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Preventive Care Guide

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Preventive Care Guide

Overview (Federal Preventive Care Requirements): The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain services under preventive care, without cost sharing to members when provided by an in-network provider. This coverage includes:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF).

    - Published USPSTF A/B recommendations can be found at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

- Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

    - Published ACIP recommended immunization schedules can be found at: https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html

- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). *HRSA endorses preventive guidelines established by the American Academy of Pediatrics (AAP) for the health and well-being of infants, children and adolescents.* These recommendations are referred to as Bright Futures.

    - Published Bright Futures recommendations can be found at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the HRSA.

    - Published HRSA recommendations (for women) can be found at: https://www.hrsa.gov/womens-guidelines

Note: Coverage of preventive care services must become effective upon a plan's start or anniversary date that is one year after the date a new recommendation or guideline is issued.

PPACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established reasonable medical management techniques and practices may be utilized to determine frequency, method, treatment or setting for the provision of a recommended preventive service.

In addition to the designated services identified by the above-listed sources, tobacco cessation treatment, wellness examinations for all populations – children and adults – and services that are integral to the furnishing of a specific preventive care benefit (e.g., anesthesia provided during sterilization surgery for women) are included under preventive care coverage.

Ambetter Health Preventive Care Coverage: All Ambetter Health plans provide preventive care coverage in accordance with the above-listed PPACA requirements. If two recommendations address the same benefit, but differ (e.g., USPSTF's breast cancer screening recommendation vs. HRSA's breast cancer screening recommendation), the richest benefit coverage applies. **Although this documentation only focuses on federal requirements (national preventive care coverage), we do cover additional preventive care benefits when required by state law.**

Preventive care refers to measures or services taken to promote health and early detection/prevention of diseases and injuries, rather than treating them or curing them. Preventive care may include, but is not limited to, examinations and screening tests tailored to an individual's age, health, and family history. All preventive care received from an in-network Ambetter Health provider is covered with no cost share (i.e., covered at 100% (of the contracted amount) – without deductible, coinsurance or copayment).

Ambetter Health Preventive Prescription Coverage: Tier 0 medications such as contraceptives, aspirin, vitamin D and folic acid for all individuals planning to or who could become pregnant are covered. The Formulary (Prescription Drug List) can provide additional details on specific medications covered without cost share.

Please keep in mind, certain covered services can be provided for preventive or diagnostic reasons. When a covered preventive service is performed for the purpose of preventive screening and is appropriately reported (billed by the provider), it will fall under the preventive care services benefit. Examples of preventive services are those performed on a person who:

- Has not had the preventive screening done before and does not have symptoms or other abnormal findings suggesting abnormalities; or
- Has had the preventive screening done within the recommended interval with the findings considered normal; or
- Has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.

However, when a covered service is performed for diagnostic purposes, it will not fall under preventive care, but rather under the applicable non-preventive medical benefit, which may be subject to cost share (deductible, coinsurance or copayment) depending on your plan. Examples of diagnostic services are those performed on a person who:

- Had abnormalities found in previous preventive or diagnostic studies that require further diagnostic studies; or
- Had abnormalities found in previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or
- Had a symptom(s) that required further diagnosis; or
- Does not fall within the applicable population for a recommendation or guideline.

The following table (beginning on page 3) provides an overview of available preventive care coverage. IMPORTANT: If a preventive care service is recommended for a specific gender (e.g., men or women), this is in reference to the individual's sex assigned at birth, rather than gender identity.

Acronyms:

- AAP: American Academy of Pediatrics
- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control & Prevention
- EOC: Evidence of Coverage
- HRSA: Health Resources & Services Administration
- MMEP: Major Medical Expense Policy
- PPACA: Patient Protection & Affordable Care Act
- USPSTF: United States Preventive Services Task Force
- WPSI: Women's Preventive Services Initiative

Member Questions: For any questions regarding preventive care coverage, please talk to your physician directly or call us at the toll-free number listed on the back of your Ambetter Health ID card.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Wellness Examinations *Population: Adults & Children* Preventive medicine comprehensive evaluation and management services (i.e., wellness examinations) for well-baby, well-child and well-adult/woman include: • An age-and gender-appropriate history, • Physical examination, • Counseling/anticipatory guidance, • Risk factor reduction interventions, and • The ordering of appropriate immunization(s) and laboratory/screening procedures.	**Adults:** 99385, 99386, 99387, 99395, 99396, 99397 **Women:** 99385, 99386, 99387, 99395, 99396, 99397, 99459 **Annual Gynecological Exams**: S0610, S0612, S0613 **Children**: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99461 **Labs:** 80053, 84443, 85025	The listed services may be provided as part of a wellness examination or at a separate encounter.
USPSTF's A/B Recommendations		
Abdominal Aortic Aneurysm Screening *Population: Men* **USPSTF Rating (Dec. 2019): B** The USPSTF recommends 1-time screening for abdominal aortic aneurysm with ultrasonography in men aged 65 to 75 years who have ever smoked.	76706 **Diagnosis Codes:** F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Requires at least one of the diagnosis codes listed to process as preventive.
Anxiety Screening in Children and Adolescents *Population: Children and Adolescents* **USPSTF Rating (Oct. 2022): B** The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	96127 **Diagnosis Codes:** Z13.31, Z13.32, Z13.39	N/A
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality *Population: Pregnant Women* **USPSTF Rating (Sept. 2021): B** The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in individuals who are at high risk for preeclampsia.	N/A	For information on preventive prescription coverage, including Tier 0 medications covered without cost share, refer to the Ambetter Health Prescription Drug List (Formulary).
Bacteriuria Screening	87086, 87088	A diagnosis code is not required for preventive

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Population: Pregnant Women **USPSTF Rating (Sept. 2019): B** The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant women.		benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Behavioral Counseling to Prevent Sexually Transmitted Infections *Population: Adolescents and Adults* **USPSTF Rating (Aug. 2020): B** The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).	99401, 99402, 99403, 99404, 99411, 99412, G0445	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Behavioral Counseling to Prevent Skin Cancer *Population: Children, Adolescents, Young Adults and Parents of Young Children* **USPSTF Rating (March 2018): B** The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	99401, 99402, 99403, 99404, 99385, 99386, 99387, 99395, 99396, 99397	This service is included in a preventive care wellness examination or focused E&M visit. A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Breast Cancer Screening *Population: Women* **USPSTF Rating (April 2024): B** The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	**Screening Mammography** 77063, 77067	Please also refer to the HRSA breast cancer screening recommendation (on page 19); it addresses richer coverage (as frequently as annually). In addition to the Federal guidance, breast exams are provided in compliance with applicable State laws.
Cervical Cancer Screening *Population: Women* **USPSTF Rating (Aug. 2018): A**	**HPV Testing** 87624, 87625, 87626 **Cytopathology / Pap Testing** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175	Please also refer to the HRSA cervical cancer screening recommendation (on page 23); it addresses richer coverage. In addition to the Federal guidance, cervical cancer

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women 30 to 65 years of age, the USPSTF recommends: • Screening every 3 years with cervical cytology (pap test) alone, • Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or • Every 5 years with hrHPV testing in combination with cytology (cotesting).	**Colposcopy and Cervical Procedures** 57452, 57454, 57455, 57456, 57460, 57461, 57500, 57505, 57520, 57522 **Preventive Screening (HCPCS)** G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091 **Diagnosis Codes:** Z12.4, Z11.51, Z01.411, Z01.419, Z01.42, R87.610, R87.611, R87.612, R87.613, R87.614, R87.615, R87.616, R87.618, R87.619, R87.620, R87.621, R87.622, R87.623, R87.624, R87.625, R87.628, R87.629, R87.81, R87.810, R87.89, Z98.890, N87.0, N87.1, N87.9, D06.0, D06.1, D06.7, D06.9	screenings are provided in compliance with applicable State laws. Preventive cervical cancer screening should be performed in accordance with current evidence-based screening recommendations and applicable member eligibility criteria. Modifier 33 is to be used to identify a preventive service that is being rendered.
Chlamydia Infection Screening *Population: Women* **USPSTF Rating (Sept. 2021): B** The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant women.	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87494, 87801, 87810, 0402U, 0455U **Diagnosis Codes:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z11.8, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	N/A
Cholesterol Screening (Lipid Disorders Screening) / Statin Use for the Primary Prevention of Cardiovascular Disease in Adults *Population: Adults* **USPSTF Rating (Aug. 2022): B** The USPSTF recommends that adults without a history of cardiovascular disease (CVD) use a low to moderate dose statin for the prevention of CVD events and mortality when all the following criteria are met:	80061, 83721, G0537, G0538 **Diagnosis Codes:** Z00.00, Z00.01, Z13.220	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
• They are aged 40 to 75 years; • They have 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension or smoking); and • They have a calculated 10-year risk of a cardiovascular event of 10% or greater. Note: Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.		
Colorectal Cancer Screening *Population: Adults* **USPSTF Rating (May 2021): B** The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. **USPSTF Rating (May 2021): A** The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which testing approach is best for each person. Recommended intervals* for colorectal cancer screening tests include: • High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year, • Stool DNA-FIT every 1 to 3 years, • Computed tomography colonography every 5 years, • Flexible sigmoidoscopy every 5 years, • Flexible sigmoidoscopy every 10 years + annual FIT, and • Colonoscopy screening every 10 years.	**Screening & Stool-Based Colorectal Cancer Screening** 81528, 82270, 82274, G0327, G0328, G0464, 0464U, S0285 **Flexible Sigmoidoscopy Procedures** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, G0104 **Colonoscopy Procedures** 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0121 **Radiology / CT Colonography & Contrast Studies** 74262, 74263, 74270, 74280 **Colon Capsule Endoscopy** 91113 **Anesthesia & Moderate Sedation** 00811, 00812, 00813, 99152, 99153, 99156, 99157, G0500 **Surgical Pathology** 88304, 88305 **Diagnosis Codes:** D12.6, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912,	*IMPORTANT: If a follow-up colonoscopy is required due to a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer, the follow-up colonoscopy screening is also considered preventive care (covered without cost share when provided by an in-network provider). Per the USPSTF, "the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete." Modifier 33 and/or PT is to be used to identify a preventive service that is being rendered.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	K50.913, K50.914, K50.918, K50.919, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K52.1, K52.89, K52.9, K55.0, K55.1, K55.9, Z15.09, Z80.0, Z83.71, Z83.79, Z85.038, Z85.048, Z86.010, Z86.0100, Z86.0101, Z86.0102, Z86.0109, Z12.10, Z12.11, Z12.12	
Fluoride Application in Primary Care (Prevention of Dental Caries in Children Younger than 5 Years) *Population: Infants and Children* **USPSTF Rating (Dec. 2021): B** The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. **USPSTF Rating (Dec. 2021): B** The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	99188, D1206, D1208	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Folic Acid for the Prevention of Neural Tube Defects *Population: Women* **USPSTF Rating (Aug. 2023): A** The USPSTF recommends that all women planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	N/A	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Genetic Counseling and Evaluation for BRCA Testing and BRCA Lab Screening *Population: Women*	**Medical genetics and Genetic counseling services**: 96041, S0265	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	**BRCA Lab Screening:** 81162, 81163, 81164, 81165, 81166, 81167, 81215, 81216, 81217 **Blood Draw:** 36415, 36416 **Diagnosis Codes**: Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43	
Gestational Diabetes Screening *Population: Pregnant Women* **USPSTF Rating (Aug. 2021): B** The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women at 24 weeks of gestation or after.	82947, 82948, 82950, 82951, 82952 (add on code to 82951), 83036 **Blood Draw:** 36415, 36416	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Gonorrhea Screening *Population: Women* **USPSTF Rating (Sept. 2021): B** The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant women.	87494, 87590, 87591, 87592, 87801, 87850, 0402U, 0455U **Diagnosis Codes:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	N/A
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions *Population: Adults* **USPSTF Rating (Nov. 2020): B** The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	97802, 97803, 97804, 99401, 99402, 99403, 99404, 0403T, G0270, G0271, G0446, G0447, G0473, G0537, G0538, S9449, S9452, S9470 **Diagnosis Codes:** **Screening:** Z13.220 **Nicotine Dependence, Tobacco Use, or Family History of IHD:** F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	Overweight: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29 **Body Mass Index 30.0 – 39.9:** Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 **Body Mass Index 40.0 and Over:** Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 **Impaired Fasting Glucose:** R73.01 **Metabolic Syndrome; Insulin Resistance Syndrome Type A; Other Insulin Resistance:** E88.810, E88.811, E88.818, E88.819 **Hyperlipidemia/Dyslipidemia:** E78.00, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5 **Obesity**: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 **Essential Hypertension:** I10 **Resistant Hypertension:** I1A.0 **Secondary Hypertension:** I15.0, I15.1, I15.2, I15.8, I15.9, N26.2 **Hypertension Complicating Pregnancy, Childbirth, and the Puerperium:** O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9	

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	Urgent/Emergency/Crisis **Hypertension:** I16.0, I16.1, I16.9 **Coronary Atherosclerosis:** I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812	
Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions *Population: Pregnant Women* **USPSTF Rating (May 2021): B** The USPSTF recommends that clinicians offer pregnant women effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	82947, 82948, 82950, 82951, 82952, 83036	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Hepatitis B Virus Infection Screening *Population: Adolescents and Adults* **USPSTF Rating (July 2019): A** The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. **USPSTF Rating (Dec. 2020): B** The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at high risk for infection.	**Adults:** 87340, 87341, 86704, 86705, 86706, 86707, 87516, 87517, 87912, G0499 **Children:** 86704, 86705, 86706, 86707, 87340, 87341, 87350, 87616, 87517, 87912, G0499 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** **Adult:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z20.2, Z20.6, Z11.59, Z29.81, Z57.8, Z72.51, Z72.52, Z72.53 **Children:** Z00.121, Z00.129	N/A
Hepatitis C Virus Infection Screening *Population: Adults*	86803, 86804, 87520, 87521, 87522, G0472, G0567 **Blood Draw:** 36415, 36416	A diagnosis code is not required for preventive

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
USPSTF Rating (March 2020): B The USPSTF recommends screening for hepatitis C virus infection in adults aged 18 to 79 years.		benefits in this section unless otherwise specified.
<u>*Human Immunodeficiency Virus (HIV) Screening*</u> *Population: Adolescents and Adults* **USPSTF Rating (June 2019): A** The USPSTF recommends that clinicians screen for HIV infection in: • Adolescents and adults aged 15 to 65 years. • Younger adolescents and older adults who are at increased risk of infection should also be screened. • All pregnant women, including those who present in labor or at delivery whose HIV status is unknown.	**Adults:** 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645 **Pregnant Women:** 80081, 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 **Children:** 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** Pregnancy diagnosis codes allowed **Adult:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z29.81, Z72.51, Z72.52, Z72.53 **Children:** Z00.121, Z00.129	N/A
<u>*Hypertensive Disorders of Pregnancy Screening*</u> *Population: Pregnant Women* **USPSTF Rating (Sept. 2023): B** The USPSTF recommends screening for hypertensive disorders in pregnant women with blood pressure measurements throughout pregnancy.	Hypertensive disorders of pregnancy screening by blood pressure measurement is included in the code for a prenatal care office visit.	Blood pressure measurement included in E/M. No separate CPT for reporting.
<u>*Interventions for High BMI in Children and Adolescents*</u> *Population: Children and Adolescents*	97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270, G0271, G0446, G0447, S9449, S9452, S9470	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
USPSTF Rating (June 2024): B The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high BMI (greater than or equal to the 95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	**Diagnosis Codes:** **Obesity:** E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9. E88.82 **Pediatric BMI of 120% or more of the 95th percentile for age:** Z68.54, Z68.55, Z68.56	
Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Women *Population: Adults* **USPSTF Rating (Jan. 2021): A** The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. **USPSTF Rating (Jan. 2021): A** The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA) approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	99401, 99402, 99403, 99404, 99406, 99407, G0436, G0437	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Latent Tuberculosis Infection: Screening *Population: Adults* **USPSTF Rating (Sept. 2016): B** The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.	86480, 86481, 86580, 99211 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1	(99211: follow-up visit to check results)
Medication Use to Reduce Risk of Breast Cancer *Population: Women* **USPSTF Rating (Sept. 2019): B** The USPSTF recommends that clinicians offer to prescribe risk reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to	**Procedure Code(s): Evaluation and Management (Office Visits):** 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417, G0463	Risk assessment/counseling through preventive or office E/M.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
women who are at increased risk for breast cancer and at low risk for adverse medication effects.	**Diagnosis Codes**: Z80.3, Z80.41, Z15.01, Z15.02	
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum *Population: Newborns* **USPSTF Rating (Jan. 2019): A** The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	N/A	Medication administration typically part of newborn hospital care
Osteoporosis to Prevent Fractures *Population: Women* **USPSTF Rating (Jan. 2025): B** The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years and older. **USPSTF Rating (Jan. 2025): B** The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by a clinical risk assessment.	77080, 77085, G0130 **Diagnosis Codes:** Z00.00, Z00.01, Z13.820, Z82.62	N/A
Perinatal Depression – Preventive Interventions (Counseling) *Population: Pregnant and Postpartum Women* **USPSTF Rating (Feb. 2019): B** The USPSTF recommends that clinicians provide or refer pregnant and postpartum women who are at increased risk of perinatal depression to counseling interventions.	96127, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, G0444, G0463 **Diagnosis Codes:** A Pregnancy diagnosis code; or Z39.2 (encounter for routine postpartum follow-up); or Z13.32 (encounter for screening for maternal depression)	N/A
Preeclampsia Screening *Population: Pregnant Women*	N/A	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
USPSTF Rating (April 2017): B The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.		When applicable, appropriate pregnancy-related diagnosis codes may be used.
Prevention of Falls in Community-Dwelling Older Adults *Population: Adults* **USPSTF Rating (April 2018): B** The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	97110, 97112, 97113, 97116, 97150, 97161, 97162, 97163, 99401, 99402, 99403, 99404, 99385, 99386, 99387, 99395, 99396, 99397, S9476	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. Services included in a preventive care wellness examination or focused E&M visit.
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis *Population: Adolescents and Adults* **USPSTF Rating (Aug. 2023): A** The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to individuals who are at high risk of HIV acquisition. Includes related benefits: • Kidney function testing (creatinine), • Serologic testing for hepatitis B and C virus, • Testing for other STIs, • Pregnancy testing when appropriate and • Ongoing follow-up and monitoring, including HIV testing every 3 months.	**Office Visits:** 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402, 99403, 99404, 99417, G0463, G0011, G0012, G0013 **Kidney Function Testing (Creatinine):** 82565 Pregnancy Testing: 81025, 84702, 84703 **Drugs:** J0739, J0750, J0751 **Blood Draw:** 36415, 36416 **Q0521:** Pharmacy Supplying fee for HIV pre-exposure prophylaxis FDA approved prescription **Diagnosis Codes:** Z11.3, Z11.4, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53	Also, see coverage for behavioral counseling to prevent sexually transmitted infections, chlamydia infection screening, gonorrhea screening, hepatitis B virus infection screening, hepatitis C virus infection screening, HIV screening and syphilis screening.
Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents *Population: Children and Adolescents* **USPSTF Rating (April 2020): B** The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	99401, 99402, 99403, 99404, 99406, 99407, 99411, 99412	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. Services included in a preventive care wellness examination or focused E&M visit.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Bright Futures recommends tobacco use assessments from age 11 to 21 years.		
Interventions to Support Breastfeeding *Population: Pregnant and Postpartum Women* **USPSTF Rating (April 2025): B** The USPSTF recommends providing interventions or referrals during pregnancy and after birth to support breastfeeding.	**Support, Counseling and Education**: 98960, 98961, 98962, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401, 99402, 99403, 99404, 99411, 99412, 99501, 99502, S9443 **Breastfeeding Equipment & Supplies:** E0602, E0603, E0604 *(rental only)* **Breast Pump Supplies:** A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 **Diagnosis Codes:** B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8,Z39.1, Z39.2	N/A
Rh(D) Incompatibility Screening *Population: Pregnant Women* **USPSTF Rating (Feb. 2004): A** The USPSTF recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy related care. **USPSTF Rating (Feb. 2004): B**	80055, 86850, 86900, 86901 **Blood Draw:** 36415, 36416	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative.		
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults *Population: Adults* **USPSTF Rating (Nov. 2018): B** The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing individuals engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, G0396, G0397, G0442, G0443, G2011	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. Services included in a preventive care wellness examination or focused E&M visit.
Screening for Anxiety Disorders in Adults *Population: Adults* **USPSTF Rating (June 2023): B** The USPSTF recommends screening for anxiety disorders in adults (64 years or younger), including pregnant and postpartum women.	96127 **Diagnosis Codes:** Z13.39	N/A
Screening for Depression and Suicide Risk in Adults *Population: Adults* **USPSTF Rating (June 2023): B** The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	96127, 96160, 96161, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0136, G0444 **Diagnosis Codes**: Z13.31, Z13.32	N/A
Screening for Depression and Suicide Risk in Children and Adolescents *Population: Adolescents* **USPSTF Rating (Oct. 2022): B**	96160, 96161, 96127, G0444, G0136 **Diagnosis Codes:** Z13.31, Z13.32	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		
Screening for High Blood Pressure (Hypertension) in Adults *Population: Adults* **USPSTF Rating (April 2021): A** The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	93784, 93786, 93788, 93790 **Diagnosis Codes:** R03.0	N/A
Screening for Intimate Partner Violence *Population: Women* **USPSTF Rating (June 2025): B** The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum.	99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. Services included in a preventive care wellness examination or focused E&M visit.
Screening for Lung Cancer with Low-Dose Computed Tomography *Population: Adults* **USPSTF Rating (March 2021): B** The USPSTF recommends annual screening for lung cancer with low dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	71271, G0296 **Diagnosis Codes:** F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891	Counseling visit to discuss the need for Lung Cancer Screening using Low Dose CT scan
Screening for Pre-Diabetes and Type 2 Diabetes *Population: Adults*	82947, 82948, 82950, 82951, 82952, 83036	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	**Diagnosis Code:** R73.03	
Screening for Visual Impairment in Children *Population: Children* **USPSTF Rating (Sept. 2017): B** The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	99172, 99173, 99174, 99177, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Syphilis Screening *Population: Adolescents and Adults* **USPSTF Rating (May 2025): A** The USPSTF recommends early, universal screening for syphilis infection during pregnancy; if an individual is not screened early in pregnancy, the USPSTF recommends screening at the first available opportunity. **USPSTF Rating (Sept. 2022): A** The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection).	**Adults:** 86592, 86593, 86780, 0064U, 0210U **Children:** 86592, 86593, 86780 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** **Adult:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.2, Z11.3, Z11.4, Z11.9, Z20.2, Z20.6, Z29.81, Z72.51, Z72.52, Z72.53 **Children:** Z00.121, Z00.129	When applicable, appropriate pregnancy-related diagnosis codes may be used.
Unhealthy Drug Use Screening (Adults) *Population: Adults* **USPSTF Rating (June 2020): B** The USPSTF recommends screening by asking questions about unhealthy drug use in adults aged 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	96160, 96161, 99408, 99409	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions	97802, 97803, 97804, 99401, 99402, 99403, 99404, G0270,	

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Population: Adults **USPSTF Rating (Sept. 2018): B** The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.	G0271, G0446, G0447, S9449, S9452, S9470 **Diagnosis Codes:** **Body Mass Index 30.0-39.9:** Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 **Body Mass Index 40.0 and over:** Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 **Obesity:** E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82	
HRSA-Supported Women's Preventive Services Guidelines		
Breast Cancer Screening *Updated effective 01/01/2026* WPSI recommends that women at average risk of breast cancer initiate mammography screening no earlier than age 40 years and no later than age 50 years. Screening mammography should occur at least biennially and as frequently as annually. Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation are indicated, these services also are recommended to complete the screening process for malignancies. Screening should continue through at least age 74 years, and age alone should not be the basis for discontinuing screening.	**Screening Mammography** 77063, 77067 **Diagnostic Mammography & Breast Imaging** 76641, 76642, 77046, 77047, 77048, 77049, 77061, 77062, 77065, 77066, G0279 **Breast MRI (HCPCS)** C8903, C8905, C8906, C8908 **MRI Contrast Agents** A9576, A9577, A9578, A9581 **Fine Needle Aspiration (FNA)** 10004, 10005, 10006, 10007, 10008, 10009, 10021 **Breast Biopsy Procedures** 19000, 19001, 19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101 **Breast Excision / Lumpectomy Procedures** 19120, 19125, 19126 **Breast Lesion Localization** 19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288 **Imaging Post-Processing / Surgical Specimen Imaging** 76098 **Cytopathology** 88173 **Surgical Pathology**	In addition to the Federal guidance, breast exams are provided in compliance with applicable State laws. Modifier 33 is to be used to identify a preventive service is being rendered. Diagnostic imaging to complete the screening process must have one of the diagnosis codes listed.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	88305, 88307 **Diagnosis Codes:** N60.01, N60.02, N60.09, N60.11, N60.12, N60.19, N60.21, N60.22, N60.29, N60.31, N60.32, N60.39, N60.41, N60.42, N60.49, N60.81, N60.82, N60.89, N60.91, N60.92, N60.99, N62, N63.0, N63.10, N63.11, N63.12, N63.13, N63.14, N63.15, N63.20, N63.21, N63.22, N63.23, N63.24, N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, R92.0, R92.1, R92.2, R92.30, R92.311, R92.312, R92.313, R92.321, R92.322, R92.323, R92.331, R92.332, R92.333, R92.341, R92.342, R92.343, R92.8, Z12.31, Z12.39, Z13.71, Z13.79, Z14.8, Z15.01, Z15.02, Z15.09, Z15.89, Z40.01, Z71.83, Z86.000, Z90.10, Z90.11, Z90.12, Z90.13	
Breastfeeding Services and Supplies WPSI recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.	**Support, Counseling and Education:** 98960, 98961, 98962, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401, 99402, 99403, 99404, 99411, 99412, 99501, 99502, S9443 **Breastfeeding Equipment & Supplies:** E0602, E0603, E0604 (rental only) **Breast Pump Supplies:** A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 **Diagnosis Codes:** B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111,	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	O91.112, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2	
Contraception WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives. Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives). WPSI recommends that the full range of U.S. Food and Drug Administration (FDA) approved, granted, or cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: (1) sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined pill), (7) oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), as well as any additional contraceptives approved, granted, or cleared by the FDA.	**Supplies and Injections:** 96372, A4261, A4264, A4266, A4267, A4268, A4269, A9293, J1050, J7294, J7295, J7296, J7297, J7298, J7299, J7300, J7301, J7303, J7304, J7306, J7307, S4981, S4989, S4993 Anesthesia: 00840, 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968 **Contraceptive Methods:** 11976,11980, 11981, 11982, 11983 (Insertion/removal Implants), 57170, 58300, 58301, 58340, 58562, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700 **Radiology:** 74740 **E&M:** 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 **Pregnancy Testing:** 81025, 84702, 84703 **Diagnosis Codes:** **Contraceptive Management:** Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9 **Sterilization:** Z30.2 **Tubal Ligation Status:** Z98.51	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Also, instruction in fertility awareness-based methods, including the lactation amenorrhea method, should be provided to women desiring an alternative method.	**Encounter for routine checking of intrauterine contraceptive device:** Z30.431	
Counseling for Sexually Transmitted Infections (STIs) WPSI recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. WPSI recommends that clinicians review a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Note: For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.	99401, 99402, 99403, 99404, 99411, 99412, G0445	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Obesity Prevention in Midlife Women WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.	99401, 99402, 99403, 99404	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Patient Navigation Services for Breast and Cervical Cancer *New recommendation effective 01/01/2026* The WPSI recommends patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services. Patient navigation services involve person-to-person (e.g., in-person, virtual, hybrid models) contact with the patient. Components of patient navigation services should be individualized. Services include, but are not limited to, person-centered assessment and planning, health care access and health system navigation, referrals to appropriate support services (e.g., language translation,	99385, 99386, 99387, 99395, 99396, G0101, 77067	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
transportation, and social services), and patient education.		
Screening and Counseling for Intimate Partner and Domestic Violence *Updated effective 01/01/2026* WPSI recommends screening adolescent and adult women for intimate partner and domestic violence, at least annually, and, when needed, providing or referring to intervention services. Intimate partner and domestic violence include physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and appropriate supportive services.	99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404	N/A
Screening for Anxiety WPSI recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.	96127 **Diagnosis Codes:** Z13.31, Z13.32, Z13.39	N/A
Screening for Cervical Cancer *Updated effective 01/01/2027* WPSI recommends: • Screening for average-risk women ages 21 to 65. • Maintains cervical cytology (Pap test) every three years for women ages 21 to 29. • Recommends primary high-risk human papillomavirus (hrHPV) testing every five years as the preferred screening method for women ages 30 to 65, with co-testing every five years as an alternative and cytology	**HPV Testing** 87624, 87625, 87626 **Cytopathology / Pap Testing** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 **Colposcopy and Cervical Procedures** 57452, 57454, 57455, 57456, 57460, 57461, 57500, 57505, 57520, 57522 **Preventive Screening (HCPCS)** G0101, G0123, G0124, G0141,	In addition to the Federal guidance, cervical cancer screenings are provided in compliance with applicable State laws. Preventive cervical cancer screening should be performed in accordance with current evidence-based screening recommendations and applicable member eligibility criteria.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
alone every three years when hrHPV testing is not available. • Recognizes patient-collected hrHPV testing as an appropriate screening option for average-risk women ages 30 to 65. • Clarifies that additional testing and pathologic evaluation, when clinically indicated, are part of completing the screening process.	G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091 **Diagnosis Codes:** Z12.4, Z11.51, Z01.411, Z01.419, Z01.42, R87.610, R87.611, R87.612, R87.613, R87.614, R87.615, R87.616, R87.618, R87.619, R87.620, R87.621, R87.622, R87.623, R87.624, R87.625, R87.628, R87.629, R87.81, R87.810, R87.89, Z98.890, N87.0, N87.1, N87.9, D06.0, D06.1, D06.7, D06.9	Modifier 33 is to be used to identify a preventive service that is being rendered. Additional testing and pathologic evaluation to complete the screening process must have one of the diagnosis codes listed.
Screening for Diabetes After Pregnancy WPSI recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, oral glucose tolerance test). Repeat testing is also indicated for women screened with hemoglobin A1c in the first 6 months postpartum regardless of whether the test results are positive or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum.	82947, 82948, 82950, 82951, 82952, 83036 **Diagnosis Codes:** Z00.00, Z00.01, Z13.1, Z38.32	N/A
Screening for Diabetes in Pregnancy WPSI recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28	82947, 82948, 82950, 82951, 82952, 83036 **Blood Draw:** 36415, 36416	82952: add-on code to 82951 When applicable, appropriate pregnancy-

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation—ideally at the first prenatal visit.		related diagnosis codes may be used.
Screening for Human Immunodeficiency Virus (HIV) Infection WPSI recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional screening should be based on risk and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. The WPSI recommends risk assessment and prevention education for HIV infection beginning at age 13 and continuing as determined by risk. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0011, G0013, G0432, G0433, G0435, G0475, S3645 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** **Adult:** Z00.00, Z00.01, Z01.411, Z01.419, Z11.3, Z11.4, Z11.59, Z11.9, Z20.2, Z20.6, Z22.6, Z22.8, Z22.9, Z29.81, Z72.51, Z72.52, Z72.53	When applicable, appropriate pregnancy-related diagnosis codes may be used.
Screening for Urinary Incontinence WPSI recommends screening women for urinary incontinence annually. Screening should assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.	96160	A diagnosis code is not required for preventive benefits in this section unless otherwise specified. When applicable, appropriate pregnancy-related diagnosis codes may be used.
Well-Woman Exams WPSI recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive	99385, 99386, 99387, 99395, 99396, 99397, 99459 **Annual Gynecological Exams:** S0610, S0612, S0613 **Labs:** 80053, 84443, 85025 **Diagnosis Codes:** Z00.00, Z01.411, Z01.419	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
services as determined by age and risk factors. These services may be completed on a single visit or as part of a series of visits that take place over time to obtain all necessary services.		
Bright Futures: Recommendations for Preventive Pediatric Health Care		
Anemia Screening *Population: Children* Anemia screening in children up until the age of 22.	85013, 85014, 85018, 85025, 85027 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** Z00.110, Z00.111, Z00.121, Z00.129, Z13.0	N/A
Depression Screening *Population: Children* Depression screening at each of the recommended visits between the ages of 12 to 21 years. Note: Maternal depression screening for postpartum depression should be integrated into well-child visits at 1, 2, 4 and 6 months of age.	96160, 96161, 96127, G0444, G0136 **Diagnosis Codes:** Z13.31, Z13.32	
Dyslipidemia Screening (Risk Assessment/Screening Lab Work) *Population: Children* Risk Assessment recommended at 24 months, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years and 16 years. Screening Lab Work - conduct if risk assessment is positive, or at the following intervals: once between the ages of 9 to 11 years; once between the ages of 17 to 21 years.	80061, 83721 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** Z00.121, Z00.129, Z13.220	N/A
Fluoride Application in Primary Care – Prevention of Dental Caries *Population: Children* For those at high risk, consider the application of fluoride varnish for caries prevention every 3 to 6 months, between ages 6 months to 5 years.	99188, D1206, D1208	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Formal Developmental/Autism Screening *Population: Children* Screening up until the age of 3.	96110	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Hearing Tests *Population: Children* Hearing Tests - recommended at ages: Newborn; between 3 to 5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between the ages of 11 to 14 years; once between the ages of 15 to 17 years; once between the ages of 18 to 21 years; also recommended for those that have a positive risk assessment. Risk Assessment - recommended at ages: 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 7 years, and 9 years.	92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008 **Diagnosis Codes:** **Examination of Hearing**: Z01.10 **Routine Child:** Z00.121, Z00.129 **General Exam:** (for 18-21 years): Z00.00, Z00.01	N/A
HIV Screening *Population: Children* HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years and 14 years. HIV Screening Lab Work: Conduct once between the ages of 15 to 21 years. Also, it is recommended anytime between the ages of 11 to 14 years when a risk assessment is positive.	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** Z00.121, Z00.129	N/A
Hypothyroidism Screening *Population: Newborns* Screening for congenital hypothyroidism in newborns (0 to 90 days).	84437, 84439, 84443 **Blood Draw:** 36415, 36416	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Lead Screening *Population: Children* Screening from ages 6 months until the age of 7.	83655, 85014, 85018 **Blood Draw:** 36415, 36416 **Diagnosis Codes:** Z00.121, Z00.129, Z77.011	N/A
Phenylketonuria (PKU) Screening *Population: Newborns*	84030, S3620 **Blood Draw:** 36415, 36416	A diagnosis code is not required for preventive

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Screening in newborns (0 to 90 days).		benefits in this section unless otherwise specified.
Psychosocial/Behavioral Assessment *Population: Children* Assessments recommended up until the age of 22.	96127 **Diagnosis Codes:** Z13.39	N/A
Screening for Visual Impairment in Children *Population: Children* Visual acuity screening is recommended for ages 4 and 5 years as well as for cooperative 3-year-old children. Instrument-based screening is recommended for 12 and 24 months, in addition to the well visits at 3 to 5 years of age.	99172, 99173, 99174, 99177, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Sexually Transmitted Infections (STI) *Population: Children* STI Risk Assessment: Conduct risk assessment at each of the recommended visits between the ages of 11 years to 21 years. STI Lab Work: Conduct if risk assessment is positive.	99401, 99402, 99403, 99404, 99411, 99412, G0445 **Diagnosis Codes:** Z00.121, Z00.129	N/A
Sickle Cell Screening *Population: Newborns* Screening in newborns (0 to 90 days).	S3850, S3620, 83020, 83021, 83030, 83033, 83051	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Tobacco, Alcohol or Drug Use Assessment *Population: Children* Assessments recommended between 11 to 21 years of age.	99401, 99402, 99403, 99404, 99406, 99407, 99411, 99412	A diagnosis code is not required for preventive benefits in this section unless otherwise specified.
Tuberculosis Testing *Population: Children* Testing until the age of 22.	86580, 0574U **Diagnosis Codes:** R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
	Blood Draw: 36415, 36416	
ACIP Recommendations: Routine Immunizations for Children		
Chickenpox (Varicella) *Population: Children* Two doses of the chickenpox shot are recommended for children by doctors as the best way to protect against chickenpox (varicella). One dose at each of the following ages: • 1st Dose: 12 to 15 months, and • 2nd Dose: 4 to 6 years. Older children or adolescents should also get two doses of the chickenpox if they have never received a chickenpox shot or never had chickenpox. They should also get a second shot if they have had only one chickenpox shot.	90710, 90716 **Immunization Counseling:** 90482, 90483, 90484	N/A
Chikungunya Vaccine *Population: Children* ACIP voted to recommend the virus-like particle chikungunya vaccine for persons 12 years and older traveling to a country or territory where there is a chikungunya outbreak. In addition, the virus-like particle chikungunya vaccine may be considered for persons 12 years or older taking up residence or traveling (for a duration of 6+ months) in a country or territory without an outbreak but with elevated risk.	90593 **Immunization Counseling:** 90482, 90483, 90484	N/A
COVID-19 Vaccine *Population: Children (6 months old and older)* Two doses in the first year, followed by one dose annually for children aged 6 months to 23 months. For children aged 2 to 17 one dose annually is recommended.	87812, 91318, 90480, 90481 **Immunization Counseling:** 90482, 90483, 90484	N/A
Diphtheria, Tetanus and Pertussis (DTaP) *Population: Children* Five doses of the DTaP shot and a Tdap booster shot are recommended for children and preteens	90696, 90698, 90700, 90702, 90714, 90715, 90723, 90697 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
by doctors as the best way to protect against diphtheria. Note: Protects against diphtheria, as well as tetanus and whooping cough (pertussis). Recommended cadence: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months, • 4th Dose: 15 to 18 months, • 5th Dose: 4 to 6 years, and • 6th Dose: 11 or 12 years (booster vaccine called Tdap).		
Haemophilus Influenzae Type b (Hib) *Population: Children* Three or four doses, depending on the brand of the vaccine, are recommended for children by doctors as the best way to protect against Hib disease. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months (for some brands), and • 4th Dose: 12 to 15 months.	90696, 90698, 90700, 90702, 90714, 90715, 90723, 90697 **Immunization Counseling:** 90482, 90483, 90484	N/A
Hepatitis A *Population: Children* Two doses of the hepatitis A vaccine are recommended for children by doctors as the best way to protect against hepatitis A. One dose at each of the following ages: • 1st Dose: 12 – 23 months, and • 2nd Dose: 6 months after the last dose.	90633, 90634 **Blood Draw:** 36415, 36416 **Immunization Counseling:** 90482, 90483, 90484	N/A
Hepatitis B *Population: Children* Three doses of the hepatitis B shots are recommended for children by doctors as the best way to protect against hepatitis B.	90740, 90743, 90744, 90747, 90748, 90371 **Blood Draw:** 36415, 36416 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
One dose at each of the following ages: • 1st Dose: Shortly after birth, • 2nd Dose: 1- 2 months, and • 3rd Dose: 6 – 18 months.		

Human Papillomavirus (HPV)
 	
Population: Children
 	
HPV vaccination is recommended at ages 11 to 12 years (Note: the vaccination can be given starting at 9 years, for special situations) to protect against cancers caused by HPV infection.
Recommendations:
• 11 to 12 years:
  ○ Two doses of the HPV shot are needed, 6 to 12 months apart.
  ○ If the shots are given less than 5 months apart, a 3rd dose is needed.
• If started after 15th birthday: Three doses of the HPV shot should be given over 6 months
	90649, 90650, 90651, 0502U
	
	Immunization Counseling: 90482, 90483, 90484
		N/A

Inactivated Poliovirus *Population: Children* Four doses of polio shots for children are recommended by doctors as the best way to protect against polio. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 to 18 months, and • 4th Dose: 4 to 6 years.	90713 **Immunization Counseling:** 90482, 90483, 90484	N/A
Influenza (flu shot) *Population: Children* A yearly flu vaccine is the best way to protect your child from flu and its potentially serious complications. Doctors recommend children get a flu vaccine every year in the fall, starting when he/she is 6 months old. Note: Some children (6 months	90637, 90638, 90672, 90674, 90682,90685, 90686, 90687, 90688, 90689, 90756, 90656, 90673, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
through 8 years of age) may need 2 doses for best protection.		
Measles *Population: Children* Two doses of the MMR vaccine are recommended for children by healthcare providers as the best way to protect against measles, mumps and rubella. One dose at each of the following ages: • 1st Dose: 12 to 15 months, and • 2nd Dose: 4 to 6 years.	90707, 90710 **Immunization Counseling:** 90482, 90483, 90484	N/A
Meningococcal *Population: Children* Two doses of the meningococcal vaccine called MenB-4C (Bexsero) to be administered as a 2-dose series at 0 and 6 months when given to healthy adolescents. Three doses of the meningococcal vaccine called MenB-4C (Bexsero) to be administered as a 3-dose series 0, 1–2 months, and 6 months when given to persons aged 10 years or older at increased risk for serogroup B meningococcal disease.	90619, 90620, 90621, 90623, 90624, 90644, 90733, 90734 **Immunization Counseling:** 90482, 90483, 90484	N/A
Mumps *Population: Children* Two doses of the MMR shot are recommended for children by doctors as the best way to protect against measles, mumps and rubella. One dose at each of the following ages: • 1st Dose: 12 to 15 months, and • 2nd Dose: 4 to 6 years.	90707, 90710 **Immunization Counseling:** 90482, 90483, 90484	N/A
Pneumococcal *Population: Children* Four doses of the pneumococcal shots called PCV15 or PCV20 are recommended for children	90670, 90671, 90684, 90732, 90677 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
by doctors as the best way to protect against disease. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months, and • 4th Dose: 12 to 15 months.		
Rubella *Population: Children* Two doses of the MMR shot (measles, mumps and rubella) are recommended for children by doctors as the best way to protect against rubella. One dose at each of the following ages: • 1st Dose: 12 to 15 months, and • 2nd Dose: 4 to 6 years.	90707, 90710 **Immunization Counseling:** 90482, 90483, 90484	N/A
Rotavirus *Population: Children* Two or more doses of rotavirus are recommended for children by doctors as the best way to protect against rotavirus. Babies should get either of the two available rotavirus vaccines: • RotaTeq® (RV5) is given in three doses at ages 2 months, 4 months and 6 months, or • Rotarix® (RV1) is given in two doses at ages 2 months and 4 months. Note: Both brands of the rotavirus vaccines are given by mouth (drops), not by shot.	90680, 90681 **Immunization Counseling:** 90482, 90483, 90484	N/A
Respiratory Syncytial Virus Infection (RSV) *Population: Children* RSV immunization is recommended for the following ages: • infants 8 months and younger entering their first RSV season who are not	90380, 90381, 90382, 96380, 96381 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
protected through maternal vaccination, and • children 8–19 months at increased risk of severe RSV disease entering their second RSV season		
ACIP Recommendations: Routine Immunizations for Adults		
<u>*Chickenpox (Varicella)*</u> *Population: Adults* If you aren't immune to chickenpox (if you haven't had chickenpox in the past or been vaccinated against), you need to get 2 doses of the vaccine about 1 month apart.	90716, 90710 **Admin Codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
<u>*Chikungunya Vaccine*</u> *Population: Adults* ACIP voted to recommend the live attenuated chikungunya vaccine for persons aged 18 years and older who are traveling to a country or territory where there is a chikungunya outbreak. In addition, the live attenuated chikungunya vaccine may be considered for persons aged 18 years and older taking up residence or traveling (for a duration of 6+ months) in a country or territory without an outbreak but with elevated risk. ACIP also voted to recommend the virus-like particle chikungunya vaccine for laboratory workers with potential for exposure to chikungunya virus. Additional information will be posted with the recommendation to provide guidance to laboratories on how to assess a worker's risk.	90589, 90593 **Immunization Counseling:** 90482, 90483, 90484	N/A
<u>*COVID-19 Vaccine*</u> *Population: Adults* Recommended once a year.	87812, 90480, 90481, 91304, 91320, 91322, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1710, D1711, D1712 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Diphtheria *Population: Adults* All adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and adults receive Tdap and Td.	90697, 90698, 90714, 90715, 90723 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Flu (Influenza) *Population: Adults* Recommended once a year.	90061, 90637,90638, 90647, 90648, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039, G0008 **Admin codes**: G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Haemophilus Influenzae Type b (Hib) *Population: Adults* 1 or 3 doses, depending on indication.	90644, 90647, 90648, 90698, 90721 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Hepatitis A *Population: Adults*	90636, 90632	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Recommended for people at increased risk for hepatitis A, people at increased risk for severe disease from hepatitis A, pregnant women at risk for hepatitis A or risk for severe outcome from hepatitis A infection and any person who requests vaccination. There are two types of hepatitis A vaccine. The first type, the single-dose hepatitis A vaccine, is given as two shots, 6 months apart, and both shots are needed for long-term protection against hepatitis A. The other type is a combination vaccine that protects people against both hepatitis A and hepatitis B. The combination vaccine can be given to anyone 18 years of age and older and is given as three shots over 6 months. All three shots are needed for long-term protection for both hepatitis A and hepatitis B.	**Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Blood Draw:** 36415, 36416 **Immunization Counseling:** 90482, 90483, 90484	
Hepatitis B *Population: Adults* Recommended for adults aged 19 through 59 years and adults aged 60 years and older with risk factors for hepatitis B. Note: Adults who are 60 years or older without known risk factors for hepatitis B may also receive hepatitis B vaccine.	90636, 90697, 90723, 90739, 90740, 90746,90747, 90748, 90743, 90744, 90759 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Blood Draw:** 36415, 36416 **Immunization Counseling:** 90482, 90483, 90484	N/A
Human Papillomavirus (HPV) *Population: Adults* Teens and young adults who start the series later (see above, Immunizations - Children), at ages 15 through 26 years, need three doses of HPV vaccine. Vaccination is not recommended for everyone older than age 26 years. However, some adults aged 27 to 45 years and not already vaccinated may decide to get HPV vaccine after speaking with their doctor about their risk.	90649, 90650, 90651, 0502U **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Measles	90707, 90710	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
Population: Adults Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.	**Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	
Meningococcal *Population: Adults* ACIP recommends GSK's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit. ACIP recommends the MenB-4C (Bexsero) be administered as a 2-dose series to healthy young persons aged 16 to 23 years when shared clinical decision-making favors administration of MenB vaccine.	90619, 90620, 90621, 90623, 90624, 90733, 90734 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Mpox (Monkeypox) *Population: Adults* ACIP recommends vaccination with 2-dose JYNNEOS vaccine series for persons aged 18 years and older who are at risk for mpox. Dose 2 will be administered 28 days after dose 1.	90611, 90622 **Immunization Counseling:** 90482, 90483, 90484	N/A
Mumps *Population: Adults* Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.	90707, 90710 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
Whooping Cough (Pertussis) *Population: Adults* Pregnant women should get Tdap during the early part of the 3rd trimester of every pregnancy. Also, all adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td.	90697, 90698, 90714, 90715, 90723 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and adults receive Tdap and Td.		
<u>*Pneumococcal*</u> *Population: Adults* There are two kinds of pneumococcal vaccines available in the United States: • Pneumococcal conjugate vaccines (PCV15, PCV20 and PCV21), and • Pneumococcal polysaccharide vaccine (PPSV23). For those who have never received any pneumococcal conjugate vaccine, the CDC recommends PCV15, PCV20 and PCV21 for adults 50 years or older and adults 19 through 49 years old with certain medical conditions or risk factors. If PCV15 is used, this should be followed by a dose of PPSV23. PPSV23 is recommended for adults aged 65 years or older	90732 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
<u>*Rubella*</u> *Population: Adults* Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.	90707, 90710 **Admin codes**: G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	N/A
<u>*Respiratory Syncytial Virus Infection (RSV)*</u> *Population: Adults* ACIP recommends adults 50 to 59 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine. Please note that RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV	90678, 90679, 90683 **Immunization Counseling:** 90482, 90483, 90484	N/A

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Codes**	**Notes**
vaccination are not recommended to receive another dose.		
Shingles *Population: Adults* The CDC recommends that adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine) to prevent shingles and the complications from the disease. Adults 19 years and older who have weakened immune systems because of disease or therapy should also get two doses of Shingrix, as they have a higher risk of getting shingles and related complications. There is no maximum age for getting Shingrix.	90396, 90736, 90750 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	
Tetanus *Population: Adults* Pregnant women should get Tdap during the early part of the 3rd trimester of every pregnancy. All adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and adults receive Tdap and Td.	90697, 90698, 90714, 90715, 90723 **Admin codes:** G0008, G0009, G0010, 90460, 90461, 90471, 90472, 90473, 90474 **Immunization Counseling:** 90482, 90483, 90484	

IMPORTANT INFORMATION:

This document is intended as a reference tool and is not a guarantee of coverage nor payment. Covered services are only available to eligible members, in accordance with the guidelines addressed in the Evidence of Coverage (EOC) or Major Medical Expense Policy (MMEP). Please keep in mind, this document includes federal requirements only – national preventive care coverage – state required benefits are not addressed. *However, we do cover additional preventive care benefits when required by state law, see EOC or MMEP for further details.*

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. © 2026 Celtic Insurance Company, © 2026 Superior HealthPlan, Inc., All rights reserved. AmbetterHealth.com/en/tx. If you, or someone you are helping, have questions about Ambetter from Superior HealthPlan, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). For more information on your right to receive Ambetter from Superior HealthPlan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English:

If you, or someone you are helping, have questions about Ambetter from Superior HealthPlan, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Superior HealthPlan y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Vietnamese:

Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Ambetter from Superior HealthPlan và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Chinese:

如果您，或是您正在協助的對象，有關於 Ambetter from Superior HealthPlan 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務，請聯絡會員服務部，電話是 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)。

Korean:

귀하 또는 귀하의 도움을 받는 분이 Ambetter from Superior HealthPlan에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)번으로 가입자 서비스부에 연락해주십시오.

Arabic:

إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from Superior HealthPlan، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعده تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بـ خدمات الأعضاء على (Relay Texas/TTY 1-800-735-2989) 1-877-687-1196.

Urdu:

اگر آپ، یا جس کی آپ مدد کر رہے ہیں وہ Ambetter from Superior HealthPlan کے بارے میں سوالات کرنا چاہتے ہیں، اور وہ انگریزی میں ماہر نہیں ہیں، تو آپ کو اپنی زبان میں بلا معاوضہ اور بروقت مدد اور معلومات حاصل کرنے کا حق ہے۔ اگر آپ، یا جس کی آپ مدد کر رہے ہیں، انہیں سماعت اور/یا بصارت میں کوئی پریشانی درپیش ہے جس سے مواصلت میں رکاوٹ پیدا ہوتی ہے، تو آپ کو مفت اور بر وقت معاون امداد اور خدمات حاصل کرنے کا حق ہے۔ ترجمہ یا معاون خدمات حاصل کرنے کے لیے، براہ کرم (Relay Texas/TTY 1-800-735-2989) 1-877-687-1196 پر ممبر سروسز سے رابطہ کریں۔

Tagalog:

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter from Superior HealthPlan, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

French:

Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Superior HealthPlan et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Hindi:

अगर आप या कोई ऐसा व्यक्ति जिसकी आप सहायता कर रहे हैं, के पास Ambetter from Superior HealthPlan से जुड़े प्रश्न हैं और आप दोनों अंग्रेज़ी में माहिर नहीं हैं, तो आपको अपनी भाषा में मुफ़्त और समय पर सहायता और जानकारी प्राप्त करने का अधिकार है. अगर आपको या किसी ऐसे व्यक्ति को जिसकी आप मदद कर रहे हैं, सुनने और/या देखने में समस्या होती है और इससे बातचीत बाधित होती है, तो आपको बिना किसी लागत के और समय पर सहायक सहायता और सेवाएं प्राप्त करने का अधिकार है. अनुवाद या सहायक सेवाएं प्राप्त करने के लिए कृपया 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) पर सदस्य सेवाएं से संपर्क करें.

Persian:

اگر شما یا فردی که دارید به او کمک می‌کنید، سؤالی درباره Ambetter from Superior HealthPlan دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت کمک‌ها و خدمات امدادی لطفاً با خدمات اعضا به شماره (Relay Texas/TTY 1-800-735-2989) 1-877-687-1196 تماس بگیرید.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Superior HealthPlan hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Um eine Übersetzung oder zusätzliche Dienstleistungen zu erhalten, wenden Sie sich an den Kundendienst unter 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Gujarati:

જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિને Ambetter from Superior HealthPlan વિશે પ્રશ્નો હોય અને અંગ્રેજીમાં પ્રવીણ ન હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર તમારી ભાષામાં મદદ તથા માહિતી મેળવવાનો અધિકાર છે. જો તમે અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિ શ્રવણશક્તિ અને/અથવા દૃષ્ટિવિષયક અવસ્થાથી પીડિત હોય કે જે સંચારને અવરોધતી હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર સહાયક સહાય તથા સેવાઓ પ્રાપ્ત કરવાનો અધિકાર છે. અનુવાદ અથવા સહાયક સેવાઓ પ્રાપ્ત કરવા માટે, કૃપા કરીને 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) પર સભ્યની સેવાઓનો સંપર્ક કરો.

Russian:

Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Ambetter from Superior HealthPlan, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Japanese:

ご自身やあなたが介護している他の人が、Ambetter from Superior HealthPlanについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。翻訳や補助サービスを受けるには、1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)のメンバーサービスにご連絡ください。

Laotian:

ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Ambetter from Superior HealthPlan, ແລະ ບໍ່ຊ່ຽວຊານພາສາອັງກິດ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນທີ່ເປັນພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີສະພາບທາງການໄດ້ຍິນ ແລະ/ຫຼື ການເບິ່ງເຫັນທີ່ຂັດຂວາງການສື່ສານ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ເພື່ອໃຫ້ໄດ້ຮັບການບໍລິການແປພາສາ ຫຼື ບໍລິການເສີມ, ກະລຸນາຕິດຕໍ່ຫາ Member Services (ການບໍລິການສະມາຊິກ) ໄດ້ທີ່ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).