



## **CLINICAL PAYMENT AND CODING POLICY**

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

### **Preventive Services Policy**

**Policy Number: CPCP006**

**Version 1.0**

**Enterprise Clinical Payment and Coding Policy Committee Approval Date: September 25, 2020**

**Effective Date: 10/01/2020**

#### Definitions

The following acronyms have been utilized throughout this reimbursement policy

ACIP:	Advisory Committee on Immunization Practices
CDC:	Centers for Disease Control and Prevention
FDA:	United States Food and Drug Administration
HRSA:	Health Resources and Services Administration
PPACA:	Patient Protection and Affordable Care Act of 2010
USPSTF:	United States Preventive Services Task Force

## Description

Section 2713 of the Patient Protection and Affordable Care Act (PPACA) mandates that private health plans provide coverage of preventive services issued by the following agencies: The United States Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and the Health Resources and Service Administration (HRSA) with respect to women's guidelines and guidelines for infants, children and adolescents. These services are available at no cost-share when obtained by a member covered under a non-grandfathered plan. This applies to members belonging to individual, small group, large group and self-insured plans. There is no copay, deductible or coinsurance, even if the individual or family deductible or out-of-pocket maximum has not been met as long as the member utilizes a provider in the plan's network.

Preventive care or preventive medicine refers to measures or services taken to promote health and early detection/prevention of disease(s) and injuries rather than treating them and/or curing them. Preventive care may include, but are not limited to, examinations and screening tests tailored to an individual's age, health and family history.

PPACA does not mandate that preventive services be covered at no member cost-share when obtained out-of-network. Members that obtain preventive services out of their network will be subject to copay, deductible, and coinsurance.

Grandfathered plans are plans that have been in existence prior to March 23, 2010, and are exempt from the requirement of providing preventive services at no member cost share. Grandfathered plans have the opportunity to elect providing coverage of preventive services at no member cost share but are not required to do so.

The USPSTF applies a letter grade for each of the recommendations that are released. The grade definitions for USPSTF recommendations released after July 2012 are as follows

<https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Following the recommendation of the USPTF coverage of Grade "A" and "B" recommendations is provided at no member cost share for members with a non-grandfathered health plan. The USPTF published recommendations can be found at

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>

Grade	Definition
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
<b>C</b>	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
<b>I</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality or conflicting, and the balance of benefits and harms cannot be determined.

The ACIP publishes recommendations on the safe utilization of vaccines. ACIP’s recommendations include immunization schedules for children and adolescents as well as adults which can be found at <https://www.cdc.gov/vaccines/schedules/hcp/index.html> . Travel Immunizations such as, but not limited to, Japanese Encephalitis, Typhoid, Yellow Fever, and Small Pox are excluded from Preventive Service coverage. Other excluded vaccinations include Anthrax, Bacille Calmette Guerin for Tuberculosis (BCG), and Rabies which are not required by PPACA. Immunizations should be administered in accordance with the ACIP Recommended Child and Adult Immunization Schedules or in accordance with state law or regulations.

HRSA releases Women’s Preventive Services guidelines that are aimed at improving women’s health by recommending certain preventive services that should be obtained in the clinical setting. HRSA’s list of recommendations can be obtained at <https://www.hrsa.gov/womensguidelines2016/index.html>

HRSA endorses preventive guidelines established by the American Academy of Pediatrics for the health and well-being of infants, children and adolescents. These recommendations are referred to as Bright Futures and the comprehensive list of Bright Future’s recommendations can be found at [https://www.aap.org/en-us/Documents/practicet\\_periodicity\\_AllVisits.pdf](https://www.aap.org/en-us/Documents/practicet_periodicity_AllVisits.pdf)

### **Reimbursement Information:**

Certain preventive care services may be considered eligible for coverage under the member’s benefit plan as required by PPACA and/or an applicable state mandate. In general, these services include, but are not limited to, screenings, immunizations, and other types of care as recommended by the United States Federal Government.



These services are not subject to application of cost-sharing such as copayments, co-insurance or deductibles when they are considered eligible for coverage and are provided by a network provider. In order for preventive claims to process at the preventive level with no member cost share, the claim must include a preventive diagnosis code, a preventive procedure code, meet medical policy review criteria, and fall within the guidelines issued by the USPSTF, ACIP, HRSA or Bright Futures.

Health care providers (facilities, physicians and other health care professionals) are expected to exercise independent medical judgement in providing care to patients. This Preventive Services Reimbursement policy is not intended to impact care decisions or medical practice.

The following grid provides a list of the recommendations released by the USPSTF, ACIP, HRSA, or Bright Futures along with the corresponding procedure codes and diagnosis codes deemed to be preventive.

**USPSTF Recommendations:**

<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><b>Abdominal Aortic Aneurysm Screening</b></p> <p><u>USPSTF “B” Recommendation December 2019</u> The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.</p>	76706	Procedure code 76706 is reimbursable as preventive when submitted with one of the following: Z13.6, Z87.891, Z72.0, Z00.00, Z00.01, F17.210, F17.200
<p><b>Abnormal Blood Glucose and Type 2 Diabetes Mellitus Screening</b></p> <p><u>USPSTF “B” Recommendation October 2015</u> The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p>	82947, 82948, 82950, 82951, 83036, 82952	Payable with a diagnosis code in Diagnosis List 1
<p><b>Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions</b></p> <p><u>USPSTF “B” Recommendation November 2018</u></p>	99385, 99386, 99387, 99395, 99396, 99397, 99408, 99409, G0396, G0397, G0442, G0443	Payable with a diagnosis code in Diagnosis List 1



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p>The USPSTF recommends screening for unhealthy alcohol use in primary care settings for adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p>		
<p><b>Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer Preventive Medication</b></p> <p><u>USPSTF “B” Recommendation April 2016</u> The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.</p>		<p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBSTX member card. A patient’s pharmacy benefit may be managed by a company other than BCBSTX.</p> <p>Prescription required</p> <p>Coverage includes 81 mg dosage for generics</p>
<p><b>Asymptomatic Bacteriuria in Adults Screening</b></p> <p><u>USPSTF “B” Recommendation September 2019</u> The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p>	81007, 87086, 87088	Payable with a Pregnancy Diagnosis
<p><b>BRCA-Related Cancer Risk Assessment, Genetic Testing</b></p> <p><u>USPSTF “B” Recommendation August 2019</u> USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p>	81212, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167, 96040, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, G0463, S0265, 81307, 81308	<p>These services are subject to Medical Policy and prior authorization may be required</p> <p>Procedure codes 81212, 81215-81217, 81162-81167, 81307 and 81308 are reimbursable as preventive when submitted with one of the following primary diagnosis codes: Z80.3, Z80.41, Z85.3, Z85.43</p> <p>Procedure code 96040 is reimbursable as preventive when submitted with one of the</p>



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
		<p>following primary diagnosis codes: Z80.3 or Z80.41</p> <p>All other procedure codes for BRCA are payable with a diagnosis in Diagnosis List 1</p>
<p><b>Breast Cancer Medications for Risk Reduction</b></p> <p><u>USPSTF “B” Recommendations September 2019</u></p> <p>The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p>		<p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBSTX member card. A patient’s pharmacy benefit may be managed by a company other than BCBSTX.</p> <p>Prescription required.</p> <p>Generic drugs tamoxifen, raloxifene and anastrozole are reimbursable at the preventive level for ages 35 and over</p>
<p><b>Breast Cancer Screening</b></p> <p><u>USPSTF “B” Recommendation January 2016</u></p> <p>The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</p> <p><i>Refer also to HRSA’s ‘Breast Cancer Screening for Women at Average Risk’ recommendation</i></p>	<p>77061, 77062, 77063, 77067</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Breastfeeding Primary Care Interventions</b></p> <p><u>USPSTF “B” Recommendation October 2016</u></p> <p>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p> <p><i>Refer also to HRSA’s ‘Breastfeeding Services and Supplies’ recommendation</i></p>	<p>99401, 99402, 99403, 99404, 99411, 99412</p> <p>A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604, S9443</p>	<p>Electric breast pumps limited to one per benefit period. Hospital Grade breast pumps are limited to rental only.</p> <p>Additional reimbursement information available within the “Breastfeeding Equipment and Supplies”</p>
<p><b>Cervical Cancer Screening</b></p> <p><u>USPSTF “A” Recommendation August 2018</u></p> <p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF</p>	<p>99385, 99386, 99387, 99395, 99396, 99397</p> <p>G0101, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164,</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p>recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p><i>Refer also to HRSA's 'Cervical Cancer Screening' recommendation</i></p>	<p>88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, 87623, 87624, 87625, S0610, S0612, 0500T, 0096U</p>	
<p><b>Chlamydia Screening</b></p> <p><u>USPSTF "B" Recommendations September 2014</u></p> <p>The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p>	<p>86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Colorectal Cancer Screening</b></p> <p><u>USPSTF "A" Recommendation June 2016</u></p> <p>The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.</p> <p>The risks and benefits of different screening methods vary.</p>	<p>82270, 82274, G0328, 44388, 44389, 44392, 44394, 44401, 44404, 45378, 45380, 45381, 45384, 45385, 45388, G0105, G0106, G0120, G0121, G0122, 45330, 45331, 45333, 45335, 45338, 45346, 74263, 88304, 88305, G0104, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S0285, 00812, 00813, 81528</p>	<p>Certain colorectal cancer screening services may be subject to medical policy criteria and may require prior authorization</p> <p>Modifier 33 or PT may be applied</p> <p>Payable with a diagnosis in Diagnosis List 1</p> <p>In the instance that a polyp is removed during a preventive colonoscopy, the colonoscopy as well as the removal of the polyp and the labs and services related to the colonoscopy are reimbursable at the preventive level.</p> <p>Sedation procedure codes 99152, 99153, 99156, 99157 and G0500 will process at the preventive level when billed with a diagnosis of Z12.11 or Z12.12</p> <p>Procedure code 74263 is reimbursable at the preventive level when billed with one of the</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
		<p>following three diagnosis codes: Z00.00, Z12.11, Z12.12</p> <p>Procedure code 81528 is reimbursable at the preventive level when billed with Z12.11 or Z12.12 for out of network claims.</p>
<p><b>Congenital Hypothyroidism Screening</b></p> <p><u>USPSTF “A” Recommendation March 2008</u> The USPSTF recommends screening for congenital hypothyroidism in newborns.</p>	<p>84443, 99381, S3620</p>	
<p><b>Dental Caries in Children from Birth Through Age 5 Years Screening</b></p> <p><u>USPSTF “B” Recommendation May 2014</u> The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</p> <p><u>USPSTF “B” Recommendation May 2014</u> The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>	<p>99188</p>	<p>Prescription required for both over-the-counter (OTC) and prescription medications</p>
<p><b>Depression Screening Adults</b></p> <p><u>USPSTF “B” Recommendation January 2016</u> The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.</p>	<p>99385, 99386, 99387, 99395, 99396, 99397, 96160, 96161, G0444, 96127</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p> <p>Procedure code 96127 is only reimbursable at the preventive level when billed with a diagnosis of Z00.129, Z13.31, Z13.32, Z13.39, Z13.41, or Z13.42</p>
<p><b>Depression in Children and Adolescents Screening</b></p> <p><u>USPSTF “B” Recommendation February 2016</u> The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place</p>	<p>99384, 99385, 99394, 99395, 96127, G0444</p>	<p>Payable with a diagnosis in Diagnosis List 1</p> <p>Procedure code 96127 is only reimbursable at the preventive level when billed with a diagnosis of Z00.129, Z13.31, Z13.32, Z13.39, Z13.41, or Z13.42</p>





Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p>to ensure accurate diagnosis, effective treatment and appropriate follow-up.</p> <p><i>Refer also to Bright Futures 'Depression Screening' recommendation</i></p>		
<p><b>Falls Prevention in Community Dwelling Older Adults: Interventions</b></p> <p><u>USPSTF "B" Recommendation April 2018</u> The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.</p>	<p>97110, 97112, 97116, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530</p>	<p>Prescription required</p> <p>Procedure codes 97110, 97112, 97116, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168 and 97530 reimbursable with a diagnosis of Z91.81</p>
<p><b>Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication</b></p> <p><u>USPSTF "A" Recommendation January 2017</u> The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p>		<p>Prescription required</p> <p>Over-the-counter (OTC) only</p>
<p><b>Gestational Diabetes Mellitus Screening</b></p> <p><u>USPSTF "B" Recommendation January 2014</u> The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation.</p> <p><i>Refer also to HRSA's 'Gestational Diabetes' recommendation</i></p>	<p>36415, 82947, 82948, 82950, 82951, 82952, 83036</p>	<p>Payable with a pregnancy diagnosis</p>
<p><b>Gonorrhea Screening</b></p> <p><u>USPSTF "B" Recommendation September 2014</u> The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p>	<p>87801, 87590, 87591, 87592, 87850</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults</b></p>	<p>99385, 99386, 99387, 99395, 99396, 99397,</p>	



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><b>with Cardiovascular Risk Factors: Behavioral Counseling</b></p> <p><u>USPSTF “B” Recommendation August 2014</u> The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</p>	<p>G0438, G0439, G0446, S9452, S9470, 97802, 97803, 97804, G0270, G0271, 99078, 99401, 99402, 99403, 99404, 99411, 99412, G0473</p>	
<p><b>Hepatitis B in Pregnant Women Screening</b></p> <p><u>USPSTF “A” Recommendation July 2019</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p>	<p>80055, 86706, 87340, 87341, 80074, 80076, G0499, 36415</p>	<p>Payable with a pregnancy diagnosis, or diagnosis in Diagnosis List 1</p>
<p><b>Hepatitis B Virus Infection Screening</b></p> <p><u>USPSTF “B” Recommendation May 2014</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.</p>	<p>80055, 86706, 87340, 87341, 80074, 80076</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Hepatitis C Screening</b></p> <p><u>USPSTF “B” Recommendation March 2020</u> The USPSTF recommends screening for hepatitis C virus infection in adults aged 18 to 79 years.</p>	<p>86803, 86804, G0472</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>High Blood Pressure in Adults Screening</b></p> <p><u>USPSTF “A” Recommendation October 2015</u> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p>93784, 93786, 93788, 93790, 99385, 99386, 99387, 99395, 99396, 99397, 99473, 99474</p>	<p>Procedure codes 93784, 93786, 93788, 93790, 99473 and 99474 are reimbursable at the preventive level when billed with one of the following diagnosis codes: R03.0, R03.1, Z01.30, Z01.31</p>
<p><b>Human Immunodeficiency Virus (HIV) Infection Prevention Drug (PrEP)</b></p>		<p>Covers 200mg or 300 mg tablets of Truvada.</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><u>USPSTF “A” Recommendation June 2019</u> The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.</p>		<p>Prescription required.</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBSTX member card. A patient’s pharmacy benefit may be managed by a company other than BCBSTX.</p>
<p><b>Human Immunodeficiency Virus (HIV) Infection Screening for Non-Pregnant Adolescents and Adults</b></p> <p><u>USPSTF “A” Recommendation June 2019</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p> <p><i>Refer also to HRSA’s ‘HIV Screening and Counseling’ recommendation</i></p> <p><i>Refer also to Bright Future’s ‘STI/HIV Screening’ recommendation</i></p>	<p>87806, 87389, 87390, 87391, G0432, G0433, G0435</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant Women</b></p> <p><u>USPSTF “A” Recommendation June 2019</u> The USPSTF recommends that clinicians screen all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p> <p><i>Refer also to HRSA’s ‘HIV Screening and Counseling’ recommendation</i></p> <p><i>Refer also to Bright Future’s ‘STI/HIV Screening’ recommendation</i></p>	<p>36415, 80081, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475</p>	<p>Payable with a pregnancy diagnosis or diagnosis from Diagnosis List 1</p>
<p><b>Intimate Partner Violence, Elder Abuse and Abuse of Vulnerable Adults Screening</b></p> <p><u>USPSTF “B” Recommendation October 2018</u> The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen</p>	<p>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99387, 99394,</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.	99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, S0610, S0612, S0613	
<p><b>Latent Tuberculosis Infection Screening</b></p> <p><u>USPSTF “B” Recommendation September 2016</u></p> <p>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p>	86480, 86481, 86580	Payable with a diagnosis code in Diagnosis List 1
<p><b>Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality from Preeclampsia: Preventive Medication</b></p> <p><u>USPSTF “B” Recommendation September 2014</u></p> <p>The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.</p>		<p>Prescription required</p> <p>Coverage includes 81 mg dosage for generics</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBSTX member card. A patient’s pharmacy benefit may be managed by a company other than BCBSTX.</p>
<p><b>Lung Cancer Screening</b></p> <p><u>USPSTF “B” Recommendation December 2013</u></p> <p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	G0296, G0297	<p>Subject to medical policy criteria and may require preauthorization</p> <p>Procedure code G0297 is reimbursable at the preventive level if it meets medical policy criteria and is billed with one of the following diagnosis codes: F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, Z12.2, Z87.891</p>
<p><b>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions</b></p>	97802, 97803, 97804, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403,	



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p><u>USPSTF “B” Recommendation September 2018</u> The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</p>	<p>99404, 99411, 99412, 99078, G0447, G0473</p>	
<p><b>Obesity in Children and Adolescents Screening</b>  <u>USPSTF “B” Recommendation June 2017</u> The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>	<p>97802, 97803, 99383, 99384, 99385, 99393, 99401, 99402, 99403, 99404, 99411, 99412, G0446, G0447, G0473</p>	
<p><b>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum Preventive Medication</b>  <u>USPSTF “A” Recommendation January 2019</u> The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.</p>		<p>When billed under inpatient medical</p>
<p><b>Osteoporosis Screening</b>  <u>USPSTF “B” Recommendation June 2018</u> The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.  The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>	<p>76977, 77078, 77080, 77081, 78350, 78351, G0130,</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>
<p><b>Perinatal Depression: Preventive Interventions</b></p>	<p>99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403,</p>	<p>Payable with a diagnosis on Diagnosis List 1</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><u>USPSTF “B” Recommendation February 2019</u> The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions</p>	<p>99404, 96160, 96161, G0444</p>	
<p><b>Phenylketonuria in Newborns Screening</b></p> <p><u>USPSTF “A” Recommendation March 2008</u> The USPSTF recommends screening for phenylketonuria in newborns.</p>	<p>84030, 99381, S3620</p>	<p>Procedure codes 84030 and S3620 reimbursable at the preventive level for children 0-90 days old</p>
<p><b>Preeclampsia Screening</b></p> <p><u>USPSTF “B” Recommendation April 2017</u> The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p>		<p>Preeclampsia screening is done through routine blood pressure measurements</p>
<p><b>Rh(D) Incompatibility Screening</b></p> <p><u>USPSTF “A” Recommendation February 2004</u> The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p><u>USPSTF “B” Recommendation February 2004</u> The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	<p>80055, 86850, 86870, 86900, 86901, 36415</p>	<p>Payable with a pregnancy diagnosis</p>
<p><b>Sexually Transmitted Infections Behavioral Counseling</b></p> <p><u>USPSTF “B” Recommendation August 2020</u> The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p>	<p>99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0445</p>	



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><i>Refer also to HRSA's 'Sexually Transmitted Infections Counseling' recommendation</i></p>		
<p><b>Sickle Cell Disease (Hemoglobinopathies) in Newborns Screening</b></p> <p><u>USPSTF "A" Recommendation September 2007</u> The USPSTF recommends screening for sickle cell disease in newborns.</p>	<p>83020, 83021, 83030, 83033, 83051, 85004, 85013, 85014, 85018, 85025, 85027, 99381, G0306, G0307, S3620, S3850</p>	
<p><b>Skin Cancer Counseling</b></p> <p><u>USPSTF "B" Recommendation March 2018</u> The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>	<p>There are no procedure codes specific to skin cancer counseling.</p>	
<p><b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults Preventive Medication</b></p> <p><u>USPSTF "B" Recommendation November 2016</u> The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.</p> <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p>	<p>80061, 82465, 83700, 83718, 83719, 83721, 84478</p>	<p>Prescription required</p> <p>Ages 40-75 only</p> <p>Lovastatin 20mg, 40mg Pravastatin 10mg, 20mg, 40mg, 80mg</p> <p>For details about pharmacy benefit coverage, contact the number on the patient's BCBSTX member card. A patient's pharmacy benefit may be managed by a company other than BCBSTX.</p>
<p><b>Syphilis Infection in Nonpregnant Adults and Adolescents Screening</b></p>	<p>86592, 86780, 0065U</p>	<p>Payable with a diagnosis in Diagnosis List 1</p>



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p><u>USPSTF “A” Recommendation June 2016</u> The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>		
<p><b>Syphilis Infection in Pregnant Women Screening</b></p> <p><u>USPSTF “A” Recommendation September 2018</u> The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>80055, 80081, 86592, 86593, 86780, 0065U, 36415</p>	<p>Payable with a pregnancy diagnosis or a diagnosis in Diagnosis List 1</p>
<p><b>Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions</b></p> <p><u>USPSTF “A” Recommendation September 2015</u> The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</p> <p><u>USPSTF “A” Recommendation September 2015</u> The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.</p>	<p>99401, 99402, 99403, 99404, 99406, 99407, G9016, S9453</p>	<p>Two 90-day treatment regimens per benefit period. The 90-day treatments are at the discretion of the provider working with the member</p> <p>Prescription required for all pharmacotherapy interventions</p> <p>bupropion tan ER 150 mg tablets Chantix Microtron Inhaler Nicotrol NS Nicotine Transdermal Kits Generic gum and lozenges (nicotine polacrilex 2 mg, 4 mg)</p> <p>For details about pharmacy benefit coverage, contact the number on the patient’s BCBSTX member card. A patient’s pharmacy benefit may be managed by a company other than BCBSTX.</p>
<p><b>Tobacco Use in Children and Adolescents Primary Care Interventions</b></p> <p><u>USPSTF “B” Recommendation April 2020</u> The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p>	<p>99401, 99402, 99403, 99404, 99406, 99407, G9016, S9453</p>	<p>Refer to Preventive Services Recommendation for Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions</p>





<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><b>Screening for Unhealthy Drug Use</b></p> <p><u>USPSTF “B” Recommendation June 2020</u> The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.</p>	99385, 99386, 99387, 99395, 99396, 99397, 99409, G0396, G0397	Payable with a diagnosis code in Diagnosis List 1
<p><b>Vision Screening in Children</b></p> <p><u>USPSTF “B” Recommendation September 2017</u> The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p>	99172, 99173, 0333T	

General Lab Panel These lab codes could be multiple Preventive Services recommendations	80050, 80053	Payable with a diagnosis on Diagnosis List 1
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**HRSA Recommendations:**

<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><b><u>Anxiety Screening</u></b></p> <p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.</p>	96127, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0444	Procedure code 96127 is only reimbursable at the preventive level when billed with a diagnosis of Z00.129, Z13.31, Z13.32, Z13.39, Z13.41, or Z13.42
<p><b>Breast Cancer Screening for Women at Average Risk</b></p> <p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially</p>	77061, 77062, 77063, 77065, 77066, 77067, G0279	Payable with a diagnosis code in Diagnosis List 1



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p>and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation</p> <p><i>Refer also to USPSTF's 'Breast Cancer Screening' recommendation</i></p>		
<p><b>Breastfeeding Services and Supplies</b></p> <p><u>HRSA Recommendation December 2019</u> The Women's Preventive Services Initiative recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period to ensure the successful initiation and maintenance of breastfeeding.</p> <p><i>Refer also to USPSTF's 'Breastfeeding Primary Care Interventions' recommendation</i></p>	<p>E0602, E0603, E0604, A4281, A4282, A4283, A4284, A4285, A4286, S9443, 99401, 99402, 99403, 99404, 99411, 99412, 99347, 99348, 99349, 99350</p>	<p>Electric breast pumps limited to one per benefit period. Hospital Grade breast pumps are limited to rental only.</p> <p>Additional reimbursement information available within the "Breastfeeding Equipment and Supplies" Coverage</p>
<p><b>Cervical Cancer Screening</b></p> <p><u>HRSA Recommendation December 2019</u> The Women's Preventive Services Initiative recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, the Women's Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</p> <p><i>Refer also to USPSTF 'Cervical Cancer</i></p>	<p>99385, 99386, 99387, 99395, 99396, 99397, G0101, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, 87623, 87624, S0610, S0612</p>	<p>Payable with a diagnosis code in Diagnosis List 1</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<i>Screening' recommendation</i>		
<p><b>Contraceptive Methods and Counseling</b></p> <p><u>HRSA Recommendation December 2019</u> The Women's Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The Women's Preventive Services Initiative recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.</p>	<p>A4268, A4269, 57170, 74740, 96372, 11976, 11981, 11982, 11983, 58300, 58301, A4261, A4264, A4266, S4981, S4989, J1050, J7297, J7298, J7300, J7301, J7303, J7304, J7306, J7307, 58600, 58605, 58611, 5865, 58661, 58565, 58670, 58671, 58340, J7296</p>	<p>Contraception methods that require a prescription may be covered under the patient's medical or pharmacy benefit. For details about pharmacy benefit coverage for contraception, contact the number on the patient's BCBSTX member card. A patient's pharmacy benefit may be managed by a company other than BCBSTX.</p> <p>Visits pertaining to contraceptive counseling, initiation of contraceptive use, and follow-up care may also apply to procedure codes under HRSA's 'Well-Woman' recommendation</p> <p>Procedure code 58340 reimbursable at the preventive level only when accompanied with modifier 33 or one of the following diagnosis codes: Z30.2, Z30.40, Z30.42, Z30.49, Z98.51,</p> <p>Procedure codes 11981, 11982, and 11983 (are covered only when FDA approved contraceptive implant insertion or removal are performed) are reimbursable at the preventive level when billed with one of the following diagnosis codes: Z30.013, Z30.017, Z30.018, Z30.19, Z30.09, Z30.40, Z30.42, , Z30.42, Z30.46, Z30.49, Z30.8, Z30.9</p> <p>Procedure code 58661reimbursable at the preventive level with a diagnosis of Z30.2</p> <p>For the list of contraceptive methods that may be covered,</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
		visit your health plan website.
<p><b>Diabetes Mellitus Screening after Pregnancy</b></p> <p><u>HRSA Recommendation December 2019</u></p> <p>The Women’s Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not been previously diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy. For women with a positive postpartum screening test result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test (e.g., oral glucose tolerance test, fasting plasma glucose or hemoglobin A1c). Repeat testing is indicated in women who were screened with hemoglobin A1c in the first 6 months postpartum regardless of the result.</p>	82947, 82948, 82950, 82951, 83036	Payable with a diagnosis code in Diagnosis List 1
<p><b>Gestational Diabetes</b></p> <p><u>HRSA Recommendation December 2019</u></p> <p>The Women’s Preventive Services Initiative recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50 g oral glucose challenge test (followed by a 3-hour 100 g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. The Women’s Preventive Services Initiative suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24</p>	82947, 82948, 82950, 82951, 83036	Payable with a pregnancy diagnosis



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p>weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.</p> <p><i>Refer also to USPSTF’s ‘Gestational Diabetes Mellitus Screening’ recommendation</i></p>		
<p><b>Human Immune-Deficiency Virus Counseling &amp; Screening</b></p> <p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the life span. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p> <p><i>Refer also to USPSTF’s ‘Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant and Non-Pregnant Adolescents and Adults’ recommendation</i></p> <p><i>Refer also to Bright Future’s ‘STI/HIV’ Screening’ recommendations</i></p>	<p>36415, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475</p>	<p>Payable when billed with a diagnosis in Diagnosis List 1</p>
<p><b>Human Papillomavirus Testing (HPV)</b></p> <p><u>HRSA Recommendation August 2012</u> HRSA recommends high-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years</p>	<p>87623, 87624, 87625, G0476, 0500T, 0096U</p>	<p>Payable with a diagnosis in Diagnosis List 1</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><b>Interpersonal and Domestic Violence Screening</b></p> <p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends screening adolescents and women for interpersonal and domestic violence at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.</p>	<p>99401, 99402, 99403, 99404, 99411, 99412, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p>	
<p><b>Sexually Transmitted Infections Counseling</b></p> <p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs). The Women’s Preventive Services Initiative recommends that health care providers use a woman’s sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.</p> <p><i>Refer also to USPSTF’s ‘Sexually Transmitted Infections Behavioral Counseling’ recommendation</i></p>	<p>99401, 99402, 99403, 99404, 99411, 99412, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0445</p>	
<p><b>Urinary Incontinence Screening</b></p>	<p>There are no procedure codes</p>	<p>Payable with a diagnosis in Diagnosis List 1</p>



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<p><u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women’s Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated. The Women’s Preventive Services Initiative recommends screening women for urinary incontinence as a preventive service. Factors associated with an increased risk for urinary incontinence include increasing parity, advancing age and obesity; however, these factors should not be used to limit screening.</p> <p>Several screening tools demonstrate fair to high accuracy in identifying urinary incontinence in women. Although minimum screening intervals are unknown, given the prevalence of urinary incontinence, the fact that many women do not volunteer symptoms, and the multiple, frequently-changing risk factors associated with incontinence, it is reasonable to conduct annually.</p>	<p>specific to this service. This service would be part of the preventive office visit.</p>	
<p><b>Well-Woman Visits</b> <u>HRSA Recommendation December 2019</u> The Women’s Preventive Services Initiative recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the life span to ensure that the recommended preventive services, including preconception, and many services necessary for prenatal and interconception care are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors.</p>	<p>99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0438, G0439, 99078, 99401, 99402, 99403, 99404, 99411, 99412, 99408, 99409, G0396, G0442, G0443, G0444</p>	<p>Labs administered as part of a normal pregnancy reimbursable at the preventive level when billed with a pregnancy diagnosis</p>



**ACIP Recommendations:**

<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<b>DTaP Vaccine</b>	90696, 90698, 90700, 90702, 90723	
<b>Hepatitis A Vaccine</b>	90632, 90633, 90634, 90636	
<b>Hepatitis B Vaccine</b>	90739, 90740, 90743, 90744, 90746, 90747, 90748	Hepatitis B Vaccination is payable at the preventive level for newborns under 90 days of age when obtained in the inpatient setting from an in-network provider
<b>Haemophilus Influenzae Type B (Hib) Vaccine</b>	90647, 90648	
<b>Human Papillomavirus Vaccine (HPV)</b>	90649, 90650, 90651	Payable at the preventive level for members between the ages of 9-45.  Payable with a diagnosis code in Diagnosis List 1
<b>Influenza Vaccine</b>	90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90666, 90667, 90668, 90672, 90673, 90674 90682, 90685, 90686, 90687, 90688, 90756 Q2034, Q2035, Q2036, Q2037, Q2038, Q2039	
<b>Measles, Rubella, Congenital Rubella Syndrome and Mumps (MMR)</b>	90707	
<b>Measles, Mumps, Rubella and Varicella (MMRV)</b>	90710	





Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<b>Meningococcal Vaccine</b>	90644, 90733, 90734, 90620, 90621	
<b>Pneumococcal Vaccine</b>	90670, 90732	
<b>Polio Vaccine</b>	90713	
<b>Rotavirus Vaccine</b>	90680, 90681	
<b>Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap/Td)</b>	90714, 90715	
<b>Varicella Vaccine</b>	90716	
<b>Zoster (Shingles) Vaccine</b>	90736, 90750	Payable at the preventive level for members age 50 and older
<b>Immunization Administration</b>	90460, 90461, 90471, 90472, 90473, 90474, 90674, 90749	

**Bright Futures Recommendations:**

	Procedure Code(s):	Additional Reimbursement Criteria:
<b>Alcohol Use and Drug Use Assessment</b>  <u>Bright Futures</u> Recommends alcohol and drug use assessments for adolescents between the ages of 11 to 21 years	99408, 99409	Payable with a diagnosis code in Diagnosis List 1
<b>Cervical Dysplasia Screening</b>  <u>Bright Futures</u> Recommends cervical dysplasia screening for adolescents age 21 years of age	Q0091	Payable with a diagnosis code in Diagnosis List 1
<b>Critical Congenital Heart Defect Screening</b>  <u>Bright Futures</u> Recommends screening for critical congenital heart disease using pulse oximetry for newborns after 24 hours of age, before discharge from the hospital	94760	



Service:	Procedure Code(s):	Additional Reimbursement Criteria:
<p><b>Depression Screening</b></p> <p><u>Bright Futures</u> Recommends depression screening for adolescents between the ages of 11 to 21 years</p> <p><i>Refer also to USPSTF's 'Depression in Children and Adolescents Screening' recommendation</i></p>	96110	Payable with a diagnosis code in Diagnosis List 1
<p><b>Developmental Screening / Autism Screening</b></p> <p><u>Bright Futures</u> Recommends developmental/autism screening for infants and young children between the ages of 9 months and 30 months</p>	96110	Payable with a diagnosis code in Diagnosis List 1
<p><b>Dyslipidemia Screening</b></p> <p><u>Bright Futures</u> Recommends dyslipidemia screening for children and adolescents between the ages of 24 months and 21 years of age</p>	80061, 82465, 83718, 84478	Payable with a diagnosis code in Diagnosis List 1
<p><b>Hearing Screening</b></p> <p><u>Bright Futures</u> Recommends hearing screenings for children and adolescents from birth through 21 years of age</p>	92558, 92586, 92567, 92551, V5008	<p>Payable with a diagnosis code in Diagnosis List 1</p> <p>Procedure code 92586 is for members under 32 days of age</p> <p>CPT code 92586 may be subject to Medical Policy.</p>
<p><b>Hematocrit or Hemoglobin</b></p> <p><u>Bright Futures</u> Recommends hematocrit or hemoglobin screening for children and adolescents between the ages of four months and 21 years of age</p>	36415, 36416, 85014, 85018	Payable with a diagnosis code in Diagnosis List 1
<p><b>HIV Screening</b></p>	87389, 87390, 87391, 87806, G0432, G0433, G0435	Payable with a diagnosis code in Diagnosis List 1



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
<b>Lead Screening</b>  <u>Bright Futures</u> Recommends screening children between the ages of six months and six years for lead	36415, 36416, 83655	Payable with a diagnosis code in Diagnosis List 1
<b>Maternal Depression Screening</b>	99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0444	
<b>Newborn Bilirubin</b>	82247, 82248	Payable with a diagnosis in Diagnosis List 1
<b>Newborn Blood Screening</b>	S3620	Payable with a diagnosis code in Diagnosis List 1
<b>Oral Health</b>  <u>Bright Futures</u> Recommends oral health risk assessments beginning at six months of age	99211, 99212, 99188, 99381, 99382, 99383, 99384	Payable with a diagnosis code in Diagnosis List 1
<b>Prenatal Visit</b>	99401, 99402, 99403, 99404	Payable with a diagnosis code in Diagnosis List 1
<b>Preventive Medicine Services: New Patients</b>	99381, 99382, 99383, 99384, 99385	Payable with a diagnosis code in Diagnosis List 1
<b>Preventive Medicine Services: Established Patients</b>	99391, 99392, 99393, 99394, 99395	Payable with a diagnosis code in Diagnosis List 1
<b>STI/HIV Screening</b>  <u>Bright Futures</u> Recommends screening for all sexually active patients  <i>Refer also to USPSTF's 'Human Immunodeficiency Virus (HIV) Infection Screening for Pregnant and Non-Pregnant Adolescents and Adults' recommendations</i>  <i>Refer also to HRSA's 'Sexually Transmitted Infections Counseling' recommendation</i>	86631, 86632, 86701, 86703, 87081, 87110, 87210, 87270, 87320, 87490, 87491, 87590, 87591, 87800, 87801, 87810, 87850, 36415	Payable with a diagnosis code in Diagnosis List 1
<b>Tuberculosis Testing</b>  <u>Bright Futures</u> Recommends tuberculosis testing if the risk	86580, 99211	Payable with a diagnosis code in Diagnosis List 1



<b>Service:</b>	<b>Procedure Code(s):</b>	<b>Additional Reimbursement Criteria:</b>
assessment is positive		
<b>Vision Screening</b>  <u>Bright Futures</u> Recommends vision screening for newborns through age 21 years	99173	Payable with a diagnosis code in Diagnosis List 1

Many of the services listed above may be performed for indications other than preventive care. In these situations, services may be covered by another provision of the individual’s benefit plan and subject to applicable cost sharing.

**Diagnosis List 1**

Z00.00	Z00.01	Z00.110	Z00.111	Z00.121	Z00.129	Z0.08
Z01.10	Z01.411	Z01.419	Z02.83	Z11.1	Z11.3	Z11.4
Z11.51	Z11.7	Z12.11	Z12.12	Z12.2	Z12.31	Z12.39
Z12.4	Z12.5	Z13.0	Z13.1	Z13.220	Z13.31	Z13.32
Z13.4	Z13.41	Z13.42	Z13.5	Z13.6	Z13.820	Z23
Z30.011	Z30.012	Z30.013	Z30.014	Z30.015	Z30.016	Z30.017
Z30.018	Z30.019	Z30.02	Z30.09	Z30.40	Z30.41	Z30.42
Z30.430	Z30.431	Z30.432	Z30.433	Z30.44	Z30.45	Z30.46
Z30.49	Z30.8	Z30.9	Z32.2	Z71.41	Z71.51	Z71.6
Z71.7	Z71.82	Z71.83	Z86.32			

**Breastfeeding Equipment & Supplies**

Non-grandfathered plans provide coverage of manual, electric, and hospital grade breast pumps along with breastfeeding supplies at the preventive level.

**Manual breast pumps** utilize procedure code E0602 and are available for purchase and covered at the preventive level when obtained In-Network, Out-of-Network or from Retail providers. Sales tax is excluded from retail purchases.

**Electric breast pumps** utilize procedure code E0603 and must be rented or purchased from an In-Network provider or a contracted durable medical equipment supplier. The models of breast pumps being provided at the preventive level are up to the individual provider’s discretion. If a member chooses to obtain an upgraded model, they may be balance billed the difference between the allowance of the standard model and the cost of the upgraded model. Members are allowed one electric breast pump per benefit period.

\*Note: Retail providers such as Target, Walmart or online vendor are not licensed medical providers and therefore are considered Out of Network. Out of network coverage will follow the out of network benefit level for preventive services. This may include cost sharing and sales tax is excluded. \*

**Hospital grade breast pumps** utilize procedure code E0604 and are only covered when rented In-Network or from an In-Network durable medical equipment supplier. Hospital grade breast pump coverage is up to the purchase price of \$1,000.00 or 12 months, whichever comes first. At the end of coverage, the unit must be returned to the durable medical equipment supplier. Members are allowed one breast pump per benefit period.

Breast pumps obtained from Out of Network providers are reimbursable at the Out of Network level.

The following breast pump supplies are reimbursable at the preventive level. Some limitations and restrictions may apply based on the group coverage for preventive services.

- A4281- Tubing for breast pump, replacement, spare membranes, replacements
- A4282- Adapter for breast pump, replacement
- A4283- Cap for breast pump bottle, replacement
- A4284- Breast shield and splash protector for use with breast pump, replacement
- A4285- Polycarbonate bottle for use with breast pump, replacement
- A4286- Locking ring for breast pump, replacement

#### Differentiating Preventive Care versus Diagnostic Care

The following types of services are considered Preventive:

- Screenings intended to prevent illness or identify issues before symptoms are evident
- Counseling intervention as defined by a specific preventive recommendation

Examples of preventive services:

- A 60-year-old woman obtains her biennial mammogram to screen for breast cancer
- A patient who has been identified as having cardiovascular disease risk factors is referred for nutritional counseling
- A 50-year old patient obtains a colonoscopy to screen for colorectal cancer
- A 42-year-old patient goes to their doctor for their annual physical and receives a blood test to screen for abnormal blood glucose

The following types of services are considered Diagnostic:

- The diagnosis of existing symptoms or abnormalities
- Treatment for specific health conditions, ongoing care, or other tests to manage a health condition

Examples of diagnostic services:


- A 60-year-old woman obtains a mammogram after noticing a lump in her breast
- A patient diagnosed with diabetes is referred for nutritional counseling to manage their condition
- A patient goes to their doctor for their annual physical and receives a blood test to check iron and liver function, and a urinalysis is requested


#### Limitations and Exclusions


1. Services not reimbursable at the preventive level may be reimbursable under another portion of the medical plan.
2. Breastfeeding equipment and supplies not listed underneath the “Breastfeeding Equipment and Supplies” section. This includes, but is not limited to
  - a. Batteries
  - b. Breastfeeding ointments, creams
  - c. Breast milk storage supplies including bags, freezer packs, etc.
  - d. Breast pump cleaning supplies
  - e. Breast pump traveling cases
  - f. Infant scales
  - g. Nursing bras
  - h. Nursing covers, scarfs
3. Immunizations that are not published in the Center for Disease Control’s Morbidity and Mortality Weekly Report (MMWR) and/or are not on the list of “Vaccines Licensed for Use in the United States” by the United States Food and Drug Administration (FDA).
4. Prescription coverage may vary depending on the terms and conditions of the plans. A prescription may be required for coverage under the pharmacy benefit. The plan may also require that the generic drug be tried first before the brand version. Age limits, restrictions and other requirements may apply. Members can verify their pharmacy benefits by calling the customer service number on the back of their ID card.
5. For OTC purchases, members will need to obtain a prescription from their provider and take it to the pharmacy to be filled.
6. If there is a medication not included, the member should consult their doctor for therapeutic alternatives first before submitting coverage exceptions to BCBSTX.


Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member’s benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between a MEDICAL POLICY and a member’s benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.


## References:

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## Policy Update History:

Approval Date	Description
06/23/2017	New policy, replaces medical policy ADM1001.030
07/14/2017	Removed codes 99174 and 99177.
12/06/2017	Coding and USPSTF updates
04/30/2018	Coding and USPSTF updates
07/12/2018	Coding and USPSTF updates
12/27/2018	Coding and USPSTF updates
09/26/2019	Coding and USPSTF updates
10/14/2019	HPV vaccine update
12/30/2019	Disclaimer, Coding and USPSTF updates
04/20/2020	Recommendation updates
06/08/2020	Disclaimer, Coding, Links, and recommendation updates
09/09/2020	Coding and recommendation updates

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