

PREVENTIVE CARE AND SCREENING GUIDELINES

Policy # 06

Implementation Date: 1/1/04

Revision Dates: 3/1/06, 11/17/06, 2/20/07, 7/16/07, 9/3/08, 10/1/10, 2/1/11, 2/1/12, 4/18/12, 8/1/12, 5/1/13, 7/1/13, 7/17/13, 3/6/14, 9/11/14, 9/4/15, 11/13/15, 1/1/16, 5/13/16, 9/6/16, 11/10/16, 1/10/17, 3/1/17, 6/13/17, 9/6/17, 9/7/17, 1/1/18, 6/6/18, 8/17/18, 9/19/18, 11/20/18, 12/28/18, 1/8/19, 4/25/19, 6/18/19, 8/23/19, 9/24/19, 2/14/20, 4/2/20, 5/20/20, 8/11/20, 12/7/20, 12/16/20, 1/11/21, 1/21/21, 3/1/21, 3/9/21, 4/21/21, 6/8/21, 6/15/21, 7/29/21, 9/14/21, 10/8/21, 1/7/22, 1/28/22, 2/2/22, 4/1/22, 5/12/22, 5/24/22, 6/10/22, 6/17/22, 9/2/22, 9/7/22, 10/20/22, 1/1/24, 5/21/24, 6/3/24, 7/15/24, 10/9/24, 11/21/24, 1/1/25, 4/9/25, 7/1/25, 7/9/25, 7/17/25

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Preventive and screening services are to promote wellness and prevent disease.

In the ICD-10-CM official guidelines for Coding and Reporting, the following is stated:

Screening

"Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease. ...

The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening exam. In these cases, the sign or symptom is used to explain the reason for the test.

A screening code may be first listed if the reason for the visit is specifically the screening exam. It may also be used as an additional code if the screening is done during an office visit for other health problems. A screening code is not necessary if the screening is inherent to a routine examination, such as a pap smear done during a routine pelvic examination.

Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis."

Preventive/Routine Examinations

"ICD-10-CM Z codes allow for the description of encounters for routine examinations, such as, general check-up. The codes are for use as first listed codes, only, and are not to be used if the examination is for a diagnosis of a suspected condition or for treatment purposes. In such cases the diagnosis code is used. During a routine exam, should a diagnosis or condition be discovered, it should be coded as an additional code. Pre-existing and chronic conditions and history codes may also be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition."

According to the American Hospital Association (AHA), it is stated in coding rules:

"When a diagnostic test is ordered in the absence of signs, symptoms or other evidence of illness or injury (e.g., screening), the principal or first-listed diagnosis should be the reason for the test. Should a condition be discovered during the screening, then the code for the condition may be used as an additional diagnosis."

The following codes will never be reimbursed when billed with a preventive evaluation and management visit: G0101, G0102, G0396, G0442, G0444, S0265, S9470, 96127, 96161, 99406, 99407, 99408, 99409, 97802, 97803, and 0333T.

Select Health will reimburse according to policy, as well as NCCI edits.

COMMERCIAL PLAN POLICY

Select Health considers preventive services to be covered, based on individual plan guidelines, but may differ from plan to plan. Select Health follows the requirements of the Affordable Care Act and Select Health internal policies for what is considered preventive.

Services performed outside of these guidelines and with a medical diagnosis will be applied to the appropriate medical benefits.

HCCPS/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
Pediatric - Birth to Age 18		
Examination/Counseling		
99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394 (Physical exam)	Z00.00, Z00.01, Z00.121, Z00.129	No limit from birth to age 12; every 275 days from ages 12 to 18
92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172, 99174, 99177 S0620, S0621 (Eye exam)	Z01.00, Z01.01	Every 12 months (99174 and 99177, age 5 and younger)
99406, 99407, S9453 (Tobacco use counseling)	Z00.00, Z00.01	Please note, effective 7/1/19, 99406 and 99407 will not be reimbursed separately when billed with a preventive exam as it is considered part of the exam.
96110 (Developmental testing)	Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	
92558, 92587, 92588, 92650, 92651, 92652 (Newborn hearing screening)	Z00.121, Z00.129	Once, younger than 1 year of age
92551, 92552, 92553, V5008 (Hearing screening)	Z00.00, Z00.01, Z00.121, Z00.129	Effective 1/1/21: Annually, for ages 18 and younger
97802, 97803, 97804, G0270, G0271, S9445, S9446, S9452, S9470, G0108, G0109, G0446, G0447, 99411, 99412, S9441, S9455, S9460, S9465 (Dietary and obesity counseling)		5 visits every 12 months (see plan for specific services)
99401, 99402, 99403, 99404, G0445 (Sexually transmitted infections, domestic violence counseling, skin cancer, contraceptive management)	Z00.00, Z00.01, Z30.8, Z30.9	
G0444 (Depression screening)	Z00.00, Z00.01	Every 12 months (not payable separately if billed with a preventive exam)
Laboratory Tests		
S3620 (Newborn metabolic screening)	Z00.121, Z00.129	Once, younger than 1 year of age

84030, 84035 (PKU screening)	Z00.121, Z00.129, Z13.228	Once, younger than 1 year of age
84437, 84443 (Thyroid)	Z00.00, Z00.01, Z00.121, Z00.129	Once, younger than 1 year of age
83020 (Sickle cell disease screening)	Z13.0	Once, younger than 1 year of age
83655 (Lead screening)	Z00.00, Z00.01, Z00.121, Z00.129	
86703, 87389, G0432, G0433, G0435 (HIV screening)	Z00.00, Z00.01, Z00.121, Z00.129/Z11.4	
G0499 (Hepatitis B Screening)	Z00.00, Z00.01, Z00.121, Z00.129	
86580 (TB testing)	Z00.00, Z00.01, Z00.121, Z00.129	
Immunizations		As recommended by the CDC/ACIP)
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90620, 90621, 90644, 90733, 90734 (Meningococcus)	Z23	
90696, 90698, 90700, 90702, 90715, 90723 (Diphtheria, tetanus, acellular pertussis (e.g., DT, DTP, DTaP))	Z23	
90647, 90648, 90696, 90697, 90698, 90748 , Haemophilus influenzae type b (e.g., Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)	Z23	
90633, 90634 (Hepatitis A)	Z23	
90723, 90740, 90743, 90744, 90747, 90748 (Hepatitis B, e.g., HepB-hib)	Z23	
90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90707, 90710 (e.g., MMR, measles, mumps, rubella)	Z23	
90698, 90713, 90723 (Polio, e.g., OPV, IPV, DtaP-Hep-IPV)	Z23	
90670, 90732 (Pneumococcal)	Z23	
90700, 90702, 90714, 90715 (Diphtheria, and pertussis (Tdap))	Z23	
90710, 90716 Varicella (chicken pox) (MMRV)	Z23	
90733, 90734 (Meningitis)	Z23	
90680, 90681 (Rotavirus)	Z23	
90649, 90650, 90651 (Human papilloma virus (HPV))	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.
Procedures		

99188, 0792T (Fluoride varnish)	Z00.00, Z00.01, Z00.121, Z00.129	Under age 5
Adult - Age 18 and older		
Examination/Counseling		
99385, 99386, 99387, 99395, 99396, 99397, S0610, S0612 (Physical exam)	Z00.00, Z00.01, Z01.411, Z01.419	Every 275 days
92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172, S0620, S0621 (Eye exam)	Z01.00, Z01.01	Every 12 months
99406, 99407, S9453 (Tobacco use counseling)	Z00.00, Z00.01	Please note, effective 7/1/19, 99406 and 99407 will not be reimbursed separately when billed with a preventive exam as it is considered part of the exam.
99408, 99409, G0396, G0397, G0442, G0443, G2011 (Alcohol misuse screening and counseling)	Z00.00, Z00.01 or Maternity diagnosis	
92551, 92552, 92553, V5008 (Hearing screening)	Z00.00, Z00.01	Effective 1/1/21: Annually, only for ages 18-21 and 65 and older
G0117, G0118 (Glaucoma screening)	Z13.5	Every 12 months
99401, 99402, 99403, 99404, G0445 (Sexually transmitted infections, domestic violence counseling, skin cancer, contraceptive management)	Z00.00, Z00.01, Z11.3, Z30.8, Z30.9	
97802, 97803, 97804, G0270, G0271, S9445, S9446, S9452, S9470, G0108, G0109, G0446, G0447 (Dietary and obesity counseling)		5 visits every 12 months (see plan for specific services)
G0463, S9443 (Breast feeding education)	Z39.1 or Maternity diagnosis	Once per pregnancy
G0444 (Depression screening)	Z00.00, Z00.01	Every 12 months (not payable separately if billed with a preventive exam)
96040 (Genetic counseling related to BRCA)	Numerous diagnosis codes if related to BRCA.	Once per lifetime
Laboratory Tests		
85025, 85027, G0306, G0307 (CBC)	Z00.00, Z00.01	
84153, G0102, G0103 (Prostate cancer, PSA)	Z12.12, Z12.5	
83036 (HgbA1c)	E66.01, E66.09, E66.1, E66.2, E66.3, E66.8, E66.9	Every 275 days for age 35 and older
82947, 82948 (Diabetes screening)	Z13.1	
82950, 82951, 82952 (Gestational diabetes screening)	Maternity diagnosis	
80061, 82465, 84478 (Cholesterol screening)	Z13.220	

87081, 87205, 87800, 87801 (Gonorrhea screening)	Z00.00, Z00.01, Z11.3 or Maternity diagnosis	
87624, 87625, 87626, 0500T, G0476 (HPV screening)	Z00.00, Z00.01	Females over age 30, only covered once every 36 months
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492 (Chlamydia screening)	Z11.59, Z11.3, Z11.4, Z11.8 or Maternity diagnosis	
86703, 87389, G0432, G0433, G0435 (HIV screening)	Z00.00, Z00.01	
86592, 86593 (Syphilis screening)	Z00.00, Z00.01, Z11.3 or Maternity diagnosis	
81162, 81163, 81164, 81165, 81166, 81212, 81215, 81216, 81217 (BRCA1 and 2)	Z00.00, Z00.01	Once, if risk factors and criteria are met
86580 (TB testing)	Z00.00, Z00.01	
87340 (Hepatitis B infection screening)	Z00.00, Z00.01 or Maternity diagnosis	First prenatal visit
86803, 86804 (Hepatitis C infection screening)	Z00.00, Z00.01	
83655 (Lead screening)	Z00.00, Z00.01	
86900, 86901 (Rh(D) Incompatibility screening)	Maternity diagnosis	First prenatal visit for Rh (D) blood typing and antibody testing. A repeat Rh (D) antibody test for all unsensitized Rh(D) – negative women at 24–28 weeks' gestation, unless the biological father is known to be Rh (D) – negative.
86762 (Rubella screening)	Z00.00, Z00.01 or Maternity diagnosis	
87086 (Urine study to detect asymptomatic bacteriuria)	Maternity diagnosis	First prenatal visit or at 12 to 16 weeks gestation
83036, 83540, 85013, 85014, 85018, 85025, 85027, G0306, G0307 (Iron deficiency anemia screening)	Z00.00, Z00.01 or Maternity diagnosis	In asymptomatic pregnant women
Procedures		
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, Q0111, P3000, P3001, S0610, S0612, S0613 (Pap smear)	Z01.411, Z01.419, Z12.4	(88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001) Every 36 months (G0101, Q0111, S0610, S0612, S0613) Every 275 days Effective 4/1/22: Not covered for females under age 21
77063, 77067 (Screening mammogram)	Z12.31	Every 275 days

44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45388, 45384, 45385, (74261, 74262; effective 1/1/24), (74270 termed 12/31/23), 81528, 82270, 82271, 82272, 82274, G0104, G0105, G0106 (Deleted 12/31/24), G0120 (Deleted 12/31/24), G0121, G0122 (Deleted 12/31/2024, G0328, S0601 (Colon cancer screening) (00812, 99153, G0500 (Anesthesia for colon cancer screening)	Z12.11, Z12.12	(00812, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45388, 45384, 45385, (74261, 74262; effective 1/1/24), (74270 termed 12/31/23), 99153, G0500, G0104, G0105, G0106, G0120, G0121, G0122, S0601) Every five years (ages 45–75) 81528 Once every 3 years (ages 45–75) (82270, 82271, 82272, 82274, G0328) Every 12 months
76706 (Abdominal aortic aneurysm)	Z13.6	Males only, once between ages 65 to 75
77080 (Bone density/DEXA)	Z13.820	Every 24 months in women ages 60 and older
E0603 (Breast pump)	Maternity diagnosis	Once per pregnancy
00851, 58600, 58605, 58611, 58615, 58670, 58671 (Sterilization)	Z30.2	Once per lifetime
11981, 11982, 11983, 57170, 58300, 58301, 74740, 96372, J7296, J7297, J7298, J7300, J7301, J7303, J7304, J7307, S4981, A4261, A4264, A4266 (Other contraceptive methods)	Z30.2, Z30.011, Z30.013, Z30.014, Z30.018, Z30.019, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9	
71271 (Lung cancer screening)		Ages 50 to 80 years
92227, 92228, 92250 (Diabetic retinopathy screening)	Diabetic Diagnosis	Every 12 months
Immunizations		As recommended by the CDC/ACIP)
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90630, 90653, 90654, 90656, 90658, 90660, 90661, 90662, 90672, 90673, 90682, 90685, 90686, 90688, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90714, 90715 (Tetanus or tetanus, diphtheria and pertussis (Tdap))	Z23	
90670, 90732 (Pneumococcal)	Z23	
90632, 90636, 90746, 90747, 90748 (Hepatitis A)	Z23	
90733, 90734 (Meningitis)	Z23	
90750 (Zoster)	Z23	Ages 18 and older
90649, 90650, 90651 (Human papilloma virus, HPV)	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female.

		Please note, this series (2–3 doses) is only covered once per lifetime.
90723, 90740, 90747, 90748 (Hepatitis B, e.g., HepB-hib)	Z23	
90710, 90716 Varicella (chicken pox) (MMRV)	Z23	
90707 (MMR)	Z23	

SELECT HEALTH MEDICARE (CMS)

Select Health Medicare will cover the following:

HCP/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
Pediatric - Birth to Age 18		
Examination/Counseling		
99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, G0513, G0514 (Physical exam)	Z00.00, Z00.01, Z00.121, Z00.129	Birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; ages 2, 2 ½; every 12 months from ages 3 to 18
Laboratory Tests		
G0432, G0433, G0435, G0475, 80081 (HIV screening)	Z00.00, Z00.01, Z00.121, Z00.129	Once every 12 months, except when secondary diagnosis is pregnancy, then three times every 12 months.
Immunizations		As recommended by the CDC/ACIP)
G0008, G0009, G0010 (Administration codes)	Z23	
90740, 90743, 90744, 90747 (Hepatitis B, e.g., HepB-hib)	Z23	Once per lifetime
90630, 90653, 90654, 90655, 90656, 90657, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	Annually
90670, 90732 (Pneumococcal)	Z23	Once every 5 years with a max quantity limit of 2 per lifetime
Adult - Age 18 and older		
Examination/Counseling		
99385, 99386, 99387, 99395, 99396, 99397, G0402 (Physical Exam), G0438, G0439, G0513, G0514 (Annual wellness exam)	Z00.00, Z00.01, Z01.411, Z01.419	Once per calendar year
99406, 99407 (Tobacco use counseling)	Z00.00, Z00.01	8 times every 12 months
G0117, G0118 (Glaucoma screening)	Z13.5	Every 12 months
G0442, G0443, G2011 (Alcohol misuse screening and counseling)	Z00.00, Z00.01 or Maternity diagnosis	Every 12 months unless screening positive than 4 times per year
G0445 (Sexually transmitted infections, domestic violence counseling)	Z00.00, Z00.01	Twice every 12 months
97802, 97803, 97804, G0108, G0109, G0270, G0271 (Dietary counseling)	Z71.3	97802, once per lifetime G0108 and G0109, no limits
G0446 (Intensive behavioral therapy) for cardiovascular disease	Z71.3	Every 12 months

G0447, G0473 (Intensive behavioral therapy) for obesity	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	22 times every 12 months
Laboratory Tests		
G0103 (Prostate cancer, PSA)	Z12.12, Z12.5	Every 12 months
83036 (A1c)	Z13.1	2 screenings within a 12-month period; effective 1/1/24.
82947, 83036 (Diabetes screening)	Z13.1	Every 12 months or 2 every 12 months if dx of pre-diabetes
82950, 82951 (Gestational diabetes screening)	Maternity diagnosis	Every 12 months
80061, 82465, 83718, 84478 (Cholesterol screening)	Z13.220, Z13.6	Once every 5 years
87800, 87590, 87591, 87850, 0402U, 0455U (Gonorrhea screening)	Z00.00, Z00.01 or Maternity diagnosis	Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 0402U, 0455U (Chlamydia screening)	Z11.59, Z11.4, Z11.8 or Maternity diagnosis	Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.
G0476 (Cervical cancer screening HPV)	Z11.51, Z01.411, Z01.419	Once every 5 years
G0432, G0433, G0435, G0475, 80081 (HIV screening)	Z00.00, Z00.01	Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.
86780, 86592, 86593 (Syphilis screening)	Z00.00, Z00.01 or Maternity diagnosis	Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months.
87340, 87341, G0499 (Hepatitis B infection screening)	Z00.00, Z00.01 or Maternity diagnosis	Every 12 months. If billed with pregnancy diagnosis, then allow 3 times every 12 months. G0499 Every 12 months for high-risk individuals. If billed with pregnancy diagnosis, then allow at 1st prenatal visit and again at time of delivery.
G0472 (Hepatitis C antibody screening)	Z00.00, Z00.01	Once per lifetime over 50 years of age
G0444 (Depression screening)	Z00.00, Z00.01	Every 12 months
Procedures		
G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 (Pap smear)	Z01.411, Z01.419, Z12.4	Every 24 Months Effective 4/1/22: Not covered for females under age 21
77063, 77067 (Screening mammogram)	Z12.31	Once per calendar year, starting at age 35 and over

44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 82270, G0104, G0105, G0106 (Deleted 12/31/2024, G0120 (Deleted 12/31/2024) G0121, G0328, 81528, 0464U, 0537U, 74263 (Colon cancer screening) 00812, 99153, G0500, (Anesthesia for colon cancer screening)	Z12.11, Z12.12	44388, 44389, 44392, 44394, 44401, 45305, 45308, 45309, 45315, 45320, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45384, 45385, G0121- Effective 1/1/19-Every 5 years and Prior to 1/1/19- Every 9 years, G0104 – Every 4 years (ages 45-75) 00812, 99153, G0500 G0105 – Every 24 months (ages 45-75) G0328 and 82270 – Every 12 months, 81528 – Once every 3 years 0464U, and 0537U – Once every 3 years 74263 – Once every 5 years
76706 (Abdominal aortic aneurysm)	Z13.6	Once a lifetime
G0130, 76977, 77078, 77080, 77081, 77085 (Bone density/DEXA)	Z13.820	One test every 24 months
G0296, 71271 (Lung cancer screening)	Z87.891	Every 12 Months
92227, 92228, 92250 (Diabetic Retinopathy Screening)		Every 12 Months
Immunizations		As recommended by the CDC/ACIP)
G0008, G0009, G0010 (Administration codes)	Z23	
90630, 90653, 90654, 90655, 90656, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90689, 90756, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	Once every 12 months
90670, 90732 (Pneumococcal)	Z23	Once every 5 years with a max limit of 2 per lifetime
90739, 90740, 90746, 90747 (Hepatitis B)	Z23	Once per lifetime
SELECT HEALTH COMMUNITY CARE (MEDICAID)		

Select Health Community Care will cover the following:

HCP/ CPT Code(s)	ICD-10 Diagnosis Code(s)	Frequency
Pediatric - Birth to Age 18		
Examination/Counseling		
99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394 (Physical exam)	Z00.00, Z00.01, Z00.121, Z00.129	No limit from birth to age 12; every 275 days from ages 12 to 18
92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172 (Eye exam)	Z01.00, Z01.01	Once every 12 months
Laboratory Tests		
86703, (HIV screening)	Z00.00, Z00.01, Z00.121, Z00.129	
Immunizations		As recommended by the CDC/ACIP)

90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90696, 90698, 90700, 90702, 90715, 90723 Diphtheria, tetanus, Acellular pertussis (e.g., DT, DTP, DTaP)	Z23	
90647, 90648, 90696, 90698, 90748 Haemophilus influenzae type b (e.g., Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)	Z23	
90633, 90634 (Hepatitis A)	Z23	
90723, 90740, 90743, 90744, 90746, 90747, 90748 (Hepatitis B, e.g., HepB-hib)	Z23	
90630, 90654, 90655, 90656, 90657, 90658, 90660, 90662, 90672, 90673, 90685, 90686, 90687, 90688, 90689, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90707, 90710 (e.g., MMR, measles mumps, rubella)	Z23	
90698, 90713, 90723 (Polio, e.g., OPV, IPV, DtaP-Hep-IPV)	Z23	
90670, 90732 (Pneumococcal)	Z23	
90700, 90702, 90714, 90715 (Diphtheria, and Pertussis (Tdap))	Z23	
90710, 90716 Varicella (chicken pox) (MMRV)	Z23	
90733, 90734 (Meningitis)	Z23	
90680, 90681 (Rotavirus)	Z23	
90649, 90650, 90651 (Human papilloma virus (HPV))	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.
Adult - Age 18 and older		
Examination/Counseling		
99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397 (Physical exam)	Z00.00, Z00.01	Once every 12 months
92002, 92004, 92012, 92014, 92015, 92081, 92082, 92083, 99172 (Eye exam)	Z01.00, Z01.01	Once every 12 months
Laboratory Tests		
84153, G0102 , (Prostate cancer, PSA)	Z12.12, Z12.5	
87081, 87205, 87800, 87801 (Gonorrhea screening)	Z00.00, Z00.01 or Maternity diagnosis	
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87942 (Chlamydia screening)	Z11.59, Z11.4, Z11.8 or Maternity diagnosis	
86703 (HIV screening)	Z00.00, Z00.01	
86592, 86593 (Syphilis screening)	Z00.00, Z00.01 or Maternity diagnosis	
Procedures		

88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175, G0101, Q0091, Q0111, P3000, P3001) (Pap smear)	Z01.411, Z01.419, Z12.4	(G0101, Q0091, Q0111, P3000, P3001) Every 36 months (88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88174, 88175) Every 36 months Effective 4/1/22: Not covered for females under age 21
77067 (Screening mammogram)	Z12.31	Every 275 days
76706 (Abdominal aortic aneurysm)	Z13.6	Males only, once between ages 65 to 75
77080 (Bone density/DEXA)	Z13.820	Every 24 months in women ages 60 and older
E0603 (Breast pump)		Once per pregnancy
Immunizations		As recommended by the CDC/ACIP)
90471, 90472, 90473, 90474, G0008, G0009 (Administration codes)	Z23	
90630, 90654, 90656, 90658, 90660, 90662, 90672, 90673, 90685, 90686, 90688, 90689, Q2035, Q2036, Q2037, Q2038, Q2039 (Influenza)	Z23	
90714, 90715 (Tetanus or tetanus, diphtheria and pertussis (Tdap))	Z23	
90670, 90732 (Pneumococcal)	Z23	
90632, 90636, 90746, 90747, 90748 (Hepatitis A)	Z23	
90733, 90734 (Meningitis)	Z23	
90750 (Zoster) (Zostavax is no longer available in the U.S., effective 11/1/20)	Z23	Ages 19 and older
90649, 90650, 90651 (Human papilloma virus, HPV)	Z23	This immunization is a series (2–3 doses) that should be covered as preventive for ages 9–45, male and female. Please note, this series (2–3 doses) is only covered once per lifetime.

Sources

- Centers for Disease Control and Prevention. (2013, September 18). ICD-10-CM Coordination and Maintenance Committee Meeting. Retrieved September 8, 2014, from http://www.cdc.gov/nchs/data/icd/icd_topic_packet_sept_181913.pdf
- CMS. (2013, October 1). QUICK REFERENCE INFORMATION: Preventive Services. Retrieved September 10, 2014, from http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- Coverage and Reimbursement. Medicaid.utah.gov/ Retrieved November 24, 2014, from <https://medicaid.utah.gov/coverage-and-reimbursement>
- Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
- ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association