

## Preventative Care Screening

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

[MP-022 Breast Tomosynthesis](#)

[MP-033 Genetic Testing for Breast and/or Ovarian Cancer Susceptibility \(BRCA1/BRCA2\)](#)

**Policy REIMB-009**

**Origination Date:** 09/01/2021

**Reviewed/Revised Date:** 02/28/2024

**Next Review Date:** 02/28/2025

**Current Effective Date:** 04/28/2024

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

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

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

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

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

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

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

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

As part of preventive coverage, it is important to note that preventive or screening services typically represent Services performed in the absence of signs or symptoms a disease or illness are consider. This is considered primary prevention. Services performed to identify risk for worsening of conditions or to monitor a disease state are not covered as preventive.

For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, your regular copays, coinsurance, or deductibles may apply.

## Policy Statement and Criteria

### 1. Commercial Plans/CHIP

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

### 2. Medicaid Plans

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

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

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

## Applicable Coding

Preventive Care Services and <a href="#">USPSTF Recommendations</a>	Relevant CPT/HCPCS Codes	Relevant ICD-10-CM Codes	Adjudication/ Rationale
<b>Abdominal Aortic Aneurysm Screening in Men Aged 65 to 75 Years Who Have Never Smoked</b> The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	76706	Z13.6, Z87.891, Z00.00, Z00.01, Z00.8, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219	Allow CPT code with any of the ICD-10-CM codes between ages 65 and 75 in men only one time.
<b>Anxiety Disorders Screening in Adults 64 Years or Younger, Including Pregnant and Postpartum Persons</b> The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	96127, 96161	Z13.30, Z13.31, Z13.32, Z13.39	Allow CPT code with ICD-10-CM code for adults aged 18 to 64 years if no E/M billed.

<p><b>Anxiety Screening in Children and Adolescents</b></p> <p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. This recommendation applies to children and adolescents 18 years or younger who do not have a diagnosed anxiety disorder and who are not showing recognized signs or symptoms of anxiety.</p>	96127, 96161	Z13.30, Z13.31, Z13.39, Z00.121, Z00.129	CPT code 96127 will be allowed once per year as preventive if billed with associated dx code listed and no E/M code billed for same visit
<p><b>Asymptomatic Bacteriuria Screening in Pregnant Women</b></p> <p>The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant women.</p>	87086	Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823,	<p>Allow CPT once per year with any associated ICD-10-CM code.</p> <p>Use beyond preventive indication may be covered under the medical benefit.</p>

		O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<b>Hypertension Screening in Adults 18 years or Older Without Known Hypertension</b> The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	Blood pressure measurement is included in preventative care and wellness exams or focused E/M visit.	N/A	N/A
<b>Hypertensive Disorders of Pregnancy Screening in Asymptomatic Pregnant Persons.</b> The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	Blood pressure measurement is included in prenatal visits.	N/A	N/A
<b>BRCA - Related Cancer Evaluation</b>			Allow BRCA lab code with any screening diagnosis one per lifetime. Counseling service codes are allowed when

<p>The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have ancestry associated with breast cancer susceptibility 1 and 2 (BRCA 1/2) gene mutations with an appropriate brief familial risk assessment tool.</p> <p>Women with positive results on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p>	<p><b>Counseling Services Codes:</b> 96040, 99401, 99402, 99403, 99404, S0265</p> <p><b>BRCA Lab Screening Codes:</b> 81162, 81163, 81215, 81217</p>	<p><b>Screening:</b> Z00.00, Z00.01, Z15.01, Z15.02, Z15.09, Z71.83</p> <p><b>Family History Codes:</b> Z80.3, Z80.41, Z80.49</p> <p><b>Personal History Codes:</b> Z85.07, Z85.3, Z85.44, Z85.46, Z85.07, Z85.43</p>	<p>reported without E/M code. Use beyond preventive indication may be covered under the medical benefit.</p> <p><i>U of U Health Plans covers genetic testing for BRCA1 and BRCA2 mutations in adult individuals at high risk for heritable breast and ovarian cancer syndromes when specific clinical coverage criteria are met. See <a href="#">MP-033 Genetic Testing for Breast and/or Ovarian Cancer Susceptibility (BRCA1/BRCA2)</a> for criteria.</i></p>
<p><b>Breast Cancer Risk Reduction in High Risk Women Age 35 or Older</b></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>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p>	<p><b>Screening: Family History:</b> Z80.3, Z80.41, Z15.01, Z15.02</p>	<p>Allow CPT code with any screening ICD-10-CM code for women 35 years of age or older.</p>
<p><b>Breast Cancer Screening: Women Aged 40 to 74 years</b></p> <p>The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.</p>	<p>77063, 77067</p>	<p>Z12.31, Z12.39</p>	<p>Requires at least one of the ICD-10-CM codes and allowed once per year for females ages 40 to 74 years.</p> <p>Benefit includes screening</p>

U of U Health Plans covers ages 40 to 75 years - once a year as preventive.			mammography, bilateral including CAD and tomosynthesis. See <a href="#">MP-022 Breast Tomosynthesis</a>
<p><b>Breastfeeding Primary Care Interventions for Pregnant Women, New Mothers, and their Children</b></p> <p>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p>	<p><b>Counseling Services Codes:</b> 99401, 99402, 99403, 99404</p> <p><b>Education:</b> S9443</p>	Z39.1, Z00.00, Z00.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, Z11.8, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899,	<p>Counseling service CPT codes are allowed when reported without E/M code and with an ICD-10-CM code. Allow once per pregnancy.</p>

		O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<p><b>Cervical Cancer Screening in Women Aged 21 to 65 Years</b></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 recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing).</p>	<p><b>Cervical Cytology (Pap Smear):</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88167, 88174, Q0091, 88175.</p> <p><b>HPV Testing Codes:</b> 87624, 87625, G0476</p>	<p><b>Cervical Cytology (Pap Smear) Screening Diagnoses</b> <b>Codes:</b> Z01.411, Z01.419, Z01.42, Z12.4, Z00.00, Z00.01</p> <p><b>HPV Testing Diagnosis Code:</b> Z11.51</p>	<p>Allow any one CPT code for cervical cytology with any one ICD-10-CM code for women between ages of 21-65 years, every 3 years. Allow HPV testing CPT codes with HPV screening diagnosis code every 5 years for women 30-65.</p>
<p><b>Colorectal Cancer: Screening: Adults Aged 45 to 75 Years</b></p> <p>The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years.</p>	<p>45330, 45331, 45333, 45338, 45378, 45380, 45384, 45385, 44388, 44389, 44392, 44394, G0105, G0120, G0121, G0122, G0104, G0328</p> <p><b>Sedation Codes:</b> 99152, G0500, 99153, 00182</p> <p><b>Codes Covered as Medical - NOT Preventive:</b> 45346, 45381, 45388</p>	<p>Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z15.09</p>	<p>Allow any one CPT/HCPCS code for colorectal cancer screening with anyone associated ICD-10-CM code between the ages of 45 to 75 every 5 years.</p> <p>Sedation is limited to 3 units.</p> <p>Use of CPT codes 99152 and 99153 combined with anesthesia CPT code 00812 is considered the max number of units.</p>



<b>Cologuard</b>	81528	N/A	Every 3 years if 82270, 82271, 82272, 82274 haven't been reported in that interval.
<p><b>Contraception/Sterilization:</b> 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.</p> <p><i>Please see link for full list of services:</i> <a href="https://www.hrsa.gov/womens-guidelines/index.html">https://www.hrsa.gov/womens-guidelines/index.html</a></p> <p>Effective 8/10/2021, one annual subscription to Natural Cycles covered per benefit period for women 18 years of age and older. No additional supplies/services are covered. Natural Cycles is currently the only FDA-cleared fertility app.</p> <p>In addition, UUHP has determined that for purposes of gender equity vasectomy is also covered as a preventive benefit.</p>	<p><b>Implantables:</b> 11976, 11981, 11982, 11983</p> <p><b>IUDs:</b> 58300, 58301, S4989</p> <p><b>Fertility App:</b> 99199</p> <p><b>Vasectomy:</b> 55250</p>	<p>Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.2, Z30.8, Z30.9</p> <p>Z30.8</p> <p>Z30.2</p>	<p>Once every 12 months.</p> <p><i>Members must download the Member Claim Form or the State Health Plan Claim Form to submit and include the following: The Natural Cycles receipt. Write the CPT code 99199 and diagnosis code Z30.8 on the receipt.</i></p>
<b>Prevention of Dental Caries in Children Younger than 5 Years:</b>			

<p>The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.</p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p>	99188	Z29.3, Z00.121, Z00.129	Allow these CPT for children under 5 years of age twice per year.
<p><b>Depression and Suicide Risk Screening in Children and Adolescents</b> The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.</p> <p>HRSA supports Bright Futures recommendations for depression screening in adolescents aged 12-18</p>	G0444 96161 96127	Z13.30, Z13.31, Z13.32, Z13.39, Z00.121, Z00.129	Allow CPT code with ICD-10-CM code in once per year for adolescents between the ages of 12-18 years if no E/M billed.
<p><b>Depression and Suicide Risks Screening in Adults, Including Pregnant/Postpartum Persons and Older Adults (65 years or older)</b></p> <p>The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum.</p>	G0444 96127 96161	Z13.30, Z13.31, Z13.32, Z13.39, Z00.00, Z00.01	Allow CPT code with ICD-10-CM code once per year for adults over 18 years of age if no E/M billed.
<p><b>Abnormal Blood Glucose and Type 2 Diabetes Screening in Asymptomatic Adults</b></p> <p>The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer</p>	82947, 82948, 82950, 82951, 82952	<p><b>Screening Codes:</b> Z13.1, Z00.00, Z00.01</p> <p><b>BMI Codes:</b> Z68.60, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41,</p>	<p>Allow CPT code with ICD-10-CM code once per year for adults between 35-70 years of age.</p> <p>Allow one of three associated Z screening</p>

or refer patients with prediabetes to effective preventive interventions.		Z68.42, Z68.43, Z68.44, Z68.45 <b>Obesity codes:</b> E66.2, E66.3, E66.8, E66.9, E66.01, E66.09	codes with one of the BMI and/or obesity related codes.
<b>Falls Prevention in Community-Dwelling Adults 65 Years or Older</b> The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	N/A	N/A	Fall prevention assessment is included in preventative care and wellness exams or focused E/M visit.
<b>Folic Acid for the Prevention of Neural Tube Defects in Women Who are Planning or Capable of Pregnancy</b> The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	N/A - administered through pharmacy benefit	N/A	Would cover OTC folic acid supplements on any claims submitted by a member or a pharmacy at 100% for members who are pregnant or a planning on becoming pregnant.
<b>Gestational Diabetes Screening in Asymptomatic Pregnant</b>		Z13.1, Z00.00, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32,	

<p><b>Women at 24 Weeks of Gestation or After.</b></p> <p>The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation.</p>	<p>82950, 82951 +82952, 82947, 82948</p>	<p>O09.33, O09.511, O09.512,O09.513, O09.519, O09.521, O09.522,O09.523, O09.529,O09.611, O09.612,O09.613, O09.619,O09.621, O09.622,O09.623, O09.629, O09.811, O09.812,O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3</p>	<p>Allow CPT code with any of the ICD-10-CM codes once per pregnancy.</p>
<p><b>Chlamydia and Gonorrhea Screening in Sexually Active Women</b></p> <p>The USPSTF recommends screening for chlamydia and gonorrhea in all sexually active women age 24 years or younger and in women 25 years or older who are at increased risk of infection.</p>	<p>87590, 87591, 87592 87850 87110, 87270, 87320, 87490, 87491, 87801, 87810</p>	<p>N/A</p>	<p>Allow any one of the listed CPT codes to pay as preventive one time per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Healthy Diet and Physical Activity Counseling for Cardiovascular Disease Prevention in Adults 18 and Over with Cardiovascular Risk Factors</b></p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0274 <b>Preventative Individual</b></p>	<p>Z71.3, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z00.00, Z00.01 <b>BMI Codes:</b> Z68.60, Z68.31, Z68.32,</p>	<p>Not allowed as separate payment if office visit billed on same DOS unless different provider.</p>

<p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthful diet and physical activity.</p>	<p><b>Counseling:</b> 99401, 99402, 99403 <b>Behavioral Counseling or Therapy:</b> G0446, G0447, G0473, G0108</p>	<p>Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	<p><i>Allow first 5 of any codes as preventive when billed with correct ICD-10-CM codes then others go to medical.</i></p>
<p><b>Healthy Weight and Weight Gain In Pregnancy - Behavioral Counseling Interventions</b> The USPSTF recommends that clinicians offer pregnant women effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p>	<p><b>Medical Nutrition Therapy:</b> 97802, 97803, 97804, G0270, G0274 <b>Preventative Individual Counseling:</b> 99401, 99402, 99403 <b>Behavioral Counseling or Therapy:</b> G0447, G0473, G0108</p>	<p>Z71.3, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z13.1, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0,</p>	<p>Allow first 5 of any CPT codes as preventive when billed with correct ICD-10-CM codes.</p>

		O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<p><b>Hepatitis B Virus Infection in Adolescents and Adults</b></p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p>	87340, 87341, G0499	Z11.59, Z00.00, Z00.01	Allow CPT code with any ICD-10-CM code as preventive once per month. Use beyond preventive indication may be covered under the medical benefit.
<p><b>Hepatitis B Virus Infection Screening in Pregnant Women</b></p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.</p>	87340, 87341, G0499	Z11.59, Z00.00, Z00.01 O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813,	Allow CPT code with any ICD-10-CM codes as preventive once per year. Use beyond preventive indication may be covered under the medical benefit.

		O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<b>Hepatitis C Virus Infection in Adolescents and Adults</b> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	86803, 86804, G0472	N/A	Does not have diagnosis code requirement. Allow once per lifetime. Use beyond preventive indication may be covered under the medical benefit.
<b>Human Immunodeficiency Virus (HIV) Infection Screening in Adolescents and Adults Aged 15 to 65 Years</b> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.	86703, G0432, G0433, G0435, G0475	Z11.3, Z11.4, Z11.9, Z20.6, Z00.00, Z00.01 Z00.121, Z00.129,	Allow once per month for adults ages 15 - 65 years of age. Use beyond preventive indication may be covered under the medical benefit.
		Z11.3, Z11.4, Z11.9, Z20.6, Z00.00, Z00.01, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293,	

<p><b>Human Immunodeficiency Virus (HIV) Infection Screening in Pregnant Women</b></p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant women, including those who present in labor whose HIV status is unknown.</p>	<p>86703, G0432, G0433, G0435, G0475</p>	<p>O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3</p>	<p>Allow once per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: Women of Reproductive Age</b></p> <p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	<p>N/A - service is included in a preventative care wellness exam or focused E/M visit.</p>	<p>N/A</p>	<p>N/A</p>



<p><b>Lung Cancer Screening:</b></p> <p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should 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>	71271	F17.210, F17.211, F17.218, F17.219, Z87.891, Z00.00, Z00.01	Allow CPT code for adults ages 50-80 years of age once every year with any associated ICD-10-CM code.
<p><b>Weight Loss to Prevent Obesity - Related Morbidity and Mortality in Adults</b></p> <p>The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</p>	<p><b>Preventative Individual Counseling:</b></p> <p>99401, 99402, 99403, 99404</p>	<p><b>Screening Diagnosis Codes:</b> Z13.89, E66.1, E66.2, E66.3, E66.8, E66.9, E66.01, E66.09, Z00.00, Z00.01 <b>BMI Codes:</b> Z68.60, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	<p>Allow CPT code for individual &gt;18 years old with any ICD-10-CM associated diagnosis codes. Do not allow separately if billed with E/M. Allow once per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Obesity Screening in Children and Adolescents</b></p> <p>The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</p>	No specific codes as this is part of well child visit.	N/A	N/A-included in well child visit.

<p><b>Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: Newborns</b></p> <p>The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.</p>	N/A	N/A	N/A
<p><b>Osteoporosis to Prevent Fractures in Postmenopausal Women Younger than 65 Years at Increased Risk of Osteoporosis</b></p> <p>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>	77080, 77081	N/A	Allow one of the CPT codes every 2 years in women ages 50-65. Use beyond preventive indication may be covered under the medical benefit.
<p><b>Osteoporosis Screening to Prevent Fractures in Women 65 Years and Older</b></p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p>	77080, 77081, G0130	N/A	Cover one per every 2 years for females beginning at age 65. Use beyond preventive indication may be covered under the medical benefit.
		009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.291, 009.292, 009.293, 009.299, 009.40, 009.41, 009.42, 009.43, 009.211, 009.212, 009.213,	

<p><b>Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality in Pregnant Women at High Risk for Preeclampsia</b></p> <p>The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.</p>	<p>N/A</p>	<p>009.219, 009.30, 009.31, 009.32, 009.33, 009.511, 009.512, 009.513, 009.519, 009.521, 009.522, 009.523, 009.529, 009.611, 009.612, 009.613, 009.619, 009.621, 009.622, 009.623, 009.629, 009.811, 009.812, 009.813, 009.819, 09.821, 009.822, 009.823, 009.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, 009.891, 009.892, 009.893, 009.899, 009.70, 009.71, 009.72, 009.73, 009.90, 009.91, 009.92, 009.93 009.A0, 009.A1, 009.A2, 009.A3</p>	<p>Would cover 81 mg aspirin (low-dose) on any claims submitted by a member or a pharmacy at 100%.</p>
<p><b>Prostate Cancer Screening in Men Aged 55 to 69 Years (MHC only)</b></p> <p>USPSTF Rating - C</p> <p>For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA) – based screening for prostate cancer should be an individual one.</p>	<p>84152, 84153, G0102, G0103</p>	<p>N/A</p>	<p>Allow once per year for men between the ages of 55 – 69 years old.</p>
		<p>Z01.83, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92,</p>	

<p><b>Rh(D) Incompatibility Screening in Pregnant Women</b></p> <p>The USPSTF recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p>	<p>86901, 86850</p>	<p>Z34.93, Z33.1, Z11.8, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3</p>	<p>Once per year with any associated ICD-10-CM code diagnosis.</p>
		<p>Z31.8, Z36.5, Z31.8, Z36.5, Z00.00, Z00.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81,</p>	

<p><b>Rh(D) Incompatibility Screening Unsensitized Rh(D)-Negative in Pregnant Women</b></p> <p>The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p>	86850	Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z33.1, Z11.8, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	<p>Once per year with any associated ICD-10-CM code diagnosis. Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Sexually Transmitted Infections: Behavioral Counseling for</b></p>			<p>Not allowed separately if billed with E/M</p>

<p><b>Sexually Active Adolescents and Adults at Increased Risk</b> 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>99401, 99402, 99403, 99404, G0445</p>	<p>Z11.3, Z70.8, Z70.9, Z71.7, Z71.89, Z72.51, Z72.52, Z72.53, Z00.00, Z00.01, Z00.121, Z00.129</p>	<p>code; only allow G0445 2 times per year. Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Skin Cancer Prevention in Young Adults, Adolescents and Parents of Children</b> 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>99401, 99402, 99403, 99404</p>	<p>Z00.00, Z00.01, Z00.121, Z00.129, Z12.83</p>	<p>Not allowed separately if billed with E/M code.</p>
<p><b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults</b> The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.</p>	<p>As this is a recommendation for action but not requiring medication to be covered as preventive this is part of E/M <b>Labs:</b> 80061</p>	<p>Z00.00, Z00.01, Z13.220</p>	<p>Allow CPT code for ages 40-75 once per year. Preventive Benefit Does Not Apply For all ages above, if any of the following lipid disorders ICD-10-CM codes are present. The preventive benefit does not apply: E71.30, E75.5, E78.00, E78.01, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p>

<p><b>Syphilis Infection Screening in Nonpregnant Adolescents and Adults</b></p> <p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>	<p>86780, 86592, 86593</p>	<p>Z00.00, Z00.01, Z00.121, Z00.129, Z11.3, Z11.9, Z20.2, Z11.2</p>	<p>Allow CPT code with any one of the ICD-10-CM codes. No limit.</p>
<p><b>Syphilis Infection Screening in Pregnant Women</b></p> <p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>86780, 86592, 86593</p>	<p>Z11.2, Z11.3, Z11.9, Z00.00, Z00.01, Z00.12, Z00.129, Z20.2, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291, O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0,</p>	<p>Allow any CPT code to pay as preventive with any ICD-10-CM code listed, no limit.</p>

		O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3	
<b>Tobacco Smoking Cessation in Adults</b> 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 nonpregnant adults who use tobacco.	99406, 99407	Z00.00, Z00.01	Not allowed separately if billed with E/M code. Allow twice per year with any associated ICD-10-CM code.
		F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, Z00.00, Z00.01, Z00.12, Z00.129, Z11.2, Z11.3, Z11.9, Z20.2, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.291,	



<p><b>Tobacco Smoking Cessation in Pregnant Women</b></p> <p>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 persons who use tobacco.</p>	<p>99406, 99407</p>	<p>O09.292, O09.293, O09.299, O09.40, O09.41, O09.42, O09.43, O09.211, O09.212, O09.213, O09.219, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O09.891, O09.892, O09.893, O09.899, O09.70, O09.71, O09.72, O09.73, O09.90, O09.91, O09.92, O09.93 O09.A0, O09.A1, O09.A2, O09.A3</p>	<p>Not allowed separately if billed with E/M code. Allow twice per year with any associated ICD-10-CM code.</p>
<p><b>Tobacco Use in Children and Adolescents</b></p> <p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p>	<p>99406, 99407</p>	<p>Z00.121, Z00.129, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219</p>	<p>Not allowed separately if billed with E/M code Allow twice per year with any associated ICD-10-CM code.</p>
<p><b>Latent Tuberculosis Infection Screening in Adults</b></p>			<p>Allow CPT code with diagnosis listed only as</p>

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

of perinatal depression to counseling interventions.			
<b>Unhealthy Drug Use: Screening: Adults age 18 Years or Older</b> The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	99408, 99409	Z71.41, Z00.00, Z00.01	Not allowed separately if billed with E/M code. If not E/M billed only allow 18 years of age or older. Allow twice per year with any associated ICD-10-CM code.
<b>Prevention of Human Immunodeficiency Virus (HIV): Preexposure Prophylaxis:</b> The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV.	<b>Office Visits:</b> 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 <b>Laboratory:</b> <b>Kidney Function Testing</b> 82565, <b>Pregnancy Testing</b> 81025, 84702, 84703	Z11.3, Z20.2, Z20.6, Z72.51, Z72.52, Z72.53	Allow any office visit code and any laboratory code once every 3 months. Use beyond preventive indication may be covered under the medical benefit.

## References:

1. American Medical Association (AMA) (2022). Accessed August 9, 2022. Available at: [https://www.ama-assn.org/amaone/membership?utm\\_source=google&utm\\_medium=ppc&utm\\_campaign=pe-digital-ads-membership&utm\\_effort=GG0001&gclid=Cj0KCQjw\\_r3nBRDxARIsAJileEhmEuhzdg\\_27HnTqMgBc7i3okpenlI-V2qKwmsg2oVctoOa3iq8lwaAj\\_eEALw\\_wcB](https://www.ama-assn.org/amaone/membership?utm_source=google&utm_medium=ppc&utm_campaign=pe-digital-ads-membership&utm_effort=GG0001&gclid=Cj0KCQjw_r3nBRDxARIsAJileEhmEuhzdg_27HnTqMgBc7i3okpenlI-V2qKwmsg2oVctoOa3iq8lwaAj_eEALw_wcB)
2. Centers for Medicare and Medicaid Services (2021) Accessed: September 7, 2021. Available at: <https://www.cms.gov/>
3. Health Resources & Services Administration (HRSA) Maternal and Child Health. (December 2022). Accessed: February 1, 2024. Available at: <https://mchb.hrsa.gov/programs-impact/programs/bright-futures>
4. U.S. Preventive Services Task Force (2024). Accessed: February 1, 2024. Available at: <https://www.uspreventiveservicestaskforce.org> or [https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)

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