RB.035.B Preventive Care Services (Jefferson Health Plans Individual and Family Plans)

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy only applies to Jefferson Health Plans Individual and Family Plans line of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

The services listed in this policy are considered preventive care services when the criteria in this policy are met and:

- The services are identified as preventive services in the benefit contracts.
- They are mandated by state or federal law.
- They are included as a recommendation in any of the following:
    - Centers for Disease Control and Prevention (CDC), Advisory Committee for Immunization Practices (ACIP), Adult and Pediatric Immunization Schedules.
    - Health Resources and Services Administration (HRSA), American Academy of Pediatrics/Bright Futures.

- US Department of Health and Human Services Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.
- US Department of Health and Human Services, Women's Preventive Services: Required Health Plan Coverage Guidelines Supported by the Health Resources and Services Administration.
- US Preventive Services Task Force (USPSTF), A and B Recommendations.

ADULT PREVENTIVE SERVICES

- **Visits**
  - Preventive Exams
- **Screenings**
  - Abdominal Aortic Aneurysm (AAA) Screening
  - Colorectal Cancer Screening
    - Services performed in connection with a preventive colorectal cancer screening procedure.
  - Depression Screening
  - Hepatitis B Virus Screening
  - Hepatitis C Virus Screening
  - High Blood Pressure Screening
  - Human Immunodeficiency Virus (HIV) Screening
  - Latent Tuberculosis Infection Screening
  - Lung Cancer Screening
  - Prediabetes and Type 2 Diabetes Mellitus Screening and Preventive Interventions
  - Syphilis Screening
  - Unhealthy Alcohol Use Screening and Behavioral Counseling Interventions
- **Therapy and Counseling**
  - Behavioral Counseling for Prevention of Sexually Transmitted Infections
  - Behavioral Counseling to Promote a Healthful Diet and Physical Activities for Cardiovascular Disease Prevention
  - Behavioral Interventions for Weight Loss
  - Exercise Interventions for the Prevention of Falls
  - Nutritional Counseling for Weight Management
  - Services Included as part of the comprehensive preventive exam
    - Behavioral Counseling for Skin Cancer Prevention
    - High Blood Pressure Screening (Office-based)
    - Obesity Screening
    - Unhealthy Drug Use Screening

- Tobacco Use Counseling
- Work-up and Follow-up Services for Pre-Exposure Prophylaxis for the Prevention of HIV

- **Medications**
  - Pre-exposure Prophylaxis for the Prevention of HIV Infection
  - Prescription Bowel Preparation Medication
  - Statins for the Primary Prevention of Cardiovascular Disease
  - Tobacco cessation medication

- **Miscellaneous**
  - Routine Vaccines
  - Prolonged Preventive Services

FEMALE PREVENTIVE SERVICES

- **Visits**
  - Postpartum Care Visits
  - Prenatal Care Visits
  - Well-woman visits

- **Screenings**
  - **Cancer Screenings**
    I. Breast and Ovarian Cancer Screenings, Genetic Risk Assessment Counseling, and BRCA Mutation Testing
    II. Breast Cancer Screening (Mammography)
    III. Cervical Cancer Screening
    IV. Patient Navigation Services for Breast and Cervical Cancer Screening

  - **Pregnancy-related Screenings**
    I. Bacteriuria Screening
    II. Counseling Interventions to Prevent Perinatal Depression
    III. Depression Screening
    IV. Diabetes Mellitus Screening after Pregnancy
    V. Gestational Diabetes Mellitus Screening
    VI. RhD Incompatibility Screening
    VII. Unhealthy Alcohol Use Screening and Behavioral Counseling Interventions

  - **Other Preventive Screenings**
    I. Anxiety Screening
    II. Hepatitis B Virus Screening
    III. Human Papilloma Virus (HPV) Screening
    IV. Osteoporosis (Bone Mineral Density) Screening

- **Sexually Transmitted Infections Screenings**
  I. Chlamydia Screening
  II. Gonorrhea Screening
  III. HIV Screening
  IV. Syphilis Screening

- **Therapy and Counseling**
  - **Comprehensive Preventive Evaluation and Management Services**
    I. Behavioral Counseling for Prevention of Sexually Transmitted Infections
    II. Counseling for the Prevention of Obesity
    III. Discussion of Chemoprevention for Breast Cancer
    IV. Instruction in Fertility Awareness-based Methods, Including the Lactation Amenorrhea Method
    V. Intimate Partner Violence Screening
    VI. Primary Care Interventions to Promote and Support Breastfeeding
    VII. Tobacco Use Screening and Counseling
    VIII. Urinary Incontinence Screening

- **Medication**
  - Breast Cancer Preventive Medicine
  - Folic Acid
  - Low-dose Aspirin for Pre-eclampsia

- **Miscellaneous**
  - Breastfeeding Support/Counseling and Supplies
  - Prolonged Preventive Services
  - Reproductive Education and Counseling, Contraception, and Sterilization
    I. Associated Services for Contraceptive

PEDIATRIC PREVENTIVE SERVCES

- **Visits**
  - Prebirth Exams
  - Preventive Exams

- **Screenings**
  - Alcohol Use/Misuse Screening and Behavioral Counseling Intervention
  - Anxiety Screening
  - Autism and Developmental Screening
  - Behavioral/Social/Emotional Screening
  - Bilirubin Screening
  - Chlamydia Screening
  - Depression and Suicide Risk Screening

- Dyslipidemia Screening
- Gonorrhea Screening
- Hearing Screening (all children 29 days or older)
- Hearing Screening for Newborns
- Hepatitis B Virus Screening
- Human Immunodeficiency Virus (HIV) Screening
- Iron Deficiency Anemia Screening
- Lead Poisoning Screening
- Newborn Screening Panel
- Syphilis Screening
- Vision Screening

- **Additional Screening Services and Counseling**
  - Behavioral Counseling for Prevention of Sexually Transmitted Infections
  - Obesity Screening and Behavioral Counseling
  - Recommended Services Included as Part of the Comprehensive Preventive Evaluation and Management Exam or Newborn Care
    I. Behavioral Counseling for Skin Cancer Prevention
    II. Blood Pressure Screening
    III. Congenital Heart Defect Screening
    IV. Counseling and Education Provided by Healthcare Providers to Prevent Initiation of Tobacco Use
    V. Developmental Surveillance
    VI. Obesity Screening
    VII. Risk Assessment of Sudden Cardiac Arrest and Sudden Cardiac Death

- **Medication**
  - Fluoride
  - Prophylactic Ocular Topical Medication for Gonorrhea

- **Miscellaneous**
  - Fluoride Varnish Application
  - Hemoglobin/Hematocrit Testing
  - Routine Vaccines
  - Prolonged Preventive Services-
  - Tuberculosis Testing

TRANSGENDER PREVENTIVE SERVICES

Gender-specific preventive services as identified in this policy are covered for transgender individuals as determined by the individual's professional provider as medically appropriate.

POLICY GUIDELINES

Member cost-share (e.g., copayment, deductible, coinsurance) application is in accordance with the terms of the member's benefit contract.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

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ADULT PREVENTIVE SERVICES

VISITS

Preventive exams
Preventive exams are covered as a preventive service for all adults, one preventive exam every year.

Codes	
CPT	99385, 99386, 99387, 99395, 99396, 99397
HCPCS	G0438, G0439
ICD 10	N/A

SCREENINGS

Abdominal Aortic Aneurysm (AAA) Screening
Covered once in a lifetime for asymptomatic males aged 65 to 75 years with a history of smoking.

Codes	
CPT	76706

ICD 10	F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891

Prediabetes and Type 2 Diabetes Mellitus Screening
Covered as a preventive service in asymptomatic adults 35 to 70 years who are overweight or obese every three years.

Codes	
CPT	0403T, 82947, 82950, 82951, 82952, 83036, 36415, 36416, 99000
ICD 10	Z13.1, R73.03, R73.09

Colorectal Cancer Screening
Colorectal cancer screening is covered as a preventive service for an individual 45 years or older.

Colorectal cancer screening includes any of the following tests

- Colonoscopy - (1 every 10 years)
- CT colonography - (1 every 5 years)
- Fecal occult blood testing (1 every year)
- Flexible sigmoidoscopy (1 every 5 years) Highly sensitive fecal immunochemical testing (FIT) - (1 every year)
- Stool DNA testing alone or combined with FIT- (1 every 3 years)

Codes	
CPT	82270, 81528, 45330, 45331, 45333, 45338, 45346, 45349, 44388, 44389, 44392, 44394, 44401, 44403, 44406, 44407, 45378, 45380, 45381, 45384, 45385, 45388, 45390, 00811, 00812, 00813, 0464U
HCPCS	G0328, G0104, G0105, G0121, S0285
ICD 10	Z12.11, Z12.12

Depression Screening
Annual depression screening is covered as a preventive service for all adults when adequate measures are in place to ensure accurate diagnosis, effective treatment, and follow-up to reduce the symptoms of depression.

Codes	
CPT	96127

HCPCS	G0444
ICD 10	Z13.31

Hepatitis B Virus Screening
Hepatitis B virus screening is covered as a preventive service for all asymptomatic adults at increased risk for HBV infection.

Codes	
CPT	86704, 86705, 86706, 87340, 87341, 36415, 36416, 99000
HCPCS	G0499
ICD 10	N/A

Hepatitis C Virus Screening
Hepatitis C virus screening is covered as a preventive service for all individuals ages 18 to 79 years without known liver disease.

Codes	
CPT	86803, 87522
HCPCS	G0472
ICD 10	N/A

High Blood Pressure Screening
Ambulatory blood pressure monitoring is covered as a preventive service for individuals with an elevated office blood pressure without known hypertension when any of the following is met:

- For individuals 18 years and older with an increased risk for high blood pressure once a year
- For individuals 18 to 39 years with no other risk factors once every three to five years
- For Individuals 40 years or older once a year

As an alternative, a home blood pressure device may be covered as a preventive service when the above criteria are met.

Codes	
CPT	93784, 93786, 93788, 93790, 99473, 99474
HCPCS	A4663
ICD 10	RO3.0

Human Immunodeficiency Virus (HIV) Screening
Human immunodeficiency virus (HIV) screening is covered as a preventive service for individuals 15 to 65 years of age. HIV screening is covered as a preventive service for individuals younger than 15 years of age or older than 65 years of age who are at increased risk for HIV.

Codes	
CPT	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806
HCPCS	G0432, G0433, G0435, G0475, S3645
ICD 10	Z00.00, Z00.01, Z11.3, Z11.4

Latent Tuberculosis Infection Screening
Annual latent tuberculosis (TB) Infection Screening is covered as a preventive service for asymptomatic individuals 19 years or older at increased risk for tuberculosis.

Tuberculosis testing is covered as a preventive service for all children 21 years of age or younger.

Codes	
CPT	86480, 86481, 86580
HCPCS	N/A
ICD 10	R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1

Lipid Disorder Screening
Lipid disorder screening is covered as a preventive service for individuals 40 years or older every 5 years.

Codes	
CPT	80061, 82465, 83718, 83721, 84478
HCPCS	N/A

ICD 10	Z00.00, Z00.01, Z13.220

Lung Cancer Screening
Annual lung cancer screening with low-dose computed tomography is covered as a preventive service for adults ages 50 to 80 years who have a 20 pack-year smoking history (number of pack-years = packs smoked per day × years as a smoker) and currently smoke or have quit within the past 15 years.

Codes	
CPT	71271
HCPCS	N/A
ICD 10	F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0 or Z87.891

Syphilis Screening

Syphilis screening is covered as a preventive service for the following:

- All pregnant individuals at first prenatal visit.
- For high-risk pregnant individuals, repeat testing may be required in the third trimester and at delivery.
- Individuals who are an increased risk for syphilis infection.

Codes	
CPT	86592, 86780 When the following codes are reported in conjunction with syphilis screening, they are covered as a preventive service: 36415, 36416, 99000
HCPCS	N/A
ICD 10	N/A

Unhealthy alcohol use screening and behavioral counseling interventions

- Annually for all children aged 11 years and older.
    - Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse

- Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence.
    - Behavioral counseling in a primary care setting for individuals with a positive screening result
- Screening for all pregnant females.
    - Behavioral counseling in a primary care setting for individuals with a positive screening result

Codes	
CPT	99408, 99409
HCPCS	G0442, G0443, G2011
ICD 10	N/A

THERAPY and COUNSELING

Behavioral counseling for prevention of sexually transmitted infections

- All sexually active adult
- Semiannually for all sexually active adolescents

Codes	
CPT	N/A
HCPCS	G0445
ICD 10	N/A

Behavioral interventions for weight loss

- Behavioral intervention for adults with a body mass index (BMI) of 30kg/m2 or higher.

Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention.

- Adults ages 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors.

Obesity screening and behavioral counseling

- Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater.
- Screening is part of the preventive exam for children ages 6 years and older.

Codes	
CPT	N/A
HCPCS	G0447, G0473
ICD 10	Z68.30-Z68.45, Z68.54

Nutritional counseling for weight management

- Covered 6 visits per calendar year.

Codes	
CPT	97802, 97803, 97804
HCPCS	G0270, G0271, S9470
ICD 10	N/A

Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV

- Adults at high risk for HIV infection.

Codes	
CPT	81025, 82565, 82575, 86592, 86631, 86632, 86689, 86701, 86702, 86703, 86704, 86705, 86706, 86780, 86803, 87110, 87270, 87320, 87340, 87341, 87389, 87390, 87391, 87490, 87491, 87521, 87522, 87536, 87590, 87591, 87806, 87810, 87850, 99401, 99402, 99403, 99404
HCPCS	G0011, G0013, G0432, G0433, G0435, G0449, G0455, G0472, G0475, S3645
ICD 10	

Medications for pre-exposure prophylaxis for the prevention of high risk HIV

High risk factors include:

- Diagnosis of a sexually transmitted infection (STI) with the past six months.
- Shared use of drug injection equipment.
- A sexual relationship with a partner living with HIV.
- Inconsistent use of condoms with a partner who is high risk.

Codes	
CPT	N/A
HCPCS	G0012, J0739, J0750, J0751, J0799
ICD 10	

FEMALE PREVENTIVE SERVICES

Prenatal care visits - For all pregnant females

Services that may be provided during the prenatal care visits include, but are not limited to the following:

- Preeclampsia Screening

Codes	
CPT	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215
HCPCS	N/A
ICD 10	O00.00-O9A.53, Z34.00-Z34.93

Well-woman visits - At least annually

Services that may be provided during the well-woman visit include but are not limited to the following:

- BRCA-related cancer risk assessment
- Discussion of chemoprevention for breast cancer
- Intimate partner violence screening
- Primary care interventions to promote and support breast
- Recommended preventive preconception and prenatal care services
- Urinary incontinence screening

Codes	

CPT	99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397
HCPCS	S0610, S0612, S0613
ICD 10	Z01.411, Z01.419, Z12.4, Z12.72, Z12.79

Screenings

Chlamydia screening

- Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection.
- All sexually active children up to age 21 years.

Codes	
CPT	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 99000
HCPCS	N/A
ICD 10	N/A

Gonorrhea screening

- All sexually active children up to age 21 years.
- Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection.

Codes	
CPT	87590, 87591, 87850, 99000
HCPCS	N/A
ICD 10	N/A

HIV Screening (see coding table for Adult Preventive Services)

Human immunodeficiency virus (HIV) screening is covered as a preventive service for the following individuals:

- All pregnant individuals upon initiation of prenatal care and rescreening based on risk factors during pregnancy, including those who present in labor who are untested and whose HIV status is unknown.
- Individuals ages 15 years and older.

Syphilis Screening (see coding table for Adult Preventive Services)

Syphilis screening is covered as a preventive service for the following:

- All pregnant individuals at first prenatal visit.
- For high-risk pregnant individuals, repeat testing may be required in the third trimester and at delivery.
- Individuals at increased risk for syphilis infection.

Cancer screening

- **BRCA-related Cancer Risk Assessment, Genetic Counseling, and BRCA Mutation Testing**
  - **BRCA-related Cancer Risk Assessment**
    BRCA-related cancer risk assessment is covered as a preventive service as part of a well-woman visit for when any of the following criteria are met:
  - Females who are asymptomatic for BRCA-related cancer with personal history of breast, ovarian, tubal, or peritoneal cancer.
  - Females who are asymptomatic for BRCA-related cancer with family history of breast, ovarian, tubal, or peritoneal cancer.
  - Females who are asymptomatic for BRCA-related cancer who have an ancestry associated with BRCA1/2 gene mutations.

Genetic Counseling

Genetic counseling is covered as a preventive service for any of the following:

- Asymptomatic females with no known personal history of a BRCA-related cancer who have a family history of breast, ovarian, tubal, or peritoneal cancer, with a positive risk assessment.
- Asymptomatic females who have a personal history of breast, ovarian, tubal, or peritoneal cancer, and these cancers have not been tested for BRCA1 and BRCA2 mutations.

BRCA Mutation Testing

Following genetic counseling, BRCA1 and BRCA2 testing is covered as a preventive service when medical necessity criteria are met.

Codes	
CPT	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 reported with or without 36415, 36416, 99000 99401, 99402, 99403, 99404, 99411, 99412, 96041.
HCPCS	S6025
ICD 10	Z15.01, Z15.02, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44

Breast Cancer Screening (2D or 3D Mammography)
Screening mammography is covered as a preventive service for females 35 years and older, with or without clinical breast examination. This includes any additional imaging (magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation needed to complete the screening process or to address findings on initial screening mammography.

Codes	
CPT	77063, 77067
HCPCS	N/A
ICD 10	N/A

Cervical cancer screening (Pap test)

- Ages 21 to 65: Every three years.
- Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval.

Codes	
CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141 to G0148, P3000, P3001, Q0091
ICD 10	N/A

Pregnancy related screenings

Bacteriuria Screening

- All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later.

Codes	
CPT	81007, 87088 with or without 99000
HCPCS	N/A
ICD 10	O00.00-O9A.53, Z33.1-Z33.3, Z34.00-Z34.93, Z3A.10-Z3A.19

Depression Screening

Covered as a preventive service annually for:

- All adults.
- All children aged 12 years to 21 years.
- All pregnant and post-partum females.

Anxiety screening

- All females.

Counseling interventions to prevent perinatal depression

- Pregnant of postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70-week period.

Codes	
CPT	96127, 96160, 96161
HCPCS	G0444
ICD 10	F53.0, F53.1, R45.851, Z31.31, Z13.32, Z13.39, Z9151,

Diabetes mellitus screening after pregnancy

- Covered as a preventive service for asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes.
- Covered as a preventive service for females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus.
- Gestational diabetes mellitus screening.

Codes	
CPT	82947, 82950, 82951, 82952, 83036 with or without 36415, 36416, 99000
HCPCS	N/A
ICD 10	Z86.32, O00.0-O9A.53

RhD Incompatibility screening

- Covered as a preventive service for all pregnant females and follow-up testing for females at higher risk.

Codes	
CPT	86870 reported with or without 36415, 36416, 99000
HCPCS	N/A
ICD 10	O00.00-O9A.53

Osteoporosis (bone mineral density) screening

- Every two (2) years for females aged 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition.

- Every two (2) years for females younger than 65 years who are at increased risk for osteoporosis.

Codes	
CPT	76977, 77078, 77080, 77081
HCPCS	G0130

ICD 10	Z13.820

Breastfeeding supplies/support/counseling

Codes	
CPT	99401, 99402, 99403, 99404, 99411, 99412, 99501
HCPCS	A4281-A4286, A4287, E0602-E0604, S9443
ICD 10	Z39.1

Reproductive education and counseling, contraception, and sterilization

- All females with reproductive capacity.

Codes	
CPT	58340, 74740, 96372, 99401, 99402, 99403, 99404
HCPCS	N/A
ICD 10	Z30.8, Z30.40, Z30.49

PEDIATRIC PREVENTIVE SERVICES

Visits

- **Pre-birth exams** - All expectant parents for the purpose of establishing a pediatric medical home.

Codes	
CPT	99401, 99402, 99403, 99404
HCPCS	N/A
ICD 10	Z76.81

Preventive Exams

- Covered for all members up to 21 years of age.

Codes	
CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395
HCPCS	N/A
ICD 10	N/A

Screenings

- Depression/Anxiety screening - All children aged 12 years to 21 years.

Codes	
CPT	96127, 96160, 96161
HCPCS	G0444
ICD 10	F53.0, F53.1, R45.851, Z31.31, Z13.32, Z13.39, Z91.51,

Autism and developmental screening

- All children.

Codes	
CPT	96110
HCPCS	N/A
ICD 10	Z13.41

Bilirubin screening

- All newborns.

Codes	
CPT	82247, 88720 reported with or without 36415, 36416 or 99000
HCPCS	N/A
ICD 10	Z13.228

Dyslipidemia Screening

- Following a positive risk assessment, or in those individuals where laboratory testing is indicated at specific age milestones.
- Is covered as part of the preventive exam, to determine if dyslipidemia laboratory testing is indicated.

Codes	
CPT	80061, 82465, 83718, 83721, 84478 reported with or without 36415, 36416 or 99000
HCPCS	N/A
ICD 10	Z00.121, Z00.129, or Z13.220

Hearing Screening for Newborns

- Covered for newborns up to 2 months of age and all children following a positive risk assessment or in children where hearing screening is indicated.

Codes	
CPT	92558, 92551, 92552, 92567
HCPCS	V5008

ICD 10	92588-N/A 92551, 92552, 92567 & V5008: Z00,00, Z00.01, Z00.121 or Z00.129

Iron Deficiency Anemia Screening

- All children.

Codes	
CPT	85014, 85018 reported with or without 36415, 36416 or 99000
HCPCS	N/A
ICD 10	Z00.00, Z00.01, Z00.121, Z00.129 or Z13.0

Lead Poisoning Screening

- All children at risk for lead exposure.

Codes	
CPT	83655 reported with or without 36415, 36416 or 99000
HCPCS	N/A
ICD 10	Z00.121, Z00.129 or Z13.88

Newborn Metabolic Screening Panel

- All Newborns up to 2 months of age.

Codes	
CPT	36415, 36416 or 99000
HCPCS	S3620
ICD 10	N/A

Vision Screening

- All children up to age 21 years.

Codes	
CPT	99173, 99174, 99177
HCPCS	N/A
ICD 10	Z00.121 or Z00.129

Chlamydia

- All sexually active children up to age 21 years (see coding table for Female Preventive Services-Chlamydia).

Gonorrhea Screening

- All sexually active children up to age 21 years (see coding table for Female Preventive Services-Gonorrhea).

Alcohol use/misuse screening and behavioral counseling intervention

(View the coding table for Adult Preventive Services-Alcohol).

- Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse.

- Annually for all children aged 11 years and older.

Hepatitis B Virus Screening

- Hepatitis B screening is covered as a preventive service for all individuals at high risk for HBV infection. (View the coding table for Adult Preventive Services-Hep B).

Human immunodeficiency virus (HIV) screening

- This is a preventive service for children 15 years and older.
- This is a preventive service for individuals younger than 15 years of age who are at increased risk for HIV. (View the coding table for Adult Preventive Services-HIV Screening).

Syphilis Screening

- Syphilis screening

Is covered as a preventive service for all sexually active children up to age 21 years who are at increased risk for infection (see coding table for Adult Preventive Services-HIV Screening).

Additional Screening Services and Counseling

Services that may be provided during the preventive exam include but are not limited to the following:

- Behavioral counseling for skin cancer prevention
- Blood pressure screening
- Congenital heart defect
- Counseling and education provided by healthcare providers to prevent initiation of tobacco use
- Developmental surveillance
- Dyslipidemia risk Assessment
- Hearing risk assessment for children 29 days or older
- Height, weight, and body mass index measurements
- Obesity screening
- Psychosocial/behavioral assessment
- Screening

Miscellaneous Preventive Services

Fluoride Varnish Application

- Every three months for all infants and children starting age of primary tooth eruption to 6 years of age.

Codes	
CPT	99188
HCPCS	N/A
ICD 10	N/A

Routine Vaccines

- In accordance with the Advisory Committee on Immunization Practices (ACIP) routine immunization recommendations, routine vaccines and their administration are covered as a preventive service for all children.

Other miscellaneous pediatric services addressed throughout policy include:

Fluoride Varnish Application

- Hemoglobin/Hematocrit Testing
- Prolonged Preventive Services
- Routine Vaccines
- Tuberculosis Testing

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Preventive Services: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 Adhoc Review. Code addition.	B	11/12/2025

2025 Adhoc Review. Addition to Breast Cancer Screening Guidelines.	B	11/12/2025
2025 Ad Hoc Review. Code additions.	B	06/10/2025
This is a new policy.	A	01/01/2024

REFERENCES

1. Recommended Preventive Services. HealthCare.gov. Available at: https://www.healthcare.gov/what-are-my-preventive-care-benefits/

2. US Preventive Services Task Force. Available at: http://www.uspreventiveservicestaskforce.org/