

# Independent Health's Preventive Services – 2017

All codes appearing in this document may not be eligible for reimbursement to all physicians or providers due to individual procedure privileging requirements, reimbursement or medical management policy established by Independent Health or as determined by the member's individual contract benefit language.

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
<b>Abdominal Aortic Aneurysm Screening</b>	76706	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	
<b>Alcohol Misuse Screening and Behavioral Counseling Intervention</b>	99408	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services, 15 to 30 minutes	
	99409	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services, greater than 30 minutes	
	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention, 15 to 30 minutes	
	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention, greater than 30 minutes	
	G0442	Annual alcohol misuse screening, 15 minutes	
	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
	H0049	Alcohol and/or drug screening	
	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	
<b>Aspirin Therapy discussion for prevention of cardiovascular disease</b>	N/A		
<b>Aspirin Therapy for prevention of cardiovascular disease</b>	N/A		
<b>Asymptomatic Bacteriuria Screening in Pregnant Women</b>	81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
<b>Bone Density (Osteoporosis Screening)</b>	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	
	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	
	77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	
	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g. radius, wrist, heel)	
	77082	Dual-energy X-ray absorptiometry (DXA) bone density study, vertebral fracture assessment	
	77085	Dual-energy x-ray absorptiometry (DXA) bone density study, 1 or more sites; axial skeleton including vertebral fracture assessment	
	78350	Bone mineral density (bone mineral content) study; 1 or more sites: single photon absorptiometry	
	78351	Bone mineral density (bone mineral content) study; 1 or more sites: dual photon absorptiometry	
	G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g. radius, wrist, heel).	
<b>Breast and Ovarian Cancer Susceptibility Counseling</b>	N/A		

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
<b>Breast and Ovarian Cancer Susceptibility Genetic testing*</b> *Please note: BRCA mutation screening requires prior authorization to review for medical necessity based on product. Reference the following policy for additional information: Breast Cancer Susceptibility 1 and 2 (BRCA 1/2) Sequence Testing for Susceptibility to Hereditary Breast Cancer and BRACA Analysis® Rearrangement Test (BART test)	81162	BRCA1, BRCA2 (breast Cancer 1 and 2) (egg. Hereditary breast and ovarian cancer) gene analysis, full sequence analysis and full duplication/deletion	
	81211	BRCA1, BRCA 2 breast and ovarian cancer gene analysis, full sequence analysis and common duplication, deletion in BRCA 1	
	81212	BRCA1, BRCA2 breast and ovarian cancer Gene analysis, full sequence analysis and common duplication 185delAG, 538incC, 6174delT variants	
	81213	BRCA1, BRCA2 breast and ovarian cancer Gene analysis	
	81214	BRCA gene analysis, full sequence analysis and common duplication	
	81215	BRCA gene analysis, full sequence analysis and common duplication, Unknown familial variant	
	81216	BRCA2 gene analysis, full sequence analysis	
	81217	BRCA2 gene analysis, full sequence analysis, known familial variant	
<b>Breast Cancer Preventive Medications</b>	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
<b>Breast Cancer Screening (Mammography)</b>	76641	Ultrasound breast complete	New coverage 1.1.2017 per NYS Breast Mandate based on group renewal date
	76642	Ultrasound breast complete	New coverage 1.1.2017 per NYS Breast Mandate
	77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (list separately in addition to code for primary procedure).	
	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)	
	77063	Screening digital breast tomosynthesis, bilateral	
	77065	Mammography; unilateral	New code replaces 77055
	77066	Mammography; bilateral	New code replaces 77056
	77067	Screening mammography, bilateral (2-view film study of each breast)	New code replaces 77057
	77058	MRI one breast	New coverage 1.1.2017 per NYS Breast Mandate
	77059	MRI both breasts	New coverage 1.1.2017 per NYS Breast Mandate
	G0202	Screening mammography produced direct digital image, bilateral	
	G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	
	G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	
	G0279	Diagnostic Digital Breast Tomosynthesis Unilateral/Bilateral	
<b>Breast Feeding, Primary Care Interventions to Promote</b>	N/A		
<b>Breastfeeding Supplies</b>	A4281	Tubing for Breast Pump, replacement	
	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	A4285	Polycarbonate bottle for use with breast pump, replacement	
	A4286	Locking ring for breast pump, replacement	
	E0602	Breast pump, manual, any type	
	E0603	Breast pump, electric (AC and/or DC), any type	
	E0604	Breast pump, Hospital Grade, electric (AC and/or DC), any type	
<b>Breastfeeding Support and Counseling:</b>	S9443	Lactation Classes non physician provider, per session	
<b>Bright Futures</b>	96110	Developmental Screening	
	96127	Emotional Behavioral Assessment	
<b>Cervical Cancer Screening (Pap Smear)</b>	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	
	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
	88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
	88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	
	88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	
	88150	Cytopathology; slides, cervical or vaginal; manual screening under physician supervision	
	88152	Cytopathology; slides, cervical or vaginal with manual screening and computer-assisted rescreening under physician supervision	
	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	
	88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
	88155	Cytopathology, slides, cervical or vaginal, definitive hormone evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	
	88164	Cytopathology, slides, cervical or vaginal (the Bethesda system) with manual screening under physician supervision	
	88165	Cytopathology, slides, cervical or vaginal (the Bethesda system) with manual screening and rescreening under physician supervision	
	88166	Cytopathology, slides, cervical or vaginal (the Bethesda system) with manual screening and computer-assisted rescreening under physician supervision	
	88167	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer assisted rescreening using cell selection and review under physician supervision	
	88174	Cytopathology, slides, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review under physician supervision	
	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	
	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	
	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	
	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	
	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	
	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	
	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	
	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	
	P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	
	P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	
	Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
<b>Chlamydia Screening</b>	86631	Antibody; Chlamydia	
	86632	Antibody; Chlamydia, IgM	
	87110	Culture, chlamydia, any source	
	87270	Infectious agent antigen detection by immunofluorescent technique: Chlamydia trachomatis	
	87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; Chlamydia trachomatis	
	87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	
	87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	
	87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	
	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	
	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	
	87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	
<b>Colorectal Cancer Screening, lab, pathology, sigmoidoscopy and colonoscopy including preparation for the procedure</b>	<b>Colonoscopy claims that do not contain the 33 or PT modifier denoting preventive services will be subject to member liability.</b>		
<b>Colonoscopy Preparation</b>	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
<b>Colonoscopy Pre-operative visits</b>	S0285, 99201 - 99215 with Modifier 33		Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44388	Colonoscopy through stoma; diagnostic; with or without collection of specimen by brushing or washing	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	44389	Colonoscopy through stoma; with biopsy, single or multiple	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44390	Colonoscopy through stoma; with removal of a foreign body	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44391	Colonoscopy through stoma; with control of bleeding (i.e., Injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s) or other lesion(s) by snare technique	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44402	Colonoscopy through stoma; with endoscopic stent placement	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44403	Colonoscopy through stoma; with endoscopic mucosal resection	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44404	Colonoscopy through stoma; with direct submucosal injection(s), any substance	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44406	Colonoscopy through stoma; with endoscopic ultrasound exam, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound exam limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	44408	Colonoscopy through stoma; with decompression (for pathologic distention) (egg, Volvulus, megacolon, including placement of decompression tube, when performed)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen by brushing or washing.	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45332	Sigmoidoscopy, flexible; with removal of foreign body	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45334	Sigmoidoscopy, flexible; with control of bleeding (e.g. injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes pre-dilation)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (incl. pre and post-dilation and guide wire passage, when performed)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (incl. pre and post-dilation and guide wire passage, when performed)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45350	Sigmoidoscopy, flexible; with band ligation(s) (egg, hemorrhoids)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45381	Colonoscopy, flexible, proximal to splenic flexure; with directed mucosal injection(s), any substance	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (i.e., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion (s) by hot biopsy forceps or bipolar cautery	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion (s) by snare technique	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (incl. pre and post-dilation and guide wire passage, when performed)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45389	Colonoscopy, flexible; with endoscopic stent placement (incl. pre and post-dilation and guide wire passage, when performed)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45390	Colonoscopy, flexible; with endoscopic mucosal resection	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Require Diagnosis editing. Z12.12. Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (egg, volvulus, megacolon), incl. placement of decompression tube, when performed	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	45398	Colonoscopy, flexible; with band ligation(s) (egg, hemorrhoids)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	81528	Oncology (colorectal screening (Cologuard))	For Members 55 – 85 years of age Effective 4.1.2017
	82270	Blood, occult, by peroxidase activity (e.g. guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e. patient was provided 3 cards or single triple card for consecutive collection)	
	82272	Blood, occult, by peroxidase activity (e.g. guaiac), qualitative; feces, 1-3 simultaneous determinations performed for other than colorectal neoplasm screening	
	82274	Blood, occult by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	
	99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	99155	Moderate sedation services provided by the a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	99156	Moderate sedation services provided by the a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	99157	Moderate sedation services provided by the a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	G0105	Colorectal cancer screening, colonoscopy on individual at high risk	
	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	
	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	
	G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	New code effective 1.1.2017 Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
Congenital Hypothyroidism Screening	N/A		
Contraceptive Methods and Counseling:			
	11976	Removal, implantable contraceptive capsule	
	57170	Diaphragm or cervical cap fitting with instructions	
	58300	Insertion of intrauterine device (IUD)	
	58301	Removal of intrauterine device (IUD)	
	58565	Hysteroscopy with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	
	58600	Ligation or transection of fallopian tube (s), abdominal or vaginal approach, unilateral or bilateral	
	58605	Ligation or transection of fallopian tube (s), abdominal or vaginal approach, unilateral or bilateral, during same hospitalization (separate procedure)	
	58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)	
	58615	Occlusion of fallopian tube(s) by device (e.g. band, clip, Falope ring) vaginal or suprapubic approach	
	58670	Laparoscopy, with fulguration of oviducts (with or without transection)	
	58671	Laparoscopy, with occlusion of oviducts by device (e.g. band, clip, or Falope ring)	
	Pharmacy required to bill with NDC code.	Cervical cap for contraceptive use (A4261)	
	Pharmacy required to bill with NDC code.	Diaphragm for contraceptive use (A4266)	
	J1050 with Diagnosis Code Z30, Z30.0, Z30.1, Z30.11, Z30.12, Z30.13, Z30.14, Z30.430, Z30.432, Z30.018, Z30.019, Z30.02, Z30.09, Z30.2, Z30.4, Z30.41, Z30.42, Z30.43, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9	Injection, medroxyprogesterone acetate, 1 mg.	
	J1056	Injection, medroxyprogesterone acetate / estradiol cypionate, 5mg / 25mg	
	J7300	Intrauterine copper contraceptive (use this code for Paraguard)	
	J7301	J7301 {LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (SKYLA), 13.5 MG (Non-covered by Medicare. Statute reference: 1862a1)}	
	99201 - 99215 with Diagnosis code Z30, Z30.0, Z30.1, Z30.11, Z30.12, Z30.13, Z30.14, Z30.430, Z30.432, Z30.018, Z30.019, Z30.02, Z30.09, Z30.2, Z30.4, Z30.41, Z30.42, Z30.43, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9	Contraceptive Management Counseling	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	Pharmacy required to bill with NDC code.	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (use this code for Mirena) J7302	
	Pharmacy required to bill with NDC code.	Contraceptive supply, hormone containing vaginal ring each (use this code for Nuvaring Vaginal Ring) J7303	
	Pharmacy required to bill with NDC code.	Contraceptive supply, hormone containing patch, each (J7304)	
	Pharmacy required to bill with NDC code.	Etonogestrel (contraceptive) implant system, including implant and supplies (use this code for Implanon) J7307	
<b>Oral contraceptives</b>	N/A		
<b>Over the counter contraceptive drugs and devices</b>	N/A		
<b>Dental Caries in Preschool Children, Prevention</b>	N/A		
<b>Dental Caries in Preschool Children, Treatment - Fluoride</b>	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
<b>Depression Screening (Adults)</b>	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual (separate procedure) approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 45 minutes	
	99404	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 60 minutes	
	G0444	Annual depression screening, 15 minutes	
<b>Diabetes Screening</b>	82947	Glucose, quantitative, blood (except reagent strip)	
	82948	Glucose, blood, reagent strip	
	82950	Glucose; post glucose dose (includes glucose)	
	82951	Glucose tolerance test, 3 specimens (includes glucose)	
<b>Falls Prevention in Older Adults - Vitamin D</b>	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
<b>Falls prevention in older adults: exercise or physical therapy- Members 65 and older who are high risk</b>	97110, 97112, 97113, 97116, 97139, 97150, 97530, G0157, G0159, 97161, 97163, 97164	Physical Therapy	*Effective 4.1.2017
<b>Fluoride Varnish</b>	99188		
<b>Folic Acid - Daily Supplement</b>	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
<b>General Health Panel with Basic Metabolic Panel</b>	80048	Basic metabolic panel (calcium, total)	
	80050	General health panel	
<b>Gonorrhea, Prophylactic Medication</b>	N/A		
<b>Gonorrhea, Screening</b>	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	
	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	
<b>Healthy Diet Counseling</b>	97802	Medical nutrition therapy; initial assessment and intervention, individual, face to face with patient, each 15 minutes	
	97803	Medical nutrition therapy; re-assessment and intervention, individual, face to face with patient, each 15 minutes	
	97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes	
	99401	Preventive medicine counseling and/or risk factor reduction intervention (s) provided to an individual (separate procedure); approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention (s) provided to an individual, (separate procedure); approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention (s) provided to an individual (separate procedure); approximately 45 minutes	
	99404	Preventive medicine counseling and/or risk factor reduction intervention (s) provided to an individual (separate procedure) approximately 60 minutes	
	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Not Preventive for small and individual groups
	G0109	Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes	Not Preventive for small and individual groups
	G0270	Medical nutrition therapy; reassessment and subsequent interventions following second referral in same year for change in diagnosis, medical condition or treatment regiment (including additional hours needed for renal disease), individual, face to face with the patient each 15 minutes	
	G0271	Medical nutrition therapy; reassessment and subsequent interventions following second referral in same year for change in diagnosis, medical condition or treatment regiment (including additional hours needed for renal disease), individual, face to face with the patient each 30 minutes	
	S9140	Diabetic Management Program, follow-up visit to non MD provider	
	S9141	Diabetic Management Program, follow-up visit to MD provider	
	S9452	Nutrition classes, nonphysician provider, per session	
	S9455	Diabetic management program, group session	
	S9460	Diabetic management program, nurse visit	
	S9465	Diabetic management program, dietitian visit	
	S9470	Nutrition counseling, dietitian visit	
<b>Hearing Loss Screening for Newborns</b>	N/A		
<b>Hepatitis B Virus Infection, Screening</b>	87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method, hepatitis B surface antigen (HBsAg)	
	G0499	Hepatitis B screening in non pregnant high risk individuals	
<b>Hepatitis C Screening</b>	86803	Hepatitis C Antibody	
	86804	Hepatitis C Confirmatory Test	
<b>High Blood Pressure Screening</b>	N/A		
<b>HIV Screening</b>	86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g. Western Blot)	
	86701	Antibody; HIV-1	
	86702	Antibody; HIV-2	
	86703	Antibody; HIV-1 and HIV-2, single assay	
	87389	HIV-1 antigen, with HIV-1 and HIV-2 antibodies, single result	
	87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method, HIV-1	
	87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-2	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV 1 Direct Probe technique	
	87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe quantification	
	87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	
	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, Direct probe technique	
	87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	
	87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	
	G0432	Infectious agent antibody detection by enzyme immunoassay technique, HIV-1 and/or HIV-2 screening	
	G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2 screening	
	G0435	Infectious agent antibody detection by rapid antibody tests of oral mucosa transudate, HIV-1 or HIV-2 screening technique, HIV-1 or HIV-2	
	G0475	HIV antigen/antibody, combination assay, screening	
<b>HIV Counseling</b>	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 45 minutes	
	99404	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 60 minutes	
<b>HPV Screening</b>	S3645	HIV-1 Antibody testing of oral mucosal transudate	
	87623	Human Papillomavirus (HPV), low-risk types (egg. 6, 11,42, 43,44)	
	87624	Human Papillomavirus (HPV), high risk types (egg. 16, 18, 31,33,35,39,45,51,52,56, 58, 59, 68)	
	87625	Human Papillomavirus (HPV), types 16 and 18 only, include type 45, if performed.	
	G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types for cervical cancer screening, must be performed in addition to pap Smear	
<b>Intensive Behavioral Therapy (IBT) for Cardiovascular Disease</b>	G0446	Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, bi-annual, 15 minutes	
	G0473	Face-to-face Behavioral Counseling Obesity GRP 30 minutes	
<b>Interpersonal and domestic violence counseling</b>	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual (separate procedure) approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 45 minutes	
	99404	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 60 minutes	
<b>Interpersonal and domestic violence screening</b>	N/A		
<b>Iron Deficiency in Pregnant Women Testing</b>	85014	Blood Count; hematocrit (Hct)	
	85018	Blood Count, hemoglobin (Hgb)	
<b>Iron Supplementation for Iron Deficiency in Pregnant Women</b>		Will be billed with NDC to pharmacy (script required) but paid as a medical benefit.	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
Iron Supplementation in children 6 - 12 months		Will be billed with NDC to pharmacy (script required) but paid as a medical benefit.	
Lead Screening	83655	Lead	
Laboratory Services			
	80081	Obstetric panel (includes HIV testing)	
	86762	Antibody, rubella	
	86900	Blood typing, ABO	
Lipid Screening (Cardiovascular Screening)	80061	Lipid panel. This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), triglycerides (84478)	
	82465	Cholesterol, serum or whole blood total	
	83718	Lipoprotein, direct measurement, high density cholesterol	
	84478	Triglycerides	
Low Dose CT Lung Screening		71250 billed with Z12.2, S8032 for Medisource and Child Health Plus	
	G0296	Special screening for malignant neoplasms - respiratory organs	
	G0297	Visit to determine Idct eligibility	
		Idct for lung ca screen	
Major Depressive Disorder Screening for Children and Adolescents	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 45 minutes	
	99404	Preventive medicine and/or risk factor reduction intervention provided to an individual, approximately 60 minutes	
Obesity Screening Adults & Children	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual, approximately 45 minutes	
	99404	Preventive medicine and/or risk factor reduction intervention provided to an individual, approximately 60 minutes	
	G0447	Face-to-face behavioral counseling for obesity, 15 minutes	
	G0449	Annual Face-to-face obesity screening, 15 minutes	
Phenylketonuria Screening (Children)		Global to newborn DRG	
Prenatal Visit and one Post Partum Visit	59425	Antepartum care only; 4 - 6 visits	
	59426	Antepartum care only; 7 or more visits	
	59430	Postpartum care only (separate procedure)	
	0500F	Initial prenatal care visit (report at first encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period)	
	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period)	
	0502F	Subsequent prenatal care visit	
	0503F	Postpartum care visit	
Prostate Specific Antigen (PSA)	84152	Prostate specific antigen (PSA) complexed (direct measurement)	
	84153	Prostate specific antigen (PSA) total	Not Preventive for small and individual groups
	84154	Prostate specific antigen (PSA) free)	Not Preventive for small and individual groups

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	G0103	Prostate cancer screening; prostate specific antigen (PSA)	Not Preventive for small and individual groups
<b>RH (D) Incompatibility Screening in Pregnancy Women</b>	86900	Blood typing; ABO	
	86901	Blood typing; RH (D)	
<b>Sickle Cell Disease Screening</b>	N/A		
<b>Sexually Transmitted Infections Counseling</b>	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
	99402	Preventive medicine counseling and/or risk factor reduction(s) provided to an individual (separate procedure); approximately 30 minutes	
	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	
	G0450	Screening for sexually transmitted infection, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B	
	86593	Syphilis test, non-treponemal antibody; quantitative (e.g. VDRL, RPR, ART)	
<b>Smoking Cessation Intervention-Pharmacotherapy</b>		Will be billed with NDC to pharmacy (script required) but paid as a medical benefit.	
<b>Smoking Cessation Counseling</b>	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
<b>Syphilis Screening</b>	86592	Syphilis test, non-treponemal antibody; qualitative (e.g. VDRL, RPR, ART)	
<b>Visual Impairment Screening in Children Younger than age 5</b>	99173	Screening test of visual acuity, quantitative, bilateral	
<b>Pediatric Immunizations</b>		Pharmacy required to bill with NDC code.	
	90460	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (90378)	
	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component administered	
	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component administered (list separately in addition to code for primary procedure)	
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid).	
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90476	Adenovirus vaccine, type 4, live, for oral use	
	90477	Adenovirus vaccine, type 7, for oral use	
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (menB) 32dose schedule, for intramuscular dose	
	90621	Meningococcal recombinant protein vaccine, serogroup B (MenB) 3 dose schedule, for intramuscular use	
	90633	Meningococcal recombinant lipoprotein vaccine serogroup B (MenB), 3 dose schedule, for intramuscular use	
	90634	Hepatitis A vaccine, pediatric/adolescent dosage - 3 dose schedule for intramuscular use	
	90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule) for intramuscular use	
	90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only), intramuscular use	
	90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	
	90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate(4 dose schedule), for intramuscular use	
	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	
	90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	
	90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
	90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	
	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
	90676	Rabies vaccine for intradermal use	
	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	
	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	
	90692	Typhoid vaccine, heat and phenol inactivated (H-P), for subcutaneous or intradermal use	
	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	
	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	
	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	
	90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) for intramuscular use	
	90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	
	90703	Tetanus toxoid adsorbed, for intramuscular use	
	90704	Mumps virus vaccine, live, for subcutaneous use	
	90705	Measles virus vaccine, live, for subcutaneous use	
	90706	Rubella virus vaccine, live, for subcutaneous use	
	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	90708	Measles and rubella virus vaccine, live, for subcutaneous use	
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
	90712	Poliovirus vaccine, (any type(s)) (OPV), live for oral use	
	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	
	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
	90716	Varicella virus vaccine, live, for subcutaneous use	
	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	
	90719	Diphtheria toxoid, for intramuscular use	
	90720	Diphtheria tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	
	90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP- HepB-IPV), for intramuscular use	
	90727	Plague vaccine, for intramuscular use	
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
	90733	Meningococcal polysaccharide vaccine [any group(s)], for subcutaneous use	
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
	90735	Japanese encephalitis virus vaccine, for subcutaneous use	
	90736	Zoster (shingles) vaccine, live, for subcutaneous injection	
	90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	
	90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	
	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	
	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB- Hib), for intramuscular use	
	G0009	Administration of pneumococcal vaccine	
	G0010	Administration of hepatitis B vaccine	
	G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)	
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	50195	Pneumococcal conjugate vaccine, polyvalent, intramuscular for children from 5 to 9 years of age who have not previously received the vaccine	
<b>Adult Immunizations</b>	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
	90476	Adenovirus vaccine, type 4, live, for oral use	
	90477	Adenovirus vaccine, type 7, for oral use	
	90581	Anthrax vaccine for subcutaneous or intramuscular use	
	90585	Bacillus Calmette-Guerine vaccine (BCG) for tuberculosis, live, for percutaneous use	
	90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (menB) 32dose schedule, for intramuscular dose	
	90621	Meningococcal recombinant liprotein vaccine, serogroup B (MenB) 3 dose schedule, for intramuscular use	
	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	
	90632	Hepatitis A vaccine, adult dosage, for intramuscular use	
	90634	Hepatitis A vaccine, pediatric/adolescent dosage - 3 dose schedule for intramuscular use	
	90636	Hepatitis A and Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
	90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule) for intramuscular use	
	90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only), intramuscular use	
	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	
	90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	
	90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use	
	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	
	90660	Influenza virus vaccine, live, for intranasal use	
	90661	Influenza virus vaccine (cclIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	
	90665	Lyme disease vaccine, adult dosage, for intramuscular use	
	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	
	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
	90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	
	90673	Influenza Virus Vaccine, Trivalent, Derived from Recombinant DNA (RIV3), Hemagglutinin (HA) Protein Only, preservative & antibiotic free, for IM use	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	90675	Rabies vaccine for intramuscular use	
	90676	Rabies vaccine for intradermal use	
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use	
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular use	
	90690	Typhoid vaccine, live , oral	
	90691	Typhoid vaccine, Vi capsular polysaccharide for intramuscular use	
	90692	Typhoid vaccine, heat and phenol inactivated (H-P), for subcutaneous or intradermal use	
	90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) for intramuscular use	
	90703	Tetanus toxoid adsorbed, for intramuscular use	
	90704	Mumps virus vaccine, live, for subcutaneous use	
	90705	Measles virus vaccine, live, for subcutaneous use	
	90706	Rubella virus vaccine, live, for subcutaneous use	
	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	
	90708	Measles and rubella virus vaccine, live, for subcutaneous use	
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
	90712	Poliovirus vaccine, (any type(s)) (OPV), live for oral use	
	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	
	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
	90716	Varicella virus vaccine, live, for subcutaneous use	
	90717	Yellow fever vaccine, live for subcutaneous use	
	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	
	90719	Diphtheria toxoid, for intramuscular use	
	90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	
	90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB- IPV), for intramuscular use	
	90727	Plague vaccine, for intramuscular use	
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
	90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
	90736	Zoster (shingles) vaccine, live, for subcutaneous injection	
	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	
	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	
	G0010	Administration of hepatitis B vaccine	
	Q2034	Influenza Virus Vaccine, Split Virus, For Intramuscular Use (AGRIFLU)	
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	
<b>Pediatric Preventive Health Care</b>	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; infant (age younger than 1 year)	
	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; early childhood (age 1 through 4 years)	
	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; late childhood (age 5 through 11 years)	
	99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; adolescent (age 12 through 17 years)	
	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	
	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	
	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	
	99460	Initial Hospital or birthing center care, per day for evaluation and management of normal newborn infant	
	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	
	99463	Initial hospital or birthing center care, per day for evaluation and management of normal newborn infant admitted and discharges on the same date	
	G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	
	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	
	S0612	Annual gynecological examination, established patient	
<b>Adult Preventive Medicine Services</b>	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 18- 39 years old	
	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 40 -64 years old	
	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 65 years and older	
	99385	Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 18- 39 years old	
	99396	Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 40 -64 years old	
	99397	Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering laboratory/diagnostic procedures, new patient 65 years and older	
	G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	
	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	
	S0610	Annual gynecological examination, new patient	
	S0612	Annual gynecological examination, established patient	
<b>All codes are subject to industry standard NCCI bundling.</b>			