

Independent Health's Preventive Services – 2019

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. We cover the following services for the purpose of promoting good health and early detection of disease. Preventive services are not subject to Cost-Sharing (Copayments, Deductibles or Coinsurance) when performed by a Participating Provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA"), or if the items or services have an "A" or "B" rating from the United States Preventive Services Task Force ("USPSTF"), or if the immunizations are recommended by the Advisory Committee on Immunization Practices ("ACIP").

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
Abdominal Aortic Aneurysm Screening	76706	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	
Alcohol Misuse Screening and Behavioral Counseling Intervention	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	
Aspirin Therapy discussion for prevention of cardiovascular disease	Part of office visit		
Aspirin Therapy for prevention of cardiovascular disease	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
Asymptomatic Bacteriuria Screening in Pregnant Women	81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
Bone Density (Osteoporosis Screening)	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).	
Breast and Ovarian Cancer Susceptibility Counseling	N/A	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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Breast and Ovarian Cancer Susceptibility Genetic testing* *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	
	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full	
	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene	
	81165	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and	
	81166	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and	
	81167	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e.,	
	81215	BRCA gene analysis, full sequence analysis and common duplication,	
	81216	BRCA2 gene analysis, full sequence analysis	
	81217	BRCA2 gene analysis, full sequence analysis, known familial variant	
Breast Cancer Preventive Medications	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
Breast Cancer Screening (Mammography)	76641	Ultrasound breast complete	NYS Breast Mandate
	76642	Ultrasound breast complete	NYS Breast Mandate
	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	NYS Breast Mandate
	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	NYS Breast Mandate
	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	NYS Breast Mandate

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	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).	NYS Breast Mandate
	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)	NYS Breast Mandate
	77061	Digital breast tomosynthesis; unilateral	NYS Breast Mandate
	77062	Digital breast tomosynthesis; bilateral	NYS Breast Mandate
	77063	Screening digital breast tomosynthesis, bilateral	NYS Breast Mandate
	77065	Mammography; unilateral	NYS Breast Mandate
	77066	Mammography; bilateral	NYS Breast Mandate
	77067	Screening mammography, bilateral (2-view film study of each breast)	NYS Breast Mandate
	77058	MRI one breast	NYS Breast Mandate
	77059	MRI both breasts	NYS Breast Mandate
	G0202	Screening mammography produced direct digital image, bilateral	NYS Breast Mandate
	G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	NYS Breast Mandate
	G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	NYS Breast Mandate
	G0279	Diagnostic Digital Breast Tomosynthesis Unilateral/Bilateral	NYS Breast Mandate
Breast Feeding, Primary Care Interventions to Promote	Part of office visit		
Breastfeeding Supplies	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
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	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	
Breastfeeding Support and Counseling:	S9443	Lactation Classes non physician provider, per session	
Bright Futures	96110	Developmental Screening	
	96127	Emotional Behavioral Assessment	
Cervical Cancer Screening (Pap Smear)	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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	

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	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	
Chlamydia Screening	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	
	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	
Colorectal Cancer Screening, lab, sigmoidoscopy and colonoscopy including preparation for the procedure	Colonoscopy claims that do not contain the 33 or PT modifier denoting preventive services will be subject to member liability.		

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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Colonoscopy Preparation	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
Colonoscopy Pre-operative visits	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
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	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

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination 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
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	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

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
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	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

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
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	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
	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	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	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	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	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	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010
	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy (UNITS - MC:3; ASA:4)	
	G0104	Colorectal cancer screening; flexible sigmoidoscopy (Special coverage)	
	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)	Require Diagnosis editing. Z12.12, Z12.10, Z12.11, Z12.13, Z80.00, Z83.71, Z86.010

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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Congenital Hypothyroidism Screening	Part of DRG		
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)	
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	Cervical cap for contraceptive use (A4261)	
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (use this code for Mirena) J7302	
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	Contraceptive supply, hormone containing vaginal ring each (use this code for Nuvaring Vaginal Ring) J7303	
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	Contraceptive supply, hormone containing patch, each (J7304)	
	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit	Etonogestrel (contraceptive) implant system, including implant and supplies (use this code for Implanon) J7307	
Oral contraceptives	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
Over the counter contraceptive drugs and devices	Will be billed with NDC to pharmacy (script required)		
Dental Caries in Preschool Children, Prevention	Part of office visit		
Dental Caries in Preschool Children, Treatment - Fluoride	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
Depression Screening (Adults)	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	
Diabetes Screening	82947	Glucose, quantitative, blood (except reagent strip)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	82948	Glucose, blood, reagent strip	
	82950	Glucose; post glucose dose (includes glucose)	
	82951	Glucose tolerance test, 3 specimens (includes glucose)	
Screening for Diabetes Mellitus After Pregnancy	Part of the Post Partum visit		
Falls prevention in older adults: exercise or physical therapy- Members 65 and older who are high risk	97110, 97112, 97113, 97116, 97139, 97150, 97530, G0157, G0159, 97161, 97163, 97164	Physical Therapy	
Fluoride Varnish	99188		
Folic Acid - Daily Supplement	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit		
General Health Panel with Basic Metabolic Panel	80048	Basic metabolic panel (calcium, total)	
	80050	General health panel	
Gonorrhea, Prophylactic Medication	Part of DRG		
Gonorrhea, Screening	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
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	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	
	87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	
Healthy Diet Counseling	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 Exchange Products
	G0109	Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes	Not preventive for Small and Individual Exchange Products
	G0270	Medical nutrition therapy; reassessment and subsequent interventions following second referral in same year for change in diagnosis, medical condition or treatment regimen (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 regimen (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	Not preventive for Small and Individual Exchange Products
	S9141	Diabetic Management Program, follow-up visit to MD provider	Not preventive for Small and Individual Exchange Products
	S9452	Nutrition classes, nonphysician provider, per session	
	S9455	Diabetic management program, group session	Not preventive for Small and Individual Exchange Products
	S9460	Diabetic management program, nurse visit	Not preventive for Small and Individual Exchange Products
	S9465	Diabetic management program, dietitian visit	Not preventive for Small and Individual Exchange Products
	S9470	Nutrition counseling, dietitian visit	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	0488T	Preventive behavior change, online/electronic structured intensive	
Hearing Loss Screening for Newborns	N/A		
Hepatitis B Virus Infection, Screening	86704	Hepatitis B core antibody (HBcAb); total	With diagnosis code O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9, Z57.8
	86705	Hepatitis B core antibody (HBcAb); IgM antibody	With diagnosis code O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9
	86706	Hepatitis B surface antibody (HBsAb)	With diagnosis codes O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9
	86707	Hepatitis Be antibody (HBeAb)	With diagnosis codes O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9
	87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	With diagnosis code O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9
	87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method, hepatitis B surface antigen (HBsAg)	
	87341	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	With diagnosis code O09.00, O30.001- O30.93, O31.10X1 - O31.8X99, Z01.411- Z01.42, Z11.3, Z11.59, Z20.2, Z33.1, Z34.00- Z34.93, Z36.0 - Z36.9
	G0499	Hepatitis B screening in non-pregnant high risk individuals	
Hepatitis C Screening	86803	Hepatitis C Antibody	
	86804	Hepatitis C Confirmatory Test	
High Blood Pressure Screening	Part of office visit		

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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HIV Screening	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	
HIV Counseling	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	
HPV Screening	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	
	0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	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	
Interpersonal and domestic violence counseling	99401	Preventive medicine counseling and/or risk factor reduction intervention provided to an individual (separate procedure) approximately 15 minutes	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	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	
Interpersonal and domestic violence screening	Part of office visit		
Iron Deficiency in Pregnant Women Testing	85014	Blood Count; hematocrit (Hct)	
	85018	Blood Count, hemoglobin (Hgb)	
Iron Supplementation for Iron Deficiency in Pregnant Women	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit.		

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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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	Special screening for malignant neoplasms - respiratory organs	
	G0296	Visit to determine Idct eligibility	
	G0297	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)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	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	
	84154	Prostate specific antigen (PSA) free)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	G0103	Prostate cancer screening; prostate specific antigen (PSA)	
RH (D) Incompatibility Screening in Pregnancy Women	86900	Blood typing; ABO	
	86901	Blood typing; RH (D)	
Screening for Urinary Incontinence	Part of office visit		
Sickle Cell Disease Screening	Part of office visit		
Sexually Transmitted Infections Counseling	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)	
Smoking Cessation Intervention-Pharmacotherapy	Will be billed with NDC to pharmacy (script required) but paid as a medical benefit.		
Smoking Cessation Counseling	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	
Syphilis Screening	86592	Syphilis test, non-treponemal antibody; qualitative (e.g. VDRL, RPR, ART)	
	83593	Syphilis test, non-treponemal antibody; quantitative	
	86780	Antibody; Treponema pallidum	
Visual Impairment Screening in Children Younger than age 5	99173	Screening test of visual acuity, quantitative, bilateral	
Pediatric Immunizations	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (90378)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component 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
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	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, serogropu 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-OMPconjugate (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 635 months of age, for intramuscular use	
	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	
	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	
	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
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	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	
	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	
	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)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
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	S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular for children from 5 to 9 years of age who have not previously received the vaccine	
Adult Immunizations	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) 3dose schedule, for intramuscular dose	
	90621	Meningococcal recombinant lipoteichoic acid 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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	90660	Influenza virus vaccine, live, for intranasal use	
	90661	Influenza virus vaccine (ccIV3), 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), Hemagglutin (HA) Protein Only, preservative & antibiotic free, for IM use	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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	
	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	
	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	
	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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
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	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)	
Pediatric Preventive Health Care	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)	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
	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
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	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	
Adult Preventive Medicine Services	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	

PROCEDURE CATEGORY	CODE	CODE DESCRIPTION	COMMENTS
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	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	
All codes are subject to industry standard NCCI bundling.			