

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

Introduction

For employer groups and non-group members that renewed before January 01, 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 01, 2011, these changes went into effect on January 01, 2011.

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 (PPACA), as determined by the United States Preventive Services Task Force (USPSTF), may be exempt from certain provisions.

Before using this guideline please check the member’s evidence of coverage (EOC): Handbook, Schedule of Benefits (SOB), RX coverage.

Coverage and Services

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

Preventive Care — The following list of Preventive Care Services is provided for reference purposes only and may not be all inclusive: Please see Preventive Care Services Grid with diagnosis and procedure codes.

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

When a service is done for diagnostic purposes it will be adjudicated under the applicable non-preventive medical benefit; when a service is performed for preventive screening and is appropriately reported it will be adjudicated under the Preventive Care Services benefit.

Modifier 33

Harvard Pilgrim Health Care considers the procedures and diagnostic codes and Preventive Benefit Instructions listed in the table below in determining whether preventive care benefits apply. While Modifier 33 may be reported, it is not used in making preventive care benefit determinations.

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
Abdominal Aortic Aneurysm (AAA) Screening	Procedure codes: 76706 ICD-10 diagnosis codes: F17.210, F17.211, F17.213, F17.218, F17.219, Z00.00, Z00.01, Z87.891	Once per lifetime screening for men ages 65-75 (ends on 76th birthday) who have prior history of smoking Covered when billed with one of the listed ICD-10 Codes
Alcohol Misuse Screening	Procedure Codes: 99408, 99409 HCPC Codes: G0442, G0443 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.89	
Anemia Screening (Iron Deficiency)	Procedure Codes: 85014, 85018 ICD-10 Diagnosis Codes: Z13.0, Z13.1, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Covered when billed with one of the listed ICD-10 diagnosis codes or Supervision of Pregnancy ICD-10 diagnosis code
Aspirin for Prevention of Cardiovascular Disease	Procedure Codes: 99201-99215, 99211-99215, 99383-99387, 99393-99397, 99401-99404	Must have RX coverage Covered for members 45 years and older
Autism Screening	Procedure Codes: 96110, 96127 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z13.4	Covered as Preventive for children through age 17, in a primary care setting, with the listed ICD-10 dx codes
Bacteriuria Screening	Procedure Code: 81007	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code Covered at 12-16 week's gestation or at their first prenatal visit
Breast Cancer Screening (BRCA Screening/BRCA Lab Testing and Genetic Counseling and Evaluation) Breast Cancer - Chemoprevention Counseling	BRCA Testing Procedure Codes: 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 Counseling Procedure Codes: 96040, 99385-99387, 99395-99397 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z85.09, Z85.3, Z85.43, Z85.44 Chemoprevention Counseling Procedure Codes: 99385-99387, 99395-99397, 99401-99404, 99411-99412 ICD-10 Diagnosis Codes: Z00.00, Z00.001, Z12.31, Z12.39, Z15.01, Z15.02, Z80.0, Z80.3, Z80.41, Z80.49, Z85.09, Z85.3, Z85.43, Z85.44	Breast Cancer Medications must have RX coverage; are covered for members at increased risk for breast cancer and at low risk for adverse medication effects; Rx Brands and Generics BRCA Testing, Genetic Counseling & Evaluation payable as preventive with one of the diagnosis codes listed in the primary position Chemoprevention Counseling payable as preventive when billed with one of the diagnosis codes listed and when billed in the primary position
Mammogram (Screening)	Screening Mammograms Procedure Codes: 77063, 77067 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.8, Z01.411, Z01.419, Z04.41, Z12.31, Z80.3, Z85.3	Screening Mammograms are covered when billed with a screening procedure code and screening ICD-10 diagnosis codes

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Preventive Services		
Services	CPT/ICD-10 Coding	Comments
Breastfeeding Interventions, Services, Supplies and Equipment	<p>Visits Procedure Codes: 59430, 99502 HCPC Codes: S9443 (lactation class)</p> <p>Equipment Procedure Codes: E0602 (manual), E0603 (electric), E0604 (hospital grade)</p> <p>Supplies HCPC Codes: A4281, A4282, A4283, A4284, A4285, A4286</p> <p>Lactation Class (S9443) ICD-10 Diagnosis Codes: N64.0, O75.9, O91.22, O92.13, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, P92.2, P92.5, P92.9, R63.3, Z39.0, Z39.1, Z39.2</p>	<p>99502 is limited to one visit every 8 rolling months</p> <p>E0602 and E0603 purchase frequency limits may apply, this is a purchase item only E0604 Rental for 3 months, then pump must be returned to vendor at the end of the rental period, purchase frequency limits may apply</p> <p>A4281-A4286 purchase frequency limits may apply</p> <p>S9443 is covered when billed with one of the diagnosis codes listed</p>
Cervical Cancer Screening (HPV), (Pap Smear)	<p>Procedure Codes: 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HCPC Codes: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.6, Z00.8, Z01.411, Z01.419, Z01.42, Z04.41, Z04.6, Z11.51, Z12.4</p>	Covered when billed with one of the listed ICD-10 Diagnosis codes
Chlamydia Screening	<p>Procedure Codes: 86631, 86632, 87110, 87270, 87320, 87485, 87486, 87487, 84790, 87491, 87492, 87810, 99401, 99402, 99403, 99404</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z01.42, Z11.3, Z11.8, Z12.4, Z20.2, Z33.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93</p>	Covered when billed with one of the listed ICD-10 codes or Supervision of Pregnancy ICD-10 diagnosis code
Cholesterol Screening	<p>Procedure Codes: 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.220</p>	Payable as preventive with one of the diagnosis codes listed in this row for men and women age 20 and older
Colorectal Cancer Screening (Colonoscopy)	<p>Procedure Codes: 00812, 44388, 44389, 44392, 44394, 44401, 45300, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 45388, 81528, 82270, 82272, 82274, 88304, 88305, 99151, 99152, 99153, 99155, 99156, 99157</p> <p>HCPC Codes: G0104, G0105, G0106, G0120, G0121, G0122, G0328, G0500, G6022, G6024, J2175, J2250, J3010, J7040</p> <p>REV Codes: 250, 258, 270, 272, 370, 710</p>	<p>Payable as preventive with one of the ICD-10 dx codes listed; Excludes Inpatient and ER; Diagnosis must be billed in primary position</p> <p>00812 (anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy); should be used when billing for a screening colonoscopy</p> <p>Cologuard (81528) is covered for ages 45-75, once every 3 years</p>

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Preventive Services		
Services	CPT/ICD-10 Coding	Comments
	<p>ICD-10 Diagnosis Codes: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K59.81, K59.89, Z00.00, Z00.01, Z12.0, Z12.10, Z12.11, Z12.12, Z12.13, Z12.79, Z12.89, Z12.9, Z80.0, Z80.9, Z83.71, Z83.79, Z85.00, Z85.038, Z85.048, Z86.010, Z86.004</p>	<p>Prep Kits/Items must have RX coverage and are covered by prescription only; OTC prep items/prep kits are not covered; RX Brand only</p> <p>Virtual CT Colonoscopy (74263); is covered when medically necessary</p>
<p>Contraception – Contraceptive Drugs and Devices; Including Sterilizations</p>	<p>Contraceptive Management: Procedure Codes: 11975, 11976, 11977, 11981, 11982, 11983, 57170, 57800, 58300, 58301, 64435</p> <p>HCPC Codes: A4261, A4264, A4266, J1050, J7296, J7297, J7298, J7300, J7301, J7303, J7304, J7306, J7307</p> <p>ICD-10 Diagnosis Codes: Z30.0, Z30.02, Z30.13, Z30.14, Z30.017, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9, Z31.89, Z33.3</p> <p>Voluntary Sterilization: Procedure Codes: 00851, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700</p> <p>HCPC Codes: J0330, J0690, J1100, J1170, J1630, J1644, J1790, J1810, J1885, J2001, J2250, J2270, J2405, J2710, J2765, J3010, J7040, J7120</p> <p>REV Codes: 250, 258, 259, 270, 272, 370, 710</p> <p>ICD-10 Diagnosis Codes: Z30.2</p>	<p>Please refer to the members SOB/Rider Member must have RX coverage to have prescription contraceptives covered in full</p>
<p>Dental Caries - Prevention Pre-School Children</p>	<p>Procedure Codes: Preventive Visits and Evaluation Management (E&M) services</p>	<p>Age 6 months thru 11 years</p>
<p>Depression Screening</p>	<p>HCPC Code: G0444</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z13.89</p>	<p>Screening for depression, in primary care settings, for Adults, Children and Adolescents, includes E&M visits; performed during a preventive and/or annual well visit</p>

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Preventive Services		
Services	CPT/ICD-10 Coding	Comments
Diabetes Mellitus Screening (Type 2 Diabetes)	<p>Procedure Codes: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Diabetes: ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.1, Z83.3</p>	<p>Covered when billed with one of the listed ICD-10 diagnosis codes for abnormal blood glucose as part of Cardiovascular Risk Assessment in adults aged 40-70 years who are overweight or obese; or persons who may be at increased risk at 18 years or older</p> <p>Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code; age limits do not apply Gestational Diabetes Screening: Payable with one of the listed ICD-10 diagnosis codes; or a Supervision of Pregnancy diagnosis code</p>
Domestic Violence / Intimate Partner Violence	This service is included in a preventive care wellness examination	This service is included in a preventive care wellness examination
Fluoride Application in Primary Care	<p>Procedure Codes: 99188</p> <p>ICD-10 Diagnosis Codes: Does not have diagnosis code requirements for the preventive benefit to apply</p>	<p>Covered for preschool children age 6 months through 5 years</p> <p>Fluoride drops & tablets Must have RX coverage; Rx Brands and Generics</p>
Gonorrhea Screening	<p>Procedure Codes: 87590, 87591, 87592, 87850 99401, 99402, 99403, 99404, 99411, 99412</p> <p>HCPC Codes: G0445</p> <p>ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419, Z04.41, Z11.3, Z20.2, Z76.1, Z76.2</p>	Covered when billed with one of the listed ICD-10 codes or when billed with a Supervision of Pregnancy ICD-10 diagnosis code
Hepatitis B Screening	<p>Procedure Codes: 86704, 86706, 87340, 87341, 87516, 87517</p> <p>HCPC Codes: G0499</p> <p>ICD-10 Diagnosis Code: Covered as preventive regardless of diagnosis</p>	Covered as preventive regardless of diagnosis
Hepatitis C Screening	<p>Procedure Codes: 86803, 86804, 87520, 87521, 87522, 87902</p> <p>HCPC Codes: G0472</p> <p>ICD-10 Diagnosis Codes: Covered as preventive regardless of diagnosis</p>	Covered as preventive regardless of diagnosis
High Blood Pressure Screening Adult – (Monitors and Monitoring)	<p>Procedure Codes: 93784, 93786, 93788 or 93790</p> <p>HCPC Codes: A4660, A4663, A4670</p> <p>ICD-10 Diagnosis Codes: R03.0</p>	<p>Covered with a physician's order and when billed with one of the CPT and ICD-10 codes listed</p> <p>A4660, A4663, A4670 are limited to one in 36 months</p> <p>Included in the payment of a Preventive Care Visit (99385-99387 and 99395-99397)</p>
HIV Screening - (Human Immunodeficiency Virus)	<p>Procedure Codes: 86689, 86701, 86702, 86703, 87389, 87534, 87535, 87536, 87537, 87538, 87539, 87806</p> <p>HCPC Codes: G0432, G0433, G0435, G0475</p>	HIV screening is covered as a Preventive Service for adolescents and adults ages 15 to 65; younger adolescents and older adults who are at increased risk; and all pregnant women

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Preventive Services		
Services	CPT/ICD-10 Coding	Comments
	ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z01.411, Z01.419	All HIV screening codes must be billed with modifier 33 to be considered preventive
Lead Screening – Child	Procedure Codes: 83655 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z11.1, Z13.88, Z77.011	High Risk Children
Lung Cancer Screening (Low-Dose Computed Tomography)	Procedure Codes: 71271 ICD-10 Diagnosis Codes: F17.200, F17.201, F17.210, F17.211, F17.218, F17.219, F17.220, F17.221, F17.290, F17.291, F17.299, Z12.2, Z13.89, Z13.9, Z72.0, Z87.891	Covered when billed with 71271 and one of the listed ICD-10 Codes for adults age 55-80 years with a 30-pack year smoking history, currently smoke, or have quit in the past 15 years Requires Prior Authorization
Mammography Screening	See “Breast Cancer Screening”	See “Breast Cancer Screening”
Newborn Screenings All newborns	Hearing Screening: Procedure Codes: 92551, 92558, 92587, 92588, 92650, 92651, 92652, 92653, V5008 ICD-10 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z01.118, Z76.1, Z76.2 Hypothyroidism Screening: Procedure Codes: 84437, 84443 Phenylketonuria Screening: Procedure Codes: 84030, 84510 ICD-10 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.228 Sickle Cell Screening: Procedure Codes: 83020, 83021, 83030, 83033, 83051, 85660 ICD-10 Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	Hearing Screening - Covered for ages 0-90 days when billed with one of the listed ICD-10 codes Hypothyroidism Screening - Covered when billed with a preventive diagnosis for newborns ages 0-180 days Phenylketonuria Screening - Covered when billed with one of the listed ICD-10 codes for ages 0 through 60 days of age Sickle Cell – Covered when billed with one of the listed ICD-10 codes
Obesity Screening Adults, Children and Adolescents	Procedure Codes: 97802, 97803, 97804, 99401, 99402, 99403, 99404 HCPC Codes: G0473, S9470 ICD-10 Diagnosis Codes: E66.01, E66.09, E66.1, E66.8, E66.9, Z00.00, Z00.01, Z00.121, Z00.129, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z38.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z72.4	Covered when billed separately or with an E&M service; must append modifier 25
Osteoporosis Screening	Procedure Codes: 76977, 77080, 77081, 77085, 77086 HCPC Codes: G0130 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z13.820, Z78.0, Z82.62	Covered for all women 50 and older Covered when billed with one of the listed CPT and ICD-10 codes
Pregnancy	ICD-10 Diagnosis Codes	

Preventive Services		
Services	CPT/ICD-10 Coding	Comments
RH Incompatibility Screening	Procedure Codes: 80055, 80081, 86900, 86901	Covered when billed with a Supervision of Pregnancy ICD-10 diagnosis code
Skin Cancer Prevention	This service is included in a preventive care wellness examination or focused E&M visit	This service is included in a preventive care wellness examination or focused E&M visit
Statin Drugs for Adult Prevention of Cardiovascular Disease	Rx Brands and Generic Statins	Must have RX coverage; Low to moderate dose statin drugs for adult prevention of Cardio Vascular Disease; Rx Brand only; for adults age 40 to 75 years with CVD risk factors
Syphilis Screening	Procedure Codes: 86592, 86593 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z01.411, Z01.419, Z11.2, Z11.3, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Covered when billed with one of the listed CPT codes and ICD-10 codes; or when billed with a Supervision of Pregnancy ICD-10 diagnosis code
Tobacco Use Prevention Counseling	Procedure Codes: 99406, 99407 HCPC Codes: G0296, G0438, G0439 ICD-10 Diagnosis Codes: Does not have diagnosis code requirements for the preventive benefit to apply	Does not have diagnosis code requirements for the preventive benefits to apply Prescription Smoking Cessation products must have RX coverage; quantity limitations may apply; Rx Brands and Generics
Tuberculin Test – Child	Procedure Codes: 86580 ICD-10 Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2	High Risk Children
Tuberculosis Screening - (Latent TB Screening for Adults)	Procedure Codes: 86480, 86580 ICD-10 Diagnosis Codes: R76.11, R76.12, Z20.1, Z11.7, Z22.7, Z86.15	Recommended screening for adults at increased risk
Visual Impairment Screening - Childrens	Procedure Codes: 99172, 99173, 99174, 99177 ICD-10 Diagnosis Codes: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.6, Z00.70, Z00.71, Z00.8, Z04.6, Z76.1, Z76.2	Covered until age 5 in the Primary Care settings not specialist visit's; and is not under annual routine eye exam for children up to age 5
Venipuncture	Procedure Codes: 36415, 36416	Venipuncture for Preventive pathology and laboratory services listed within this grid
Voluntary Sterilization	See "Contraception Methods"	See "Contraception Methods"

Preventive Immunizations

Definition

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

- FDA approval
- Explicit ACIP recommendations for routine use 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

Preventive Immunizations			
CPT	Description	Drug	Comments
ICD-10 Code for Immunizations = Z23			
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	Administration	
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	Administration	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	Administration	
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)	Administration	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	Administration	
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)	Administration	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2-dose schedule for intramuscular use	Bexsero®	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3-dose schedule for intramuscular use	Trumenba®	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Fluzone®	
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Havrix® VAQTA®	
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix® VAQTA®	
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Havrix®	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	MenHibrix®	
90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use	PedvaxHIB®	

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Preventive Immunizations			
CPT	Description	Drug	Comments
90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use	ActHIB® Hiberix®	
90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3-dose schedule for intramuscular use	Gardasil4®	Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three.
90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3-dose schedule, for intramuscular use		Reimbursed for ages 9-26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three.
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3-dose schedule for intramuscular use	Gardasil9®	Coverage is limited to ages 9-45
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Fluad®	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	Fluzone®	
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone®	
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluzone® Fluvirin® Fluarix® Flulaval®	
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Fluzone®	
90664	Influenza virus vaccine, live	Flumist®	
90666	(LAIV), pandemic formulation, for intranasal use		
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use		

Preventive Immunizations			
CPT	Description	Drug	Comments
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use		
	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use		
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Pevnar 13® (PCV13)	
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax®	
90680	Rotavirus vaccine, pentavalent (RV5), 3-dose schedule, live, for oral use	Rotateq®	
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Fluzone®	
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluarix® FluLaval® Fluzone®	
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Fluzone®	
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® FluLaval® Fluzone®	
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	Afluria® FluLaval® Fluzone®	Pending FDA approval
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	Kinrix® QuadraceI®	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Daptacel® Infanrix®	

Preventive Immunizations			
CPT	Description	Drug	Comments
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use		
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II®	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol®	
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac® Decavac®	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adacel® Boostrix®	
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepBIPV), for intramuscular use	Pediarix®	
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use		
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Menomune®	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra® Menveo®	
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Zostavax®	Coverage limited to age 50 years and over
90739	Hepatitis B vaccine (HepB), adult dosage, 2-dose schedule, for intramuscular use	HEPLISAV-B®	
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use	Recombivax HB®	
90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90746	Hepatitis B vaccine (HepB), adult dosage, 3-dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Engerix-B®	

Preventive Immunizations			
CPT	Description	Drug	Comments
90748	Hepatitis B and Haemophilus influenza b vaccine (HibHepB), for intramuscular use		
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use	Shingrix®	Coverage limited to age 50 years and over
90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax®	
G0008	Administration of influenza virus vaccine	Administration	
G0009	Administration of pneumococcal vaccine	Administration	
G0010	Administration of hepatitis B vaccine	Administration	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu®	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	Afluria®	
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	Flulaval®	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	Fluvirin®	
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Fluzone®	
Q2039	Influenza virus vaccine, not otherwise specified		

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 contraception

MEMBER CARE-PROTECTING HEALTH INFORMATION

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	removed adult diagnosis codes from lead screening; removed anesthesia code 00810 (deleted 12/31/17) from colonoscopy screening, and replace with new anesthesia screening colonoscopy code 00812; added note that coverage is for members whose DOB is between 1945—1965 for hepatitis C; added 77063 (3D screening) and deleted G0202 eff 12/31/17 for mammography screening; added new code 90756 to immunization eff 01/01/18; replaced Q9984 (deleted 12/31/17) and added new J7296 eff 01/01/18 to contraception for Kyleena IUD; changed language to visual impairment screening (up to age 5 years) to “Through age 5 years;” made off-cycle code correction/clarification for Kyleena, contraception code change 01/05/18
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
01/01/19	changed document layout format; annual coding update (ICD-10, CPT, HCPC); updated age for BRCA, removed 81211, 81213, 81214; added 81163, 81164, 81165, 81166, 81167 to BRCA; updated HPV vaccine age (9-45, removed); removed vitamin D code 82306; added 87322 to cholesterol screening; added Z30.0 to contraception; added pregnancy diagnoses to gonorrhea; removed Z01.110 from hearing screening; added 90689 to immunizations; removed Z00.00 and Z00.01 from newborn screenings; added Z01.411, Z01.419 to syphilis screening; added 36415, 36416 to venipuncture; removed Z31.7 from contraception
02/26/19	updated comments to 90649 and 90650
05/01/19	removed diag Z02.89 from cervical screening as this diag is not covered per the Handbook
12/03/19	coding update; added Z86.004, Z11.7; 722.7; and Z86.15
02/03/20	corrected diag Z43.431 to Z30.431 in contraceptive management
05/06/20	added Z12.31 back to mammogram screening
08/03/20	added Z80.0, Z85.09, Z85.44 to Breast Cancer BRCA/Chemoprevention counseling
10/06/20	ICD-10 coding update
01/04/21	71271 added to Lung Screening, G0297 is deleted; 92650-92653 replaced 92585 and 92586 for Newborn Hearing Screening
10/1/2021	Lowered age from 50 to 45 for Cologuard (81528) Colorectal Cancer Screening
11/5/2021	All HIV screening codes must be billed with modifier 33 to be considered preventive