15/14	added coverage information to 96110
07/15/14	added U.S. Preventive Services Task Force A & B Recommended Medications
10/15/14	added lung cancer screening; added breast cancer medication information to pharmacy section
03/15/15	annual coding update
04/15/15	added 99188 — fluoride varnish coverage — effective 05/01/15; added 86704 to hepatitis B virus infection screening; updated diagnosis coverage effective 05/01/15 for hepatitis B virus infection screening; updated diagnosis coverage for diabetes screening
06/15/15	updated coding for breast cancer screening — genetic counseling and evaluation for BRCA testing
08/15/15	ICD-10 update
11/15/15	added colonoscopy prep items/kit payment information to pharmacy section
01/01/16	added code 80081 to Rh incompatibility screening; added codes 81162, 81432, and 81433 to BRCA testing; added codes J7297 and J7298 to contraceptionIntroduction
04/15/17	annual coding update
07/15/17	added new HCPCS contraceptive code Q9984 — Kyleena IUD — effective 07/01/17; added codes 11982 & 11983 — contraception insert/removal — effective 01/01/17; added Supervision of Pregnancy ICD-10 Diagnosis Coding table; added reference statement for the new supervision of pregnancy table; removed pregnancy diagnosis ranges; added statin drugs for prevention of CVD, effective 11/01/17 to pharmacy section; added coding for latent TB screening for adults, effective 09/01/17
01/01/18	Lead Screening — remove adult diagnosis codes; Colonoscopy Screening — remove anesthesia code 00810 (deleted 12/31/17) and replace with new anesthesia for screening colonoscopy — 00812; Hepatitis C — add note that coverage is for members whose DOB is between 1945 — 1965; Mammography Screening — add 77063 (3D screening) and delete G0202 eff 12/31/17; Immunization — add new 1/1/18 code 90756; Contraception — replace Q9984 (deleted 12/31/17) and add new J7296 effective 01/01/18 for Kyleena IUD; Visual Impairment Screening — change language (up to age 5 years) to “Through age 5 years.”
01/05/18	Off-cycle code correction/clarification for Kyleena, contraception code change
02/21/18	replaced title “behavioral counseling in primary care to promote a healthy diet” with “obesity screening for children, adolescents, and adults”
05/01/18	added Z12.31 to Mammography Screening
11/01/18	updated HPV coverage age