

Detailed Guide to Covered Preventive Services

This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most “grandfathered” plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Service	Patient	Procedure Code	Procedure Description	Related Diagnosis Code(s)	Diagnosis Code Description
Routine general medical exam	All	99201	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making	V70.0 (Effective 8/1/2011)	Routine general medical exam
		99202	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making		
		99203	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity		
		99204	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity		
		99205	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.		
		99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services		
		99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making		

Routine general medical exam, cont.	All	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	V70.0 (Effective 8/1/2011)	Routine general medical exam
		99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity		
		99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity		
		99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (ages 5-11 years)		
		99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (ages 12-17 years)		
		99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; ages 18-39 years		
		99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; ages 40-64 years		
		99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; age 65 years and older		
		99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (ages 5-11 years)		

Routine general medical exam, cont.	All	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (ages 12-17 years)	V70.0 (Effective 8/1/2011)	Routine general medical exam
		99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; ages 18-39 years		
		99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; ages 40-64 years		
		99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; age 65 years and older		
		99401-99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)		

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Additional Allowances for Assurant Health Customers

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Service	Patient	Procedure Code	Procedure Description	Related Diagnosis Code(s)	Diagnosis Code Description
Miscellaneous services (Effective 7/2/2012)	All children and adults	80050	General health panel	V70.0	Routine general medical exam
		80053	Comprehensive metabolic panel	V72.62	Laboratory examination ordered as part of a routine general medical examination
		81000-81003	Urinalysis		
		84443	Thyroid stimulating hormone (TSH)		
		85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count		
Screening only mammography (Effective 1/1/2014 for reform METALLIC plans only)	Covered annually. Note: See Breast Cancer Screening via mammography under Adults for USPSTF standard mammography allowances for all plans that include the benefits of the ACA.				
	Women age 40+	77052	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography	Any diagnosis code	
		77055	Mammography; unilateral		
		77056	Mammography; bilateral		
		77057	Screening mammography, bilateral (two view film study of each breast)		
		G0202	Screening mammography, producing direct digital image, bilateral, all views		
		Revenue Code 403	Screening mammography		

Colorectal cancer screening (Effective 1/1/2014 for reform METALLIC plans only)	Note: See Colorectal Cancer Screening under Adults for USPSTF standard colorectal screening allowances for all plans that include the benefits of the ACA.				
	Adults ages 50 to 75	00810	Anesthesia for lower intestinal endoscopic procedures	211.3	Benign neoplasm of colon
		44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)		
		44389	Colonoscopy through stoma; with biopsy, single or multiple		
		44391	Colonoscopy through stoma; with control of bleeding, any method		
		44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		
		44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		
		44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		
		44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)		
		44403	Colonoscopy through stoma; with endoscopic mucosal resection		
		44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance		
		44405	Colonoscopy through stoma; with transendoscopic balloon dilation		
44406		Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures			

Colorectal cancer screening, cont.	Adults ages 50 to 75	44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine-needle aspiration/ biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	211.4	Benign neoplasm of rectum and anal canal Anal and rectal polyp
		44408	Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube when performed		
		45300	Proctosigmoidoscopy, rigid; diagnostic		
		45305	Proctosigmoidoscopy, rigid; diagnostic, with biopsy	569.0	
		45308-45315	Proctosigmoidoscopy, rigid; diagnostic, with removal of tumor(s), polyp(s), or other lesion(s)		
		45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s).		
		45330	Sigmoidoscopy, flexible; diagnostic		
		45331	Sigmoidoscopy, flexible; with biopsy, single or multiple		
		45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		
		45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		
		45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		
		45341	Sigmoidoscopy, flexible; with endoscopic ultrasound exam		
		45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy		
		45378	Colonoscopy, flexible; diagnostic		
		45380	Colonoscopy, flexible; with biopsy, single or multiple		
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance				

Colorectal cancer screening, cont.	Adults ages 50 to 75	45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		
		45383	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		
		45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		
		45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		
		45391	Colonoscopy, flexible; with endoscopic ultrasound exam		
		45392	Colonoscopy, flexible, with transendoscopic ultrasound guided intramural or transmural fine needle aspiration		
		G0104	Colorectal cancer screening; flexible sigmoidoscopy		
		G0105	Colorectal cancer screening; colonoscopy on individual at high risk		
		G0106	Colorectal cancer screening; screening sigmoidoscopy, barium enema		
		G0120	Colorectal cancer screening; screening colonoscopy, barium enema		
		G0121	Colorectal cancer screening; colonoscopy on individual not high risk		
		G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique		
		G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)		
		G6022	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique		
G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)				

Colorectal cancer screening, cont.	Adults ages 50 to 75	G6024	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique		
		G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)		

Guide to Covered Preventive Services

Immunizations for Adults

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	Patient	Procedure Code	Procedure Description
Administration	All adults	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine
		90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine
		90473	Immunization administration by intranasal or oral route; one vaccine
		90474	Immunization administration by intranasal or oral route; each additional vaccine
Hepatitis A	All adults	90632	Hepatitis A vaccine, adult dosage, for intramuscular use
		90636	Hepatitis A and B vaccine, adult dosage, for intramuscular use
Hepatitis B	All adults	90636	Hepatitis A and B vaccine, adult dosage, for intramuscular use
		90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3-dose schedule), for intramuscular use
		90746	Hepatitis B vaccine adult dosage
		90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4-dose schedule), for intramuscular use
		G0010	Administration of hepatitis B vaccine
Human papillomavirus (HPV)	All ages, male and female	90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3-dose schedule, for intramuscular use
		90650	Human papillomavirus (HPV) vaccine, types 16, 18 (bivalent), 3-dose schedule, for intramuscular use
		90651	Human papilloma vaccine (HPV), types 6, 11, 16, 18, 31, 33, 45, 52, 58 (nonvalent), 3-dose schedule, for intramuscular use

Influenza	All adults	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intramuscular use
		90654	Influenza virus vaccine, split virus, preservative free, for intradermal use
		90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
		90658	Influenza virus vaccine, split virus, when administered to individuals age 3 and older, for intramuscular use
		90660	Influenza virus vaccine, live, for intranasal use
		90661	(Effective 11/20/2012) – Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
		90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (for Fluzone High-dose). (This code is for age 65 and older.)
		90672	(Effective 1/1/2013) – Influenza virus vaccine, quadrivalent, live, for intranasal use
		90673	(Effective 1/1/2014) – Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
		90686	(Effective 1/1/2013) – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
		90688	(Effective 8/16/2013) – Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years and older, for intramuscular use
		G0008	Administration of influenza virus vaccine
		Q2034	(Effective 7/1/2012) – Influenza virus vaccine, split virus, for intramuscular use (Agriflu) Sipuleucel-t, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
		Q2035	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Afluria)
		Q2036	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Flulaval)
		Q2037	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Fluvirin)
		Q2038	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Fluzone)
Q2039	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (not otherwise specified)		

Measles, mumps and rubella	All adults	90704	Mumps virus vaccine, live, for subcutaneous use
		90705	Measles virus vaccine, live, for subcutaneous use
		90706	Rubella virus vaccine, live, for subcutaneous use
		90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
		90708	Measles and rubella virus vaccine (MMR), live, for subcutaneous use
		90710	Measles, Mumps and Rubella and Varicella (MMRV), live, for subcutaneous use
Meningococcal (meningitis)	All adults	90733	Meningococcal polysaccharide vaccine, (any group(s)), for subcutaneous use
		90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
Pneumococcal (pneumonia)	All adults	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
		90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
		90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
		G0009	Administration of pneumococcal vaccine
Tetanus, Diphtheria, Pertussis	All adults and children age 7 and older	90701	Diphtheria, tetanus and whole cellular pertussis vaccine (DTP), for intramuscular use
		90703	Tetanus toxoid adsorbed, for intramuscular use
		90714	Tetanus and diphtheria (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
		90715	Tetanus, diphtheria and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
		90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
		90719	Diphtheria toxoid, for intramuscular use
Varicella (chicken pox)	All adults	90710	Measles, Mumps and Rubella and Varicella (MMRV), live, for subcutaneous use
		90716	Varicella virus vaccine, live, for subcutaneous use
Zoster (shingles)	Age 60 and older	90736	Zoster (shingles) vaccine, live, for subcutaneous injection

Guide to Covered Preventive Services

Adults



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Service	Patient	Procedure Codes		DX Codes	
Abdominal aortic aneurysm screening	Men who have ever smoked – ages 65-75	76775	Ultrasound of the abdominal aorta	V70.0	Routine general medical exam
		76770	(Effective 1/1/2013) – Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete	V70.8-V70.9	Other and unspecified general medical examination
		G0389	Ultrasound B scan and/or real time with image documentation; for abdominal aortic aneurysm screening	V82.9	Screening for unspecified condition
				305.1	Tobacco use disorder
				V15.82	History of tobacco use
				V81.2	Special screening; other and unspecified cardiovascular conditions

Alcohol misuse screening and counseling	All adults age 18+	90785	(Effective 1/1/2013) – Interactive complexity (list separately in addition to the code for primary procedure)	305.00-305.03	Alcohol abuse
		90791-90792	(Effective 1/1/2013) – Psychiatric diagnostic evaluation	655.40-655.43	Known or suspected fetal abnormality affecting management of mother; suspected damage to fetus from other disease in mother (includes alcohol addiction)
		90801-90815	Psychotherapy interviews/visits – outpatient		
		90832-90838	(Effective 1/1/2013) – Psychotherapy visits with patient and/or family		
		99201-99215	Office visits	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		99401-99404	Preventive medicine counseling		
		99408-99409	Alcohol and/or substance (other than tobacco) abuse structured screening, and brief intervention services	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99411-99412	Preventive medicine counseling, group G0396-G0397 alcohol and/or substance (other than tobacco) abuse structured assessment and intervention	V65.42	(Effective 1/1/2013) – Counseling on substance use and abuse
		G0442	Annual alcohol misuse screening, 15 minutes	760.71	Noxious influences affecting fetus or newborn via placenta or breast milk; alcohol
		G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		
		H0001	Alcohol and/or drug assessment		
		H0005	Alcohol and/or drug services; group counseling	V70.0 (Effective 8/1/2011)	Routine general medical exams
		H0006	Alcohol and/or drug services; case management		
		H0015	Alcohol and/or drug services; intensive outpatient, including assessment, counseling; crisis intervention, and activity therapies or education	V79.1	(Effective 1/1/2013) – Special screening; alcoholism
		H0049	Alcohol and/or drug screening		
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes				
T1006-T1007	Alcohol and/or substance abuse services				
T1012	Alcohol and/or substance abuse services				
Aspirin for prevention of cardiovascular disease	Men ages 45-79 Women ages 55-79	No codes associated with this recommendation – Over-the-counter aspirin			

Blood pressure screening (USPSTF)	All adults age 18+	No code as it is included as part of an office visit; not separately billable			
BRCA genetic counseling & testing	Women at increased risk for the BRCA genetic mutation	81211, 81212, and 81214-81217	(Effective 2/20/2013) – BRCA1 and/or BRCA2 gene analysis	V16.3	Family history of breast cancer
		96040	Medical genetics and genetic counseling services, each 30 minutes, face-to-face with patient/family	V16.41	Family history of ovarian cancer
		S0265	Genetic counseling, under physician supervision, each 15 minutes		(Effective 9/1/2013) – Normal pregnancy
Counseling on chemoprevention for women at high risk for breast cancer	Adult women at high risk for breast cancer	99201-99215	Office visits	V07.39	Other prophylactic chemotherapy
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+	V16.3	Family history of breast cancer
				V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
				V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
99401-99404	Preventive medicine counseling	V70.0 (Effective 8/1/2011)	Routine general medical exams		
		V82.71	Screening for genetic disease carrier status		
		V82.79	Other genetic screening		
		V84.01	Genetic susceptibility to malignant neoplasm of breast		

Breast cancer screening via mammography	Covered annually				
	Women age 40+	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography	V16.3	Family history of breast cancer
		77055	Mammography; unilateral	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		77056	Mammography; bilateral	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		77057	Screening mammography, bilateral (two-view film study of each breast)	V76.10	Special screening for malignant neoplasm; breast, unspecified
		99201-99215	Office visits		
		99386-99387	Initial preventive visit – ages 40-65+		
		99396-99397	Periodic preventive visit – ages 40-65+	V76.11	Special screening for malignant neoplasm; breast, high-risk patient
		99401-99404	Preventive medicine counseling		
		G0202	Screening mammography, producing direct digital image, bilateral, all views	V76.12	Special screening for malignant neoplasm; breast, other screening mammogram
Revenue code 403		Screening mammography	V76.19	Special screening for malignant neoplasm; breast, other screening breast exam	
		V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility		
		V84.01	Genetic susceptibility to malignant neoplasm of breast		

Cervical cancer screening via Pap test	* ONLY covered if billed without visit – if visit also billed, then this code is inclusive to visit.				
	Sexually active women with cervix	87620-87622	(Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012 - 12/31/2012. Effective 1/1/2013 for all other reform policies.) Infectious agent detection by nucleic acid; human papillomavirus	V72.31	Gynecological exam with or without Pap smear (Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening exam for viral & chlamydial diseases; HPV (Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening exam for viral & chlamydial diseases; other specified Special screening for malignant neoplasm; cervix Routine general medical examination at a health care facility Laboratory examination ordered as part of a routine general medical examination
		88141-88155	Cytopathology, cervical or vaginal	V73.81	
		88164-88167	Cytopathology, slides, cervical or vaginal		
		88174-88175	Cytopathology, cervical or vaginal		
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling	V73.89	
		G0101*	Cervical or vaginal cancer screening; pelvic and clinical breast exam		
		G0123-G0124	Screening cytopathology, cervical or vaginal		
		G0141-G0148	Screening cytopathology smears, cervical or vaginal		
		P3000-P3001	Screening Pap smear, cervical or vaginal		
		Q0091*	Screening Pap smear, obtaining, preparing and conveyance to lab.		
		S0610*	Annual gynecological exam, new patient	V76.2	
S0612*		Annual gynecological exam, established patient			
		V70.0 (Effective 8/1/2011)			
		V72.62 (Effective 5/1/2012)			

Breastfeeding counseling	All pregnant women and women with newborns	99078	Physician educational services rendered to patients in a group setting	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		99201-99215	Office visits	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99401-99404	Preventive medicine counseling		
		S9443	Lactation classes, nonphysician provider	V24.1	Lactating mother (supervision of lactation)
Chlamydia infection screening	All women age 24 and younger who are sexually active or Women age 24+ who are at increased risk	86631-86632	Antibody immunoassay; chlamydia	V73.88	Special screening exam for other specified chlamydial diseases
		87110	Culture, chlamydia, any source	V73.98	Special screening exam for unspecified chlamydial diseases
		87270	Infectious agent detection by immunofluorescent technique; chlamydia trachomatis		
		87320	Infectious agent antigen detection by enzyme immunoassay technique; chlamydia trachomatis		
		87490-87492	Infectious agent antigen detection by nucleic acid (DNA or RNA); chlamydia trachomatis	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling		

Colorectal cancer screening	Adults ages 50 to 75	● 00810	Anesthesia for lower intestinal endoscopic procedures	V16.0	Family history of malignant neoplasm; gastrointestinal tract
		● 45300	Proctosigmoidoscopy, rigid; diagnostic		
		● 45305	Proctosigmoidoscopy, rigid; diagnostic, with biopsy	V18.51	Family history of certain other specific conditions; digestive disorders, colonic polyps
		● 45308-45315	Proctosigmoidoscopy, rigid; diagnostic, with removal of tumor(s), polyp(s), or other lesion(s)		
		● 45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s)		
		● 45330	Sigmoidoscopy, flexible; diagnostic	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		● 45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		● 45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		
		● 45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility (physician only)
		● 45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	V76.41	Special screening for malignant neoplasm; other sites, rectum
		● 45341	Sigmoidoscopy, flexible; with endoscopic ultrasound exam	V76.50	Special screening for malignant neoplasm; intestine, unspecified
		● 45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy		
		● 45378	Colonoscopy, flexible; diagnostic	V76.51	Special screening for malignant neoplasm; intestine, colon
		● 45380	Colonoscopy, flexible; with biopsy, single or multiple		
		● 45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		● 45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		
		● 45383	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		

● *If billed with Modifier -33 or -PT, allowable with ANY diagnosis.*

Colorectal cancer screening, cont.	Adults ages 50-75	45384-45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		45391	Colonoscopy, flexible; with endoscopic ultrasound exam <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		45392	Colonoscopy, flexible, with transendoscopic ultrasound guided intramural or transmural fine needle aspiration <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		82270	Blood, occult; feces		
		82272	Blood, occult; feces		
		82274	Blood, occult; fecal hemoglobin		
		88304-88305	(Effective 1/1/2013) – Surgical pathology		
		99201-99215	Office visits		
		99386-99387	Initial preventive visit – ages 40-65+		
		99396-99397	Periodic preventive visit – ages 40-65+		
		99401-99404	Preventive medicine counseling		
		G0104-G0106	Colorectal cancer screening <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		G0120	Colorectal cancer screening; screening colonoscopy, barium enema <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		G0121	Colorectal cancer screening; colonoscopy on individual not high risk <i>if billed with Modifier -33 or -PT, allowable with ANY diagnosis</i>		
		G0122	Colorectal cancer screening; barium enema		
G0328	Colorectal cancer screening; fecal occult blood test				

Depression screening	Benefits are for the screening related to the treatment of depression, but not for the treatment itself. Please refer to your policy to determine coverage for the treatment of depression.				
	All adults	90785	(Effective 1/1/2013) – Interactive complexity (list separately in addition to the code for primary procedure)	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		90791-90792	(Effective 1/1/2013) – Psychiatric diagnostic evaluation	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		90801-90802	Psychiatric diagnostic interview examination	V70.0 (Effective 8/1/2011)	Routine general medical exams
		96101-96103	Psychological testing		
		96116	Neurobehavioral status exam	V79.0	Special screening for mental disorders and developmental handicaps; depression
		96118-96120	Neuropsychological testing		
		96150-96151	Health and behavior assessment		
		99201-99215	Office visits		
		99401-99404	Preventive medicine counseling		
		G0444	Annual depression screening, 15 minutes		
		H0002	Behavioral health screening to determine eligibility for admission to treatment program		
		H0031	Mental health assessment, by nonphysician		

Type 2 diabetes screening	Adults with high blood pressure	82947	Glucose; quantitative, blood	401.0-401.9	(Effective 1/1/2013) – Essential hypertension
		82948	Glucose; blood, reagent strip	402.00-402.91	(Effective 1/1/2013) – Hypertensive heart disease
		82950	Glucose; post glucose dose		
		82951	Glucose; tolerance test, three specimens		
		82952	Glucose; tolerance test, each additional specimen	403.00-403.91	(Effective 1/1/2013) – Hypertensive chronic kidney disease
		83036	Hemoglobin; glycosylated (A1C)	404.00-404.93	(Effective 1/1/2013) – Hypertensive heart & chronic kidney disease
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling		
				405.01	(Effective 1/1/2013) – Secondary hypertension; malignant renovascular
				405.09	(Effective 1/1/2013) – Secondary hypertension; malignant other
				405.11	(Effective 1/1/2013) – Secondary hypertension; benign renovascular
		405.19	(Effective 1/1/2013) – Secondary hypertension; benign other		
		405.91	(Effective 1/1/2013) – Secondary hypertension; other renovascular		
		405.99	Secondary hypertension; other		
		V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy		
		V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy		
		V77.1	Special screening for endocrine, nutritional, metabolic and immunity disorders; diabetes mellitus		

Type 2 diabetes screening, cont.	Adults with high blood pressure, cont.	99401-99404, cont.	Preventive medicine counseling, cont.	V70.0 (Effective 8/1/2011) V72.31 (Effective 2/1/2014) V72.62 (Effective 5/1/2012)	Routine general medical examination at a health care facility Gynecological exam with or without Pap smear Laboratory examination ordered as part of a routine general medical examination
Folic acid supplementation	Adult women planning or capable of pregnancy	No codes associated with this recommendation – Over-the-counter folic acid supplements			
Gonorrhea screening	All sexually active women who are at increased risk	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	V74.5	Special screening exam for bacterial and spirochetal diseases; venereal disease
		87081	Culture, presumptive, pathogenic organisms, screening		
		87590	Neisseria gonorrhoeae, direct probe technique	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		87591	Neisseria gonorrhoeae, amplified probe technique		
		87592	Neisseria gonorrhoeae, quantification		
		87850	(Effective 1/1/2014) – Neisseria gonorrhoeae, infectious agent detection by immunoassay with direct optical observation	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		99201-99215	Office visits	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+		
99401-99404	Preventive medicine counseling				

Healthy diet counseling	Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic diseases	96150-96151	Health and behavior assessment	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		96152-96154	Health and behavior intervention		
		97802-97804	Medical nutrition therapy	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99078	Physician educational services rendered to patients in group setting		
		99201-99215	Office visits	V65.3	Dietary surveillance and counseling
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+	V69.1	Inappropriate diet and eating habits
		99401-99404	Preventive medicine counseling		
		99411-99412	(Effective 1/1/2013) – Preventive medicine counseling, group	V70.0 (Effective 8/1/2011)	Routine general medical exams
		G0270-G0271	Medical nutrition therapy		
		S9449	Weight management classes, nonphysician provider, per session	V77.8	Special screening for endocrine, nutritional, metabolic, and immunity disorders; obesity
		S9452	Nutrition classes, nonphysician provider, per session		
		S9470	Nutritional counseling, dietitian visit	272.4	Disorders of lipid metabolism; Other and unspecified hyperlipidemia

<p>Hepatitis C screening (Effective 6/25/2014 for new business reform policies with an effective date of 6/25/2014 or later. Effective 1/1/2015 for all reform policies.)</p>	<p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. Note: Assurant Health will offer the one-time only screening for all ages.</p>					
	All ages	86803	Hepatitis C antibody	042	Human immunodeficiency virus (HIV) disease	
		86804	Hepatitis C antibody; confirmatory test			
		87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	079.52	Human immunodeficiency virus, type II (HIV-2)	
		87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	286.0-286.9	Coagulation defects	
		87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	304.00-305.93	Drug dependence and nondependent use of drugs	
		87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis C virus	790.4	Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH) (ALT)	
		G0472		Hepatitis C antibody screening, for individuals at high risk and other covered indication(s)	V01.7	Contact with or exposure to communicable diseases; other viral diseases
					V02.60	Carrier or suspected carrier of infectious diseases; viral hepatitis C carrier, unspecified
					V02.62	Carrier or suspected carrier of infectious diseases; hepatitis C carrier
V42.0-V42.9	Organ or tissue replaced by transplant					
			V45.11	Renal dialysis status		
			V58.2	Blood transfusion, without reported diagnosis		
			V59.01-V59.9	Donors (whole blood, stem cells, plasma, organs, tissues, semen)		
			V69.2	Problems related to lifestyle; high-risk sexual behavior		

Hepatitis C screening, cont.				V70.0	Routine general medical examination at a health care facility. (This DX billed with one of above CPT codes is allowable ONCE per lifetime.)
				V72.62	Laboratory examination ordered as part of a routine general medical examination. (This DX billed with one of above CPT codes is allowable ONCE per lifetime.)
				584.5-586	Renal failure
HIV screening	Adults at increased risk		Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		86701-86703	Antibody; HIV-1 and/or HIV-2	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		87390	Infectious agent antigen detection by enzyme immunoassay technique; HIV-1		
		87391	Infectious agent antigen detection by enzyme immunoassay technique; HIV-2	V69.2	Problems related to lifestyle; high-risk sexual behavior
		99201-99215	Office visits	V69.8-V69.9	Problems related to lifestyle; other and unspecified problems related to lifestyle
		99383-99387	Initial preventive visit – ages 5-65+		
		99393-99397	Periodic preventive visit – ages 5-65+		
		99401-99404	Preventive medicine counseling		
		G0432	Infectious agent antibody detection by enzyme immunoassay technique, HIV-1 and/or HIV-2, screening	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		G0433	Infectious agent antibody detection by enzyme-linked immunoabsorbent assay technique, HIV-1 and/or HIV-2, screening	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	V73.89	Special screening exam for viral and chlamydial diseases; other specified viral diseases		
S3645	HIV-1 antibody testing of oral mucosal transudate	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination		

Lipid disorders screening	Men and women age 20+ if they are at increased risk for coronary heart disease	80061	Lipid panel	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		82465	Cholesterol, serum or whole blood, total	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		83718	Lipoprotein, direct measurement; HDL cholesterol		
		83721	Lipoprotein, direct measurement; LDL cholesterol	V77.91	Special screening for endocrine, nutritional, metabolic, and immunity disorders; lipid disorders
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear		
		V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination		
Obesity screening, counseling and behavioral interventions	All adults	97802-97804	Medical nutrition therapy	278.00	Obesity, unspecified
		99078	Physician educational services rendered to patients in group setting	278.01	Morbid obesity
		99201-99215	Office visits	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99401-99404	Preventive medicine counseling		
		99411-99412	Preventive medicine counseling, group	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		G0447	Face-to-face behavioral counseling for obesity, 15 minutes		
		G0270-G0271	Medical nutrition therapy	V77.8	Special screening for endocrine, nutritional, metabolic, and immunity disorders; obesity
		S9449	Weight management classes, nonphysician provider; per session		
		S9452	Nutrition classes, nonphysician provider; per session		
		S9470	Nutritional counseling, dietitian visit		
		V85.30-V85.45	(Effective 1/1/2013) – Body Mass Index 30.0+, adult		

Osteoporosis screening	Women age 60* and older at increased risk for osteoporotic fractures	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	V22.0 - V22.2	(Effective 9/1/2013) – Normal pregnancy
		77078	Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	V23.0 - V23.9	(Effective 9/1/2013) – High-risk pregnancy
	and All women age 65* and older *Effective 1/1/2013, all women, regardless of age.	77079	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	V49.81	(Effective 1/1/2013) – Other conditions influencing health status; asymptomatic postmenopausal status (age-related)
		77080	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)		
		77081	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		77082	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	V82.81	Special screening for other conditions; osteoporosis
		77083	Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), 1 or more sites		
		78350	(Effective 1/1/2013) – Bone density (bone mineral content) study, one or more sites, single photon absorptiometry		
		99385-99387	(Allowed for women of ANY age effective 1/1/2013) – Initial preventive visit – ages 18+		
		99395-99397	(Allowed for women of ANY age effective 1/1/2013) – Periodic preventive visit – ages 18+		
		99201-99215	Office visits		
		99386-99387	Initial preventive visit – ages 40+		
		99396-99397	Periodic preventive visit – ages 40+		
		99401-99404	Preventive medicine counseling		
G0130	(Effective 1/1/2013) – Single energy X-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral)				

Behavioral counseling to prevent sexually transmitted infections (STIs)	Adults at high risk	96150-96151	Health and behavior assessment	V15.7	Other personal history presenting hazards to health; contraception
		96152-96154	Health and behavior intervention		
		99201-99215	Office visits	V22.0 - V22.2	(Effective 9/1/2013) – Normal pregnancy
		99383-99387	Initial preventive visit – ages 5-65+ years		
		99393-99397	Periodic preventive visit – ages 5-65+ years	V23.0 - V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99401-99404	Preventive medicine counseling	V25.01-V25.49	Encounter for contraceptive management (female only)
				V65.45	Other persons seeking consultation; counseling on other sexually transmitted diseases
		G0445	High intensity behavioral counseling to prevent sexually transmitted infection, performed semi-annually, 30 minutes	V69.2	Problems related to lifestyle; high-risk sexual behavior
		S9445-S9446	Continued patient education, not otherwise classified, nonphysician provider	V70.0 (Effective 8/1/2011)	General routine exam
				V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
Tobacco use counseling and cessation interventions	All adults	99201-99215	Office visits	V15.82	Personal history of tobacco use
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+	V22.0 - V22.2	(Effective 9/1/2013) – Normal pregnancy
		99401-99404	Preventive medicine counseling	V23.0 - V23.9	(Effective 9/1/2013) – High-risk pregnancy
		99406-99407	Smoking and tobacco use cessation counseling visit		
		G0436-G0437	Smoking & tobacco cessation counseling visit		
		S4990-S4991	Nicotine patches		
		S4995	Smoking cessation gum	V70.0 (Effective 8/1/2011)	Routine general medical exams
		S9445-S9446	Patient education, not otherwise classified, non-physician provider	305.1	Tobacco use disorder
		S9453	Smoking cessation classes, nonphysician provider	649.0	Tobacco use disorder complicating pregnancy

Syphilis screening	All adults at increased risk for syphilis infection	86592-86593	Syphilis test, non-treponemal antibody	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		86780	Antibody; treponema pallidum		
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+	V72.31 (Effective 2/1/2014)	
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling	V74.5	
			V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination	
Prevention of Falls (Effective 5/1/2013 for new business reform policies with policy effective date of 5/1/2013 or later. Effective 1/1/2014 for all other reform policies with a policy effective date prior to 5/1/2013.)	Adults age 65 or older who are at increased risk for falls	97001-97002	Physical therapy evaluation	Any Diagnosis for adults age 65 or older	
		97012-97039	Physical therapy modalities		
		97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		
		97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		
		97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		
		97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)		
		97150	Therapeutic procedure(s), group		
		97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		

<p>Vitamin D supplementation</p> <p>(Effective 5/1/2013 for new business reform policies with policy effective date of 5/1/2013 or later. Effective 1/1/2014 for all other reform policies with a policy effective date prior to 5/1/2013.)</p>	<p>Adults age 65 or older only</p>	<p>No codes associated with this recommendation – Over-the-counter Vitamin D supplements allowable up to 600IU, ages 65-70: allowable up to 800IU over the age of 70. Will also allow calcium & Vitamin D combination supplements that contain the approved recommendation of 600IU or 800IU of Vitamin D plus any amount of Calcium.</p>			
<p>Skin cancer</p> <p>(Effective 5/1/2013 for new business reform policies with policy effective date of 5/1/2013 or later. Effective 1/1/2014 for all other reform policies with a policy effective date prior to 5/1/2013.)</p>	<p>All Young Adults ages 10-24</p>	<p>99201-99215</p>	<p>Office visits</p>	<p>V76.43</p>	<p>Special screening examination for malignant neoplasms of the skin</p>

Guide to Covered Preventive Services Pregnant Women



This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most “grandfathered” plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Service	Patient	Procedure Code	Procedure Description	Related Diagnosis Code(s)	Diagnosis Code Description
Alcohol misuse screening and counseling	All pregnant women	90801-90815	Psychotherapy interviews/visits – outpatient	305.00-305.03	Alcohol abuse
		99201-99215	Office visits	655.40-655.43	Known or suspected fetal abnormality affecting management of mother; suspected damage to fetus from other disease in mother (includes alcohol addiction)
		99401-99404	Preventive medicine counseling		
		H0001	Alcohol and/or drug assessment		
		H0005	Alcohol and/or drug services; group counseling	760.71	Noxious influences affecting fetus or newborn via placenta or breast milk; alcohol
		H0006	Alcohol and/or drug services; case management		
		H0015	Alcohol and/or drug services; intensive outpatient, including assessment, counseling; crisis intervention, and activity therapies or education		
		H0049	Alcohol and/or drug screening	V70.0 (Effective 8/1/2011)	Routine general medical exam
		H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		T1006, T1007	Alcohol and/or substance abuse services	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
T1012	Alcohol and/or substance abuse services				

Anemia screening	All pregnant women	83540	Iron chemistry	V22.0-V22.2	Normal pregnancy
		82728	(Effective 1/1/2013) – Ferritin chemistry	V23.0-V23.9	High-risk pregnancy
		84466	(Effective 1/1/2013) – Transferrin chemistry		
		85025	(Effective 1/1/2013) – Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	V70.0 (Effective 8/1/2011)	Routine general medical exam
		85027	(Effective 1/1/2013) – Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		85041	(Effective 1/1/2013) – Blood count; red blood cell (RBC), automated	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
Bacteriuria screening	All pregnant women	87086-87088	Culture, bacterial, urine	V78.0	Preventive medicine counseling
				V22.0-V22.2	Normal pregnancy
				V23.0-V23.9	High-risk pregnancy
				V70.0 (Effective 8/1/2011)	Routine general medical exam
				V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
V81.5	Screening for asymptomatic bacteriuria				
V640.00-659.73	Complications related to pregnancy				
Breastfeeding counseling	All pregnant women and women with newborns	99078	Physician educational services rendered to patients in group setting	V24.1	Lactating mother (supervision of lactation)
		99201-99215	Office visits	V70.0 (Effective 8/1/2011)	Routine general medical exam
		99401-99404	Preventive medicine counseling		
		S9443	Lactation classes, nonphysician provider	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
				V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy

Cervical cancer screening	All pregnant women	*ONLY covered if billed without visit – if office visit is billed, then this code is inclusive to the visit.			
		87620-87622	(Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Infectious agent detection by nucleic acid; human papillomavirus	V22.0-V22.2 (Effective 7/2/2012)	Normal pregnancy
		88141-88155	Cytopathology, cervical or vaginal	V23.0-V23.9 (Effective 7/2/2012)	High-risk pregnancy
		88164-88167	Cytopathology, slides, cervical or vaginal	V72.31	Gynecological exam with or without Pap smear
		88174, 88175	Cytopathology, cervical or vaginal		
		G0101*	Cervical or vaginal cancer screening; pelvic and clinical breast exam	V76.2	Special screening for malignant neoplasm; cervix
		G0123, G0124	Screening cytopathology, cervical or vaginal	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		G0141-G0148	Screening cytopathology smears, cervical or vaginal		
		P3000, P3001	Screening Pap smear, cervical or vaginal	V70.0 (Effective 8/1/2011)	Routine general medical exam
		Q0091*	Screening Pap smear, obtaining, preparing and conveyance to lab		
		S0610*	Annual gynecological exam, new patient	V73.81	(Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening exam for viral & chlamydial diseases; HPV
		S0612*	Annual gynecological exam, established patient		
		V73.89	(Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening exam for viral & chlamydial diseases; other specified		

Chlamydia infection screening	All pregnant women age 24 and younger and for older pregnant women who are at increased risk	86631, 86632	Antibody immunoassay; chlamydia	V22.0-V22.2 (Effective 7/2/2012)	Normal pregnancy
		87110	Culture, chlamydia, any source		
		87270	Infectious agent detection by immunofluorescent technique; chlamydia trachomatis	V23.0-V23.9 (Effective 7/2/2012)	High-risk pregnancy
		87320	Infectious agent antigen detection by enzyme immunoassay technique; chlamydia trachomatis		
		87490-87492	Infectious agent antigen detection by nucleic acid (DNA or RNA); chlamydia trachomatis	V70.0 (Effective 8/1/2011)	Routine general medical exam
		87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination		
		V73.88	Special screening exam for other specified chlamydial diseases		
		V73.98	Special screening exam for unspecified chlamydial diseases		
Screening for gestational diabetes (Effective 8/1/2012 for new business reform policies with policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All pregnant women	82947	Glucose; quantitative, blood	630-679.14	Complications of pregnancy
		82948	Glucose; blood, reagent strip		
		82950	Glucose; post glucose dose	V22.0-V22.2	Normal pregnancy
		82951	Glucose; tolerance test, 3 specimens		
		82952	Glucose; tolerance test, each additional specimen	V23.0-V23.9	High-risk pregnancy
		83036	Hemoglobin; glycosylated (A1C)		

Gonorrhea screening	All pregnant women if at increased risk for infection	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	V22.0-V22.2 (Effective 7/2/2012)	Normal pregnancy
		87590	Neisseria gonorrhoeae, direct probe technique	V23.0-V23.9 (Effective 7/2/2012)	High-risk pregnancy
		87591	Neisseria gonorrhoeae, amplified probe technique		
		87592	Neisseria gonorrhoeae, quantification	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		87850	(Effective 1/1/2014) – Neisseria gonorrhoeae, Infectious agent detection by immunoassay with direct optical observation	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		87081	Culture, presumptive, pathogenic organisms, screening	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
				V74.5	Special screening exam for bacterial & spirochetal diseases; venereal disease
Hepatitis B screening	All pregnant women	87340	Infectious agent antigen detection by enzyme immunoassay technique; hepatitis B surface antigen (ABsAg)	V22.0-V22.2 V23.0-V23.9	Normal pregnancy High-risk pregnancy
		87341	Infectious agent antigen detection by enzyme immunoassay technique; hepatitis B surface antigen (ABsAg) neutralization	V02.61 V70.8-V70.9 V72.31 (Effective 2/1/2014) V72.62 (Effective 5/1/2012) V70.0	Carrier or suspected carrier of infectious disease; hepatitis B carrier Other & Unspecified general medical examination Gynecological exam with or without Pap smear Laboratory examination ordered as part of a routine general medical examination Routine general medical exam

Rh (D) Incompatibility screening	All pregnant women	86850	Antibody screen, RBC, each serum technique	V22.0-V22.2	Normal pregnancy
		86870	Antibody identification, RBC antibodies, each panel for each serum technique	V23.0-V23.9	High-risk pregnancy
		86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	656.1	Other known or suspected fetal and placental problems affecting management of mother; Rhesus isoimmunization; unspecified
		86901	Blood typing; Rh (D)		
		90384-90386	Rho(D) immune globulin, human	656.11	Other known or suspected fetal and placental problems affecting management of mother; Rhesus isoimmunization; delivered, with or without mention of antepartum condition
		J2788-J2792	Injection, Rho D immune globulin		
			V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination	
			V70.0 (Effective 8/1/2011)	Routine general medical exam	
			V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear	
		96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular Note: Only covered under this recommendation IF billed with code from 90384-90386 or J2788-J2792.		

<p>USPSTF Screening for Gestational Diabetes Mellitus</p> <p>(Effective 1/14/15 for new business, and Self-Funded plans. Effective 1/1/16 for existing business).</p>	<p>For Asymptomatic pregnant women after 24 weeks of gestation</p>	82947	Glucose; quantitative, blood	V22.0-V22.2	Normal pregnancy
		82950	Glucose; post glucose dose	V23.0-V23.9	High-risk pregnancy
		82951	Glucose; tolerance test, 3 specimens	V72.62	Laboratory examination ordered as part of a routine general medical examination
		82952	Glucose; tolerance test, each additional specimen	V77.1	Special screening for endocrine, nutritional, metabolic, and immunity disorders; diabetes mellitus
		99201-99215	Office visits		
		99385-99387	Initial preventive visit – ages 18-65+		
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling		
<p>Syphilis screening</p>	<p>All pregnant women</p>	86592, 86593	Syphilis test, non-treponemal antibody	V22.0-V22.2	Normal pregnancy
		86780	Antibody; treponema pallidum	V23.0-V23.9	High-risk pregnancy
				V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
				V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
				V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		V74.5	Special screening exam for bacterial & spirochetal diseases; venereal disease		

Tobacco use counseling and cessation interventions	All pregnant women	99201-99215	Office visits	V15.82	Personal history of tobacco use
		99383, 99384	Initial preventive visit – ages 5-17	V70.0 (Effective 8/1/2011)	Routine general medical exam
		99393, 99394	Periodic preventive visit – ages 5-17		
		99385-99387	Initial preventive visit – ages 18-65+	305.1	Tobacco use disorder
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling	649.0	Tobacco use disorder complicating pregnancy
		99406, 99407	Smoking and tobacco use cessation counseling visit		
		G0436-G0437	Smoking & tobacco cessation counseling visit	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		S4990, S4991	Nicotine patches		
		S4995	Smoking cessation gum	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy
		S9445, S9446	Patient education, not otherwise classified, nonphysician provider		
S9453	Smoking cessation classes, nonphysician provider				
Prenatal office visits (Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All pregnant women	99201-99215	Office visits	630-679.14	Complications of pregnancy
				V22.0-V22.2	Normal pregnancy
				V23.0-V23.9	High-risk pregnancy

<p>Antepartum care</p> <p>(Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)</p>	<p>All pregnant women</p>	<p>*ONLY one of code 59425-59426 can be billed per pregnancy. They each include multiple visits. If provider bills global delivery charge, then these are included in that charge and would need to be split out.</p>			
		59425*	Antepartum care visits – 4-6 visits	630-679.14	Complications of pregnancy
		59426*	Antepartum care visits – 7 or more visits	V22.0-V22.2	Normal pregnancy
		59400	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care (only the antepartum care portion of the global charge is covered under reform)	V23.0-V23.9	High-risk pregnancy
		59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care (only the antepartum care portion of the global charge is covered under reform)		
		59610	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care, after previous cesarean delivery (only the antepartum care portion of the global charge is covered under reform)		
		59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery (only the antepartum care portion of the global charge is covered under reform)		
		80055	(Effective 3/5/2014) obstetric panel		

Guide to Covered Preventive Services

Child Immunizations

This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most “grandfathered” plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Service	Patient Age	Procedure Code	Procedure Description
Administration	Covered through age 8	90465	Immunization administration, younger than 8 years (includes percutaneous, intradermal, subcutaneous, or intramuscular injections), physician counsels family/patient first; first injection, per day
		90466	Immunization administration, younger than 8 years (includes percutaneous, intradermal, subcutaneous, or intramuscular injections), physician counsels family/patient first; each additional injection, per day
		90467	Immunization administration, younger than 8 years (includes intranasal or oral routes of administration), physician counsels family/patient first; first injection, per day
		90468	Immunization administration, younger than 8 years (includes intranasal or oral routes of administration), physician counsels family/patient first; each additional injection, per day
	All children	90460 (Effective 1/1/2011)	Immunization administration through age 18 via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
		90461 (Effective 1/1/2011)	Immunization administration through age 18 via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component
		90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine
		90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine
		90473	Immunization administration by intranasal or oral route; one vaccine
		90474	Immunization administration by intranasal or oral route; each additional vaccine

Diphtheria, Tetanus, Pertussis	Ages 4-6 years	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4-6 years, for intramuscular use
	Ages 0-18 years	90698	Diphtheria, tetanus, acellular pertussis, Haemophilus B and polio (DTaP-Hib-IPV)
	Ages 0-6 years	90700	Diphtheria, tetanus and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use
	Ages 6 weeks and older	90701	Diphtheria, tetanus and whole cellular pertussis vaccine (DTP), for intramuscular use
	Ages 0-6 years	90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
	All ages	90703	Tetanus toxoid adsorbed, for intramuscular use
	Age 7 years and older	90714	Tetanus and diphtheria (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
		90715	Tetanus, diphtheria and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
	Age 12 months and older	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
	All ages	90719	Diphtheria toxoid, for intramuscular use
	Age 0 months-18 years	90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
		90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib), for intramuscular use
	Age 0 months-18 years	90723	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
Haemophilus influenza type B	Ages 0 months-18 years	90645	Haemophilus influenza b vaccine, HbOC4-dose schedule
		90646	Haemophilus influenza b vaccine, PRP-D booster only
		90647	Haemophilus influenza b vaccine, PRP-OMP 3-dose schedule
		90648	Haemophilus influenza b vaccine, PRP-T 4-dose schedule
	Ages 6 weeks-18 years	90698	Diphtheria, tetanus, acellular pertussis, Haemophilus B and polio (DTaP-Hib-IPV)
	Ages 6 weeks-17 months	90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721		Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib), for intramuscular use	
Hepatitis A	Age 18 and older	90632	Hepatitis A vaccine, adult dosage, for intramuscular use
	Ages 0-18 years	90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2-dose schedule
		90634	Hepatitis A vaccine, pediatric/adolescent, 3-dose schedule
	Age 18 and older	90636	Hepatitis A and B vaccine, adult dosage, for intramuscular use

Hepatitis B	Age 18 and older	90636	Hepatitis A and B vaccine, adult dosage, for intramuscular use
	Ages 6 weeks-18 months	90723	Diphtheria, tetanus toxoids, and acellular pertussus vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
	Covered through age 18	90743	Hepatitis B vaccine, adolescent (2-dose schedule), for intramuscular use
		90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use
	All ages	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3-dose schedule), for intramuscular use
		90746	Hepatitis B vaccine adult dosage
		90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4-dose schedule), for intramuscular use
		G0010	Administration of hepatitis B vaccine
	Ages 0 months-18 years	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
	Human Papillomavirus (HPV)	All ages, male and female	90649
90650			Human papillomavirus (HPV) vaccine, types 16, 18 (bivalent), 3-dose schedule, for intramuscular use
90651			Human papilloma vaccine (HPV), types 6, 11, 16, 18, 31, 33, 45, 52, 58 (nonvalent), 3-dose schedule, for intramuscular use
Inactivated Poliovirus	Ages 4-6 years	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4-6 years, for intramuscular use
	Ages 6 weeks-18 years	90698	Diphtheria, tetanus, acellular pertussis, Haemophilus B and polio (DTaP-Hib-IPV)
	Ages 6 weeks-18 months	90723	Diphtheria, tetanus toxoids, and acellular pertussus vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
	Ages 0 months-18 years	90712	Polio virus vaccine, (any type[s]) (OPV), live, for oral use
		90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
Influenza	All ages	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intramuscular use
		90654	Influenza virus vaccine, split virus, preservative free, for intradermal use
	Ages 6-35 months	90655	Influenza virus vaccine, split virus, preservative free, when administered to children ages 6-35 months, for intramuscular use
	Age 3 and older	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
	Ages 6-35 months	90657	Influenza virus vaccine, split virus, when administered to children ages 6-35 months, for intramuscular use

Influenza cont.	Age 3 and older	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use
	All ages	90660	Influenza virus vaccine, live, for intranasal use
		90661	(Effective 11/20/2012) – Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
		90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (for Fluzone high-dose)
		90672	(Effective 1/1/2013) – Influenza virus vaccine, quadrivalent, live, for intranasal use
		90673	(Effective 1/1/2014) – Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
		G0008	Administration of influenza virus vaccine
	Ages 6-35 months	90685	(Effective 6/7/2013) – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children ages 6-35 months, for intramuscular use
		90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
	Age 3 and older	90686	(Effective 1/1/2013) – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
		90688	(Effective 8/16/2013) – Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years and older, for intramuscular use
	All ages	Q2034	(Effective 7/1/2012) – Influenza virus vaccine, split virus, for intramuscular use (Agriflu) Sipuleucel-t, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
	Age 3 and older	Q2035	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Afluria)
		Q2036	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Flulaval)
		Q2037	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (Fluvirin)
		Q2038	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
		Q2039	(Effective 7/1/2012) – Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use (not otherwise specified)

Measles, Mumps and Rubella	All ages	90704	Mumps virus vaccine, live, for subcutaneous use
		90705	Measles virus vaccine, live, for subcutaneous use
		90706	Rubella virus vaccine, live, for subcutaneous use
		90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
		90708	Measles and rubella virus vaccine (MMR), live, for subcutaneous use
		90710	Measles, Mumps and Rubella and Varicella (MMRV), live, for subcutaneous use
Meningococcal (meningitis)	All ages	90733	Meningococcal polysaccharide vaccine, (any group(s)), for subcutaneous use
		90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
	Age 2 months-15 months	90644	(Effective 1/1/2013) – Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4-dose schedule, when administered to children ages 2-15 months, for intramuscular use
Pneumococcal (pneumonia)	All ages	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
		90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
		G0009	Administration of pneumococcal vaccine
	Age 2 years and older	90732	Pneumococcal polysaccharide vaccine, 23 valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Rotavirus	Ages 0 through 18 years	90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use
		90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live, for oral use
Varicella (chicken pox)	Age 12 months and older	90710	Measles, Mumps and Rubella and Varicella (MMRV), live, for subcutaneous use
	All ages	90716	Varicella virus vaccine, live, for subcutaneous use

Guide to Covered Preventive Services Children and Adolescents

This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most “grandfathered” plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Service	Patient	Procedure Codes		DX Codes	
Well-child preventive visits	Covered through age 21	99381-99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient	V20.0-V20.32, V21.0-V21.9, V30.00-V39.2, V70.0, V70.3, V70.5, V70.8-V70.9, V72.31, V76.2	Well child – Routine visits
		99391-99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient		
Oral fluoride supplementation	Age birth to 5 years	D1206	(Effective 1/1/2016 for existing policies/plans, and effective 5/5/2015 for new policies/plans with 5/5/2015, or later, start date) – Topical application of fluoride varnish	n/a	No specific diagnosis code requirements are associated with this recommendation
	Ages 6 months through 5 years for existing plans that include the benefits of the ACA	D1208	(Effective 1/1/2013) – Topical application of fluoride, excluding varnish	n/a	No specific diagnosis code requirements are associated with this recommendation

HIV screening	Adolescents at high risk	86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	V69.2	Problems related to lifestyle; high-risk sexual behavior
		86701-86703	Antibody; HIV-1 and/or HIV-2		
		87390	Infectious agent antigen detection by enzyme immunoassay technique; HIV-1	V69.8-V69.9	Problems related to lifestyle; other and unspecified problems related to lifestyle
		87391	Infectious agent antigen detection by enzyme immunoassay technique; HIV-2		
		99201-99215	Office visits		Routine general medical examination at a health care facility
		99383-99387	Initial preventive visit – ages 5-65+	V70.0 (Effective 8/1/2011)	
		99393-99397	Periodic preventive visit – ages 5-65+		
		99401-99404	Preventive medicine counseling		
		G0432	Infectious agent antibody detection by enzyme immunoassay technique, HIV-1 and/or HIV-2, screening	V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
		G0433	Infectious agent antibody detection by enzyme-linked immunoabsorbent assay technique, HIV-1 and/or HIV-2, screening	V73.89	Special screening exam for viral and chlamydial diseases; other specified viral diseases
		G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening		
		S3645	HIV-1 antibody testing of oral mucosal transudate	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination
		V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy		
		V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy		

Major depressive disorder screening	Benefits are for the screening of major depressive disorder (MDD), but not for the treatment itself. Please refer to your policy to determine coverage for the treatment of major depressive disorder.				
	Ages 12-18 years	90801-90802	Psychiatric diagnostic interview examination	V79.0	Special screening for mental disorders and developmental handicaps; depression Routine general medical exam
		90785	(Effective 1/1/2013) – Interactive complexity (list separately in addition to the code for primary procedure)	V70.0 (Effective 8/1/2011)	
		90791-90792	(Effective 1/1/2013) – Psychiatric diagnostic evaluation		
		96101-96103	Psychological testing		
		96116	Neurobehavioral status exam		
		96118-96120	Neuropsychological testing		
		96150-96151	Health and behavior assessment		
		G0444	Annual depression screening, 15 minutes		
		H0002	Behavioral health screening to determine eligibility for admission to treatment program		
H0031		Mental health assessment by nonphysician			
Iron supplementation	Ages 6-12 months at increased risk for iron deficiency anemia	No codes associated with this recommendation – Over-the-counter iron supplements			

Behavioral counseling to prevent sexually transmitted infections (STIs)	Adolescents at high risk	96150-96151	Health and behavior assessment	V15.7	Other personal history presenting hazards to health; contraception	
		96152-96154	Health and behavior intervention			
		99201-99215	Office visits			
		99383-99387	Initial preventive visit – ages 5-65+	V25.01-V25.49	Encounter for contraceptive management	
		99393-99397	Periodic preventive visit – ages 5-65+			
		99401-99404	Preventive medicine counseling	V65.45	Other persons seeking consultation; counseling on other sexually transmitted diseases	
		S9445-S9446	Patient education, not otherwise classified, nonphysician provider		V69.2	Problems related to lifestyle; high-risk sexual behavior
					V70.0 (Effective 8/1/2011)	Routine general medical exam
					V72.31 (Effective 2/1/2014)	Gynecological exam with or without Pap smear
					V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
	V23.0-V23.9			(Effective 9/1/2013) – High-risk pregnancy		

*ONLY covered if billed without visit – if office visit is billed, then this code is inclusive to the visit.

Syphilis screening	Adolescents at increased risk	86592-86593	Syphilis test, non-treponemal antibody	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility	
		86780	Antibody; treponema pallidum			
		99201-99215	Office visits			
		99383-99387	Initial preventive visit – ages 5-65+	V72.31 (Effective 2/1/2014)		
		99393-99397	Periodic preventive visit – ages 5-65+			
		99401-99404	Preventive medicine counseling	V74.5		Special screening exam for bacterial and spirochetal diseases; venereal disease
			V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination		
Visual impairment screening	Covered through age 5 years	99172	Visual function screening	V80.2	Special screening for neurological, eye, and ear diseases; other eye conditions	
		99173	Screening test of visual acuity			
		99174	Ocular photoscreening			
		92002-92014	Ophthalmological services; medical exam and evaluation			
		99201-99215	Office visits		V70.0 (Effective 8/1/2011)	Routine general medical exam
		99381-99382	Initial preventive visit – infant to 4 years			
		99391-99392	Periodic preventive visit – infant to 4 years			
		99401-99404	Preventive medicine counseling			

Cervical cancer screening via Pap test	Sexually active women with cervix	87620-87622	(Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Infectious agent detection by nucleic acid; human papillomavirus	V72.31	Gynecological exam with or without Pap smear (Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012-12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening exam for viral & chlamydial diseases; HPV (Effective 8/1/2012 for reform policies with policy effective dates of 8/1/2012 or later 12/31/2012. Effective 1/1/2013 for all other reform policies.) Special screening for malignant neoplasm; cervix Routine general medical examination at a health care facility Laboratory examination ordered as part of a routine general medical examination
		88141-88155	Cytopathology, cervical or vaginal	V73.81	
		88164-88167	Cytopathology, slides, cervical or vaginal		
		88174, 88175	Cytopathology, cervical or vaginal		
		99201-99215	Office visits		
		99383-99387	Initial preventive visit – ages 5-65+		
		99393-99397	Periodic preventive visit – ages 5-65+		
		99401-99404	Preventive medicine counseling	V73.89	
		G0101*	Cervical or vaginal cancer screening; pelvic and clinical breast exam		
		G0123, G0124	Screening cytopathology, cervical or vaginal		
		G0141-G0148	Screening cytopathology smears, cervical or vaginal	V76.2	
		P3000, P3001	Screening Pap smear, cervical or vaginal		
		Q0091*	Screening Pap smear, obtaining, preparing and conveyance to lab.	V70.0 (Effective 8/1/2011)	
		S0610*	Annual gynecological exam, new patient		
S0612*	Annual gynecological exam, established patient	V72.62 (Effective 5/1/2012)			

Chlamydia infection screening	All women age 24 and younger who are sexually active or Women age 24+ who are at increased risk	86631-86632	Antibody immunoassay; chlamydia	V73.88	Special screening exam for other specified chlamydial diseases
		87110	Culture, chlamydia, any source	V73.98	
		87270	Infectious agent detection by immunofluorescent technique; chlamydia trachomatis		
		87320	Infectious agent antigen detection by enzyme immunoassay technique; chlamydia trachomatis	V70.0 (Effective 8/1/2011)	
		87490-87492	Infectious agent antigen detection by nucleic acid (DNA or RNA); chlamydia trachomatis		
		87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis	V72.31 (Effective 2/1/2014)	
		99201-99215	Office visits		
		99383-99387	Initial preventive visit – ages 5-65+	V72.62 (Effective 5/1/2012)	
		99393-99397	Periodic preventive visit – ages 5-65+		
		99401-99404	Preventive medicine counseling	Laboratory examination ordered as part of a routine general medical examination	
		99411-99412	Preventive medicine counseling, group		
		G0447	Face-to-face behavioral counseling for obesity, 15 minutes.		
		G0270-G0271	Medical nutrition therapy		
Gonorrhea screening	All sexually active women who are at risk	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	V74.5	Special screening exam for bacterial and spirochetal diseases; venereal disease
		87081	Culture, presumptive, pathogenic organisms, screening	V70.0 (Effective 8/1/2011)	
		87590	Neisseria gonorrhoeae, direct probe technique		
		87591	Neisseria gonorrhoeae, amplified probe technique		
		87592	Neisseria gonorrhoeae, quantification	V72.31 (Effective 2/1/2014)	
		87850	(Effective 1/1/2014) – Neisseria gonorrhoeae, Infectious agent detection by immunoassay with direct optical observation		
		99201-99215	Office visits	V72.62 (Effective 5/1/2012)	
		99383-99387	Initial preventive visit – ages 5-65+		
		99393-99397	Periodic preventive visit – ages 5-65+		
99401-99404	Preventive medicine counseling				
					Laboratory examination ordered as part of a routine general medical examination

<p>Hepatitis C screening (Effective 6/25/2014 for new business reform policies with an effective date of 6/25/2014 or later. Effective 1/1/2015 for all reform policies.)</p>	<p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. Note: Assurant Health will offer the one-time only screening for all ages.</p>				
	All ages	86803	Hepatitis C antibody	042	Human immunodeficiency virus (HIV) disease
		86804	Hepatitis C antibody; confirmatory test		
		87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	079.52	Human immunodeficiency virus, type II (HIV-2)
		87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	286.0-286.9	Coagulation defects
		87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	304.00-305.93	Drug dependence and nondependent use of drugs
		87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis C virus	790.4	Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH) (ALT)
			V01.7	Contact with or exposure to communicable diseases; other viral diseases	
			V02.60	Carrier or suspected carrier of infectious diseases; viral hepatitis carrier, unspecified	
			V02.62	Carrier or suspected carrier of infectious diseases; hepatitis C carrier	
			V42.0-V42.9	Organ or tissue replaced by transplant	
			V45.11	Renal dialysis status	
			V58.2	Blood transfusion, without reported diagnosis	
			V59.01-V59.9	Donors (whole blood, stem cells, plasma, organs, tissues, semen)	

Hepatitis C screening, cont.				V69.2	Problems related to lifestyle; high-risk sexual behavior
				V70.0	Routine general medical examination at a health care facility. (This DX billed with one of above CPT codes is allowable ONCE per lifetime.)
				V72.62	Laboratory examination ordered as part of a routine general medical examination. (This DX billed with one of above CPT codes is allowable ONCE per lifetime.)
				584.5-586	Renal failure
Obesity screening, counseling and behavioral interventions (Effective 1/1/2012)	Age 6 and older	97802-97804	Medical nutrition therapy	278.00	Obesity, unspecified
		99078	Physician educational services rendered to patients in group setting	278.01	Morbid obesity
		99201-99215	Office visits	V20.2	Routine infant or child health check
		99383, 99384	Initial preventive visit – ages 6-17	V70.0	Routine general medical examination at a health care facility
		99393, 99394	Periodic preventive visit – ages 6-17		
		99401-99404	Preventive medicine counseling	V77.8	Special screening for endocrine, nutritional, metabolic, and immunity disorders; obesity
		99411-99412	Preventive medicine counseling, group		
		G0447	Face-to-face behavioral counseling for obesity, 15 minutes	V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
		G0270-G0271	Medical nutrition therapy		
		S9449	Weight management classes, nonphysician provider; per session		
		S9452	Nutrition classes, nonphysician provider; per session		
		S9470	Nutritional counseling, dietitian visit	V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy

Tobacco use counseling and cessation interventions	All ages	99201-99215	Office visits	V15.82	Personal history of tobacco use (Covered for all age 18+. Covered for pregnant females at any age.) Routine general medical exam Tobacco use disorder (Covered for all age 18+. Covered for pregnant females at any age.) Tobacco use disorder complicating pregnancy (Covered at any age) (Effective 9/1/2013) – Normal pregnancy (Effective 9/1/2013) – High-risk pregnancy
		99383, 99384	Initial preventive visit – ages 5-17		
		99393, 99394	Periodic preventive visit – ages 5-17		
		99385-99387	Initial preventive visit – ages 18-65+	V70.0 (Effective 8/1/2011)	
		99395-99397	Periodic preventive visit – ages 18-65+		
		99401-99404	Preventive medicine counseling	305.1	
		99406, 99407	Smoking and tobacco use cessation counseling visit	649.0	
		S4990, S4991	Nicotine patches		
		S4995	Smoking cessation gum		
		S9445, S9446	Patient education, not otherwise classified, nonphysician provider	V22.0-V22.2	
		G0436-G0437	Smoking & tobacco cessation counseling visit		
		S9453	Smoking cessation classes, nonphysician provider	V23.0-V23.9	

Vision screening (Effective 1/1/2011)	Covered through age 21	92002-92014	Ophthalmological services; medical exam and evaluation	V20.0-V20.32	Well newborn, infant, or child
		99173	Screening test of visual acuity, quantitative, bilateral	V21.0-V21.9	Child development
		99174	Ocular photoscreening with interpretation and report, bilateral	V30.00-V39.2 V70.0 V70.3 V70.5 V70.8-V70.9 V72.0 V72.31 V76.2 V80.2	Newborn(s) Routine general medical examination at a health care facility Other general medical examination for administrative purposes Health examination of defined subpopulations Other and unspecified general medical examination Examination of eyes and vision Gynecological exam with or without Pap smear Special screening for malignant neoplasm; cervix Screening for other eye conditions

Hearing screening (Effective 1/1/2011)	Covered through age 21	92551	Screening test, pure tone, air only	V20.0-V20.32	Well newborn, infant, or child
		92552	Pure tone audiometry (threshold); air only		
		92567	Tympanometry (impedance testing)	V21.0-V21.9	Child development
		92585-92586	Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system	V30.00-V39.2	Newborn(s)
		92587-92588	Evoked otoacoustic emissions	V70.0	Routine general medical examination at a health care facility
				V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V70.8-V70.9	Other and unspecified general medical examination
				V72.11-V72.19	Examination of ears and hearing
				V72.31	Gynecological exam with or without Pap smear
V76.2	Special screening for malignant neoplasm; cervix				

Developmental screening/ autism screening/ developmental surveillance (Effective 1/1/2011)	Covered up to age 3	96110	Developmental screening; with interpretation and report, per standardized instrument form	V20.0-V20.32	Well newborn, infant, or child
		96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	V21.0-V21.9	Child development
		G0451	(New for 2013) – Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	V30.00-V39.2	Newborn(s)
				V70.0	Routine general medical examination at a health care facility
				V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V70.8-V70.9	Other and unspecified general medical examination
				V79.3-V79.9	Screening for developmental handicaps in early childhood
				V72.31	Gynecological exam with or without Pap smear
				V76.2	Special screening for malignant neoplasm; cervix

Psychosocial/ behavioral assessment/ alcohol and drug use assessment (Effective 1/1/2011)	Covered through age 21	99401-99404	Preventive medicine counseling or risk factor reduction intervention(s)	V15.85	Personal history of contact Personal history of contact with and (suspected) exposure to potentially hazardous body fluid
		99406-99407	Smoking and tobacco use cessation counseling visit		
		99408-99409	Alcohol or substance (other than tobacco) abuse structured screening and brief intervention services		
		99411-99412	Preventive medicine counseling or risk factor reduction intervention(s) provided to individuals in a group setting	V15.89	Other specified personal history presenting hazards to health
				V20.0-V20.32	Well newborn, infant, or child
				V21.0-V21.9	Child development
				V25.09	Encounter for other general counseling and advice on contraceptive management
				V30.00-V39.2	Newborn(s)
				V65.3	Dietary surveillance and counseling
				V65.40-V65.43	Counseling for injury prevention, substance use/abuse, exercise, NOS
V65.49	Other specified counseling				
V70.0	Routine general medical examination at a health care facility				
V70.3	Other general medical examination for administrative purposes				
V70.5	Health examination of defined subpopulations				

Psychosocial/ behavioral assessment/ alcohol and drug use assessment, cont.				V70.8-V70.9 V72.31 V76.2	Other and unspecified general medical examination Gynecological exam with or without Pap smear Special screening for malignant neoplasm; cervix
Hematocrit or hemoglobin (Effective 1/1/2011)	Covered through age 21	85014	Blood count, hematocrit	V20.0-V20.32	Well newborn, infant, or child
		85018	Blood count, hemoglobin	V21.0-V21.9 V30.00-V39.2 V70.0 V70.3 V70.5 V70.8-V70.9 V72.62 V78.0	Child development Newborn(s) Routine general medical examination at a health care facility Other general medical examination for administrative purposes Health examination of defined subpopulations Other and unspecified general medical examination Laboratory examination Gynecological exam with or without Pap smear Special screening for malignant neoplasm; cervix Screening for iron deficiency anemia

Lead screening (Effective 1/1/2011)	Covered through age 6	83655	Lead screening	V20.0-V20.32	Well newborn, infant, or child
				V21.0-V21.9	Child development
				V30.00-V39.2	Newborn(s)
				V70.0	Routine general medical examination at a health care facility
				V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V70.8-V70.9	Other and unspecified general medical examination
				V72.62	Laboratory examination
				V82.5	Screening for chemical poisoning and other contamination

Tuberculin screening (Effective 1/1/2011)	Children at higher risk for tuberculosis	86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	V01.1	Contact with or exposure to communicable diseases; tuberculosis
		86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	V03.2	Need for prophylactic vaccination and inoculation against bacterial diseases; tuberculosis
		86580	Skin test; tuberculosis		
		87116	Culture, tubercle or other acid-fast bacilli, any source, with isolation and presumptive identification of isolates	V12.01	Personal history of certain other diseases; tuberculosis
				V20.0-V20.2	(Effective 1/1/2013) – Health supervision of infant or child; routine infant (over 28 days old) or child health check
				V74.1	Special screening examination for bacterial and spirochetal diseases; pulmonary tuberculosis
				V60.0-V60.2	Housing, household, and economic circumstances
				V60.6-V60.9	Housing, household, and economic circumstances
Skin cancer (Effective 5/1/2013 for new business reform policies with a policy effective date of 5/1/2013 or later. Effective 1/1/2014 for all other reform policies with a policy effective date prior to 5/1/2013.)	All children and adolescents ages 10-24 years	99201-99215	Office visits	V76.43	Special screening examination for malignant neoplasms of the skin

Dyslipidemia screening (Effective 1/1/2011)	Covered through age 21	80061	Lipid panel	V20.0-V20.32	Well newborn, infant, or child
		82465	Cholesterol, serum, total		
		83718	Lipoprotein, direct measurement, HDL cholesterol	V21.0-V21.9	Child development
		84478	Triglycerides	V30.00-V39.2	Newborn(s)
				V70.0	Routine general medical examination at a health care facility
				V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V70.8-V70.9	Other and unspecified general medical examination
				V72.62	Laboratory examination
					Gynecological exam with or without Pap smear
					Special screening for malignant neoplasm; cervix
				V77.91	Special screening for endocrine, nutritional, metabolic and immunity disorders; lipid disorders
				V22.0-V22.2	(Effective 9/1/2013) – Normal pregnancy
				V23.0-V23.9	(Effective 9/1/2013) – High-risk pregnancy

Guide to Covered Preventive Services

Newborn Screenings

This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most “grandfathered” plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Screening for	Screening Test	Procedure Codes		DX Codes	
Biotinidase deficiency	Spectrophotometric	81404	Molecular pathology procedure, Level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	V77.7	Screening for inborn error of metabolism
		82261	Biotinidase, each specimen	V77.99	Screening for other and unspecified endocrine, nutritional, metabolic and immunity disorders
		84311	Spectrophotometry, analyte not elsewhere specified		
Congenital adrenal hyperplasia	17-OHP immunoassay	81402	Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis] immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon)	V77.7	Screening for inborn error of metabolism
		81405	Molecular pathology procedure, Level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)	V77.99	Screening for other and unspecified endocrine, nutritional, metabolic and immunity disorders
		82157	Androstenedione		
		82533	Cortisol; total		
		83498	Hydroxyprogesterone, 17-d		

Congenital hypothyroidism	T4 immunoassay	84436	Thyroxine; total	V77.0	Screening for thyroid disorders	
		84437	Thyroxine; requiring elution			
		84439	Thyroxine; free	V30.00-V39.01		Newborn(s)
	TSH immunoassay	84443	Thyroid stimulating hormone			
	Related office visits	99201-99215	Office visits	V70.0 (Effective 8/1/2011)	Routine general medical exam	
		99381	Initial preventive visit – infant			
		99391	Periodic preventive visit – infant			
99401-99404		Preventive medicine counseling	V72.62 (Effective 5/1/2012)	Laboratory examination ordered as part of a routine general medical examination		
Cystic fibrosis	Immunoassay and polymerase chain reaction; F508, panel of common mutations	83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	V77.6	Screening for endocrine, nutritional, metabolic and immunity disorders; cystic fibrosis	
		83890	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences			
		83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type			
		83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment			
		83896	Molecular diagnostics; nucleic acid probe, each			
		83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences			
		83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2			
		83908	Molecular diagnostics; amplification, signal, each nucleic acid sequence			
		83909	Molecular diagnostics; separation and identification by high resolution technique, each nucleic acid preparation			
		83912	Molecular diagnostics; interpretation and report			
		83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment			

Classic galactosemia, Galactosepimerase deficiency, Galactokinase deficiency	G1P uridyltransferase, G1P, and total galactose	82775	Galactose-1-phosphate uridyl transferase; quantitative	V77.4	Screening for endocrine, metabolic, nutritional, and immunity disorders; Galactosemia
		82776	Galactose-1-phosphate uridyl transferase; screen		
		84378	Sugars (monosaccharides, disaccharides, and oligosaccharides); single quantitative, each specimen	V82.89	
				V82.9	Screening for other conditions; unspecified conditions
Argininemia, Argininosuccinic aciduria, citrullinemia, type I, citrullinemia, type II, maple syrup urine disease, homocystinuria, hypermethioninemia, benign hyperphenylalaninemia, bipterin defect in cofactor biosynthesis, bipterin defect in cofactor regeneration, tyrosinemia, type I, tyrosinemia, type II, tyrosinemia, type III	Amino Acids by MS/MS	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)	V77.7	Screening for inborn error of metabolism
		81406	Molecular pathology procedure, Level 7 (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	V77.99	
		82127	Amino acids; single, qualitative, each specimen		
		82128	Amino acids; multiple, qualitative, each specimen		
		82131	Amino acids; single, quantitative, each specimen		
		82135	Aminolevulinic acid, delta (ALA)		
		82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen		
		82139	Amino acids, 6 or more amino acids, quantitative, each specimen		
		83788-83789	Mass spectrometry and tandem mass spectrometry		
					Screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorder

<p>Carnitine uptake defect/ carnitine transport defect, short-chain acyl-CoA dehydrogenase deficiency, medium/ short-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency, glutaric acidemia type II, medium-chain ketoacyl-CoA thiolase deficiency, medium-chain acyl</p>	<p>Acylcarnitines by MS/MS</p>	81400	Molecular pathology procedure, Level 1 (e.g., identification of single germline variant (e.g., SNP) by techniques, such as restriction enzyme digestion or melt curve analysis)	<p>V77.7 V77.99</p>	<p>Screening for inborn error of metabolism Screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorder</p>
		81401	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant (typically using nonsequencing target variant analysis), or detection of a dynamic mutation disorder/ triplet repeat)		
		82016	Acylcarnitines; qualitative, each specimen		
		82017	Acylcarnitines; quantitative, each specimen		
		82491	Chromatography, quantitative, column; single analyte not elsewhere specified, single stationary and mobile phase		
		83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative		
		83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative		
		83919	Organic acids; qualitative, each specimen		
<p>Classic phenylketonuria</p>	<p>Amino Acids by MS/MS and Phenylalanine (PKU)</p>	83788-83789	Mass spectrometry and tandem mass spectrometry	<p>V77.3 V30.00-V39.01 V70.0 (Effective 8/1/2011) V72.62 (Effective 5/1/2012)</p>	<p>Special screening for endocrine, nutritional, metabolic and immunity disorders; phenylketonuria (PKU) Newborn(s) Routine general medical exam Laboratory examination ordered as part of a routine general medical examination</p>
		84030	Phenylalanine (PKU), blood. This code is specific to PKU only.		
		99201-99215	Office visits. This code is specific to PKU only.		
		99381	Initial preventive visit – infant. This code is specific to PKU only.		
		99391	Periodic preventive visit – infant. This code is specific to PKU only.		
		99401-99404	Preventive medicine counseling. This code is specific to PKU only.		

S,S disease; S, B° -thalassemia; Various other hemoglobinopathies	Isoelectric focusing or high performance liquid chromatography or electrophoresis	82486	Chromatography, qualitative; column, analyte note elsewhere specified	V78.3	Screening for disorders of blood and blood-forming organs; other hemoglobinopathies Screening for disorders of blood and blood-forming organs; other disorders of blood and blood-forming organs Screening for disorders of blood and blood-forming organs; unspecified disorder of blood and blood-forming organs
		82491	Chromatography, quantitative, column; single analyte not elsewhere specified, single stationary and mobile phase	V78.8	
		82664	Electrophoretic technique, not elsewhere specified		
		82728	Ferritin		
		83020	Hemoglobin fractionation and quantitation; electrophoresis		
		83021	Hemoglobin fractionation and quantitation; chromatography	V78.9	
		83068	Hemoglobin; unstable, screen		
		83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type		
		83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment		
		83894	Molecular diagnostics; separation by gel electrophoresis, each nucleic acid preparation		
		83898	Molecular diagnostics; amplification, target, each nucleic acid sequence		
		83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences		
		83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment		
		83909	Molecular diagnostics; separation and identification by high resolution technique, each nucleic acid preparation		
		83912	Molecular diagnostics; interpretation and report		
		83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment		
		85660	Sickling of RBC, reduction		
		88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker		

Sickle cell disease	Isoelectric focusing or high performance liquid chromatography or electrophoresis	82486-82489	Chromatography, qualitative; column, analyte note elsewhere specified	V78.2	Special screening for disorders of blood and blood-forming organs; sickle cell disease or trait (Effective 1/1/2013) – Health supervision of infant or child; routine newborn (up to 28 days old) health check
		82491-82492	Chromatography, quantitative, column; single analyte not elsewhere specified, single stationary and mobile phase	V20.31-V20.32	
		83020-83021	(Effective 1/1/2013) – Hemoglobin fractionation and quantitation (e.g., A2, S, C, and/or F)		
		99201-99215	Office visits		
		99381	Initial preventive visit – infant		
		99391	Periodic preventive visit – infant	V30.00-V39.01	
		99401-99404	Preventive medicine counseling		
		S3850	Genetic testing for sickle cell anemia	V70.0 (Effective 8/1/2011) V72.62 (Effective 5/1/2012)	
Propionic acidemia, methylmalonic acidemia, malonic acidemia, Isobutyrylglycinuria, Isovaleric acidemia, 2-methylbutyrylglycinuria, 3-methylcrotonyl-CoA carboxylase deficiency, 3-methylglutaconic aciduria, 3-hydroxy-3-methylglutaric aciduria, holocarboxyl	Acylcarnitines by MS/MS	82016	Acylcarnitines; qualitative, each specimen	V77.7	Screening for inborn error of metabolism Screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorder
		82017	Acylcarnitines; quantitative, each specimen		
		82491	Chromatography, quantitative, column; single analyte not elsewhere specified, single stationary and mobile phase	V77.99	
		83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative		
		83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative		
		83919	Organic acids; qualitative, each specimen		

Hearing loss	Otoacoustic emissions and auditory brainstem response	92585-92586	Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system	V20.31-V20.32	(Effective 1/1/2013) – Newborn health supervision; up to 28 days old
		92587-92588	Evoked otoacoustic emissions	V30.00-V39.01	
		99201-99215	Office visits		(Effective 9/24/2012) – Newborn(s)
		99381	Initial preventive visit – infant		
		99391	Periodic preventive visit – infant	V70.0	(Effective 8/1/2011) – Routine general medical exam
		99401-99404	Preventive medicine counseling	V72.11-V72.19	Examination of ears and hearing

Newborn metabolic screening (Effective 1/1/2011)	Covered through age 2 months	S3620	Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel	V20.0-V20.32	Well newborn, infant, or child
				V21.0-V21.9	Child development
		80047	Basic metabolic panel	V30.00-V39.2	Newborn(s)
		80048	Basic metabolic panel	V70.0 (Effective 8/1/2011)	Routine general medical examination at a health care facility
		80053	Comprehensive metabolic panel	V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V70.8-V70.9	Other and unspecified general medical examination
				V72.62	Laboratory examination
				V77.0	Screening for thyroid disorders
				V77.3-V77.4	Special screening for endocrine, nutritional, metabolic and immunity disorders; phenylketonuria (PKU); screening for galactosemia
		V77.7	Screening for inborn error of metabolism		
		V77.99	Screening for other unspecified endocrine, nutritional, metabolic and immunity disorders		

Newborn metabolic screening, cont.				V78.0-V78.3 V78.8	Preventive medicine counseling; Special screening for disorders of blood and blood-forming organs – sickle cell disease or trait; screening for disorders of blood and blood-forming organs – other hemoglobinopathies Screening for disorders of blood and blood-forming organs; other disorders of blood and blood-forming organs
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Guide to Covered Preventive Services

Women's Preventive

This is intended as a guide for preventive service coding under the Affordable Care Act (ACA). Services are subject to terms and limitations of the plan. PPO plans require that services rendered in an office or hospital setting be performed by a PPO (network) provider to obtain first-dollar benefits. Coding must be appropriate for the services and reasons for which the services were performed. 100% coverage of these preventive services does not apply to Assurant Health Access or Short Term Medical plans, nor does it apply to most "grandfathered" plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details. Benefits for listed services are effective March 23, 2010, unless otherwise noted.

Service	Patient	Procedure Codes		DX Codes	
Well woman visits (Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All women	99385-99387	Preventive medicine services, new patient	V10.41	Personal history of malignant neoplasm of cervix uteri
				V16.49	Family history of malignant neoplasm of other genital organ
		99395-99397	Preventive medicine services, established patient	V70.0	Routine general medical examination at a health care facility
		99401-99404	Preventive medicine, individual counseling	V70.3	Other general medical examination for administrative purposes
				V70.5	Health examination of defined subpopulations
				V72.31	Gynecological exam with or without Pap smear
				V73.89	Screening examination for other specified viral diseases
				V76.2	Special screening for malignant neoplasm; cervix
				V76.47	Screening for malignant neoplasms of the vagina

Well woman visits – prenatal or antepartum care	All pregnant women	See Pregnant Women section for services			
HPV testing (Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 10/1/2012 for all reform policies.)	All women	87620-87622	Infectious agent detection; human papillomavirus	V72.31	(Effective 1/1/2013) – Gynecological exam with or without Pap smear
				V70.0	(Effective 1/1/2013) – Routine general medical exam
				V73.81	Screening examination for human papillomavirus
				V73.89	Screening examination for other specified viral diseases
				V76.2	Special screening for malignant neoplasm; cervix
V76.47	Screening for malignant neoplasms of the vagina				
Counseling for sexually transmitted diseases	All women	See Adults or Pregnant Women sections for counseling services related to Chlamydia, Gonorrhea, Syphilis, etc.			

Contraceptive methods and counseling (Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All women	00851	Anesthesia for tubal ligation/transection	V25.01-V25.04	Encounter for contraceptive/family planning counseling
		11975	Insertion, implantable contraceptive capsules		
		11976	Removal, implantable contraceptive capsules	V25.09	Encounter for counseling on contraceptive management
		11977	Removal with reinsertion, implantable contraceptive capsules		
		11981	Insertion, non-biodegradable drug delivery implant	V25.11-V25.13	Encounter for insertion/removal of contraceptive device
		11982	Removal, non-biodegradable drug delivery implant		
		11983	Removal with reinsertion, non-biodegradable drug delivery implant		
		57170	Diaphragm or cervical cap fitting with instructions	V25.2	Encounter for sterilization
		58300	Insertion of intrauterine device (IUD)	V25.3	Encounter for contraceptive surveillance
		58301	Removal of intrauterine device (IUD)		
		58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	V25.40-V25.43	Encounter for contraceptive surveillance
		58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)		
		58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (list separately in addition to code for primary procedure)	V25.5	Encounter for other specified/unspecified contraceptive management
		58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach	V25.8-V25.9	Presence of intrauterine/implanted contraceptive device
		58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to include occlusion by placement of permanent implants		
		58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	V45.51-V45.52	Presence of other contraceptive device
		58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)		
		96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	V45.59	
		99201-99215	Office visits		
		99385-99387	Preventive medicine services, new patient		
99395-99397	Preventive medicine services, established patient				
99401-99404	Preventive medicine, individual counseling				

Contraceptive methods and counseling, cont.	A4261	Cervical cap for contraceptive use		
	A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system (Essure device)		
	A4266	Diaphragm for contraceptive use		
	J1050	Injection, medroxyprogesterone acetate, 1 mg Generic – paid for at 100% Brand name Depo-Provera – subject to plan deductible and coinsurance		
	J1051	Injection, medroxyprogesterone acetate, 50 mg		
	J1055	Injection, medroxyprogesterone acetate, 150 mg		
	J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg		
	J7300	Intrauterine copper contraceptive		
	J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg		
	J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg		
	J7303	Contraceptive supply, hormone containing vaginal ring, each		
	J7304	Contraceptive supply, hormone containing patch, each		
	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies		
	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies		
	S4981	Insertion of levonorgestrel-releasing intrauterine system		
	S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies		
	S4993	Contraceptive pills for birth control		

Breastfeeding support, supplies, and counseling (Supplies only: Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All pregnant or postpartum women	99078	Physician educational services rendered to patients in group setting	V24.1	Lactating mother (supervision of lactation) Routine general medical exam
		99201-99215	Office visits	V70.0	
		99401-99404	Preventive medicine counseling		
		S9443	Lactation classes, nonphysician provider		
		A4281	Tubing for breast pump, replacement		
		A4282	Adapter for breast pump, replacement		
		A4283	Cap for breast pump bottle, replacement		
		A4284	Breast shield and splash protector for use with breast pump, replacement		
		A4285	Polycarbonate bottle for use with breast pump, replacement		
		A4286	Locking ring for breast pump, replacement		
		E0602	Breast pump, manual, any type		
		E0603	Breast pump, electric (AC and/or DC), any type		
		E0604-RR (must have the RR modifier to be covered)	Breast pump, hospital grade, electric (AC and/or DC), any type		
		Screening and counseling for interpersonal and domestic violence (Effective 8/1/2012 for new business reform policies with a policy effective date of 8/1/2012 or later. Effective 1/1/2013 for all reform policies.)	All women		